

Part 2

To be completed by attending physician

MEDIF Medical information sheet

CONFIDENTIAL

(for official use only)

Return this form to:

This form is intended to provide confidential information to enable the airlines' medical departments to assess the fitness of the passenger to travel as indicated in Part 1 overleaf 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. 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 concise answers). **Completion of the form in block letters or by typewriter will be appreciated.**



21547 Reservations

73051 Traffic

Carrier's designated office

MEDA01	Airlines' ref code	Patient's name, initial(s); sex, age			
MEDA02	Attending physician Name and address				
	Telephone contact	Business:	Home:		
MEDA03	Medical data: Diagnosis in details (including vital signs)				
	Day/month/year of first symptoms:			Date of diagnosis:	
MEDA04	Prognosis for the trip:				
MEDA05	Contagious and communicable disease?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Specify	
MEDA06	Is patient in any way offensive to other passengers? (smell, appearance, conduct)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Specify	
MEDA07	Can patient use normal aircraft seat with seatback placed in the upright position when so required?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
MEDA08	Can patient take care of his own needs on board unassisted* (including meals, visit to toilet, etc)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
		If not, type of help needed			
MEDA09	If to be escorted, is the arrangement proposed in Part 1/E overleaf satisfactory for you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
		If not, type of escort proposed by you			
MEDA10	Does patient need oxygen** equipment in flight? (If yes, state rate of flow)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Litres per minute <input type="text"/>	Continuous? Yes <input type="checkbox"/> No <input type="checkbox"/>
MEDA11	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	
MEDA12		(b) on board the aircraft			
		No <input type="checkbox"/>	Yes <input type="checkbox"/>	Specify	
MEDA13	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	
MEDA14		(b) upon arrival at destination			
		No <input type="checkbox"/>	Yes <input type="checkbox"/>	Action	
MEDA15	Other remarks or information in the interest of your patient's smooth and comfortable transportation:	None <input type="checkbox"/>	Specify if any**		
MEDA16	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.

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

Date:

Place:

Attending Physician's signature