

PART 2	MEDIF - MEDICAL INFORMATION SHEET	Decision of OLYMPIC doctor:
To be completed by ATTENDING PHYSICIAN	<p>This form is intended to provide CONFIDENTIAL information, to enable the airlines MEDICAL Departments to access the fitness of the passenger to travel as indicated in PART 1 hereof. If the passenger is acceptable, this information will permit the issuance of the necessary directives designed to provide for the passenger's welfare and comfort.</p> <p>The PHYSICIAN ATTENDING the incapacitated passenger is requested to ANSWER ALL QUESTIONS. (Enter a cross "x" in the appropriate "yes" or "no" boxes, and/or give Precise answers).</p> <p style="text-align: center;">Use BLOCK LETTERS or TYPEWRITER to complete this form</p>	Please return the completed form to: ADDRESS of issuing OLYMPIC office
Airlines Ref. Code MEDA 01	PATIENT'S NAME, INITIAL(S), SEX, AGE:	
MEDA 02	ATTENDING PHYSICIAN -Name & Address -Telephone Contact	Business: _____ Home: _____
MEDA 03	MEDICAL DATA: -DIAGNOSIS in details (including vital signs) -Day/month/year of first symptoms:	Date of diagnosis: _____
MEDA 04	- PROGNOSIS for the trip:	
MEDA 05	- Contagious AND communicable disease? No <input type="checkbox"/> Yes <input type="checkbox"/> Specify****:	
MEDA 06	- Can patient in any way cause discomfort to other passengers? (smell, appearance, conduct) No <input type="checkbox"/> Yes <input type="checkbox"/> Specify****:	
MEDA 07	- Can patient use normal aircraft seat with seatback placed in the UPRIGHT position when so required? Yes <input type="checkbox"/> No <input type="checkbox"/>	
MEDA 08	- Can patient take care of his own needs on board UNASSISTED * (including meals, visit to the toilet, etc.)? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, type of help needed:	
MEDA 09	- If to be ESCORTED, is the arrangement proposed in part 1/E hereof satisfactory for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, type of escort proposed by YOU:	
MEDA 10	- Does patient need OXYGEN ** equipment in flight? (If yes, state rate of flow) No <input type="checkbox"/> Yes <input type="checkbox"/> Litres per Minute** _____	Continuous? Yes <input type="checkbox"/> No <input type="checkbox"/>
MEDA 11	- Does patient need any MEDICATION*, other than self-administered, and/or the use of special apparatus such as respirator, incubator, etc. **?	(a) on the GROUND while at the airport(s): No <input type="checkbox"/> Yes <input type="checkbox"/> Specify _____
MEDA 12		(b) on board the AIRCRAFT: No <input type="checkbox"/> Yes <input type="checkbox"/> Specify _____
MEDA 13	- Does patient need HOSPITALISATION?, (if yes, indicate arrangements made or, if none were made, indicate "NO ACTION TAKEN:)	(a) during long layover or nightstop at CONNECTING POINTS en route: No <input type="checkbox"/> Yes <input type="checkbox"/> Action: _____
MEDA 14		(b) upon arrival at DESTINATION: No <input type="checkbox"/> Yes <input type="checkbox"/> Action: _____
MEDA 15	- Other remarks or information in the interest of your patient's smooth and comfortable transportation:	None <input type="checkbox"/> Specify if any**:
MEDA 16	- Other arrangements made by the attending physician	
Note (*):	Cabin attendants are NOT authorized to give special assistance to particular passengers, to the detriment of their service to other passengers. Additionally, they are trained only in FIRST AID and are NOT PERMITTED to administer any injection, or to give medication.	<p>IMPORTANT: FEES, IF ANY, RELEVANT TO THE PROVISION OF THE ABOVE INFORMATION AND FOR CARRIER-PROVIDED SPECIAL EQUIPMENT (**) ARE TO BE PAID BY THE PASSENGER CONCERNED.</p> <p>NOTE (***): O.A. may provide oxygen the flow rate of which is 4 lt/min. max. Otherwise the physician must –on time- provide O.A. with the oxygen Regulator, with the desired rate of flow.</p> <p>NOTE (****): FOR O.A. EMPLOYEES: IF YES, TD/MI INTERIOR to be informed for immediate disinfection of the stretcher.</p>
Date:	Place:	Attending Physician's Signature: