

<b>PART 1</b> To be completed by <b>SALES OFFICE/AGENT</b>		<b>M E D I F</b> STANDARD MEDICAL INFORMATION FORM FOR AIR TRAVEL	
Answer ALL questions. Put a cross (X) in YES or NO boxes. Use <b>BLOCK LETTERS</b> or <b>TYPEWRITER</b> when completing this form.			
<b>A</b>	<b>NAME</b> , Initials, Title _____ Address, Phone _____		
<b>B</b>	Proposed <b>ITINERARY</b> Routing, flight number(s), class, date(s), reservation status _____	Transfer from one flight to another often requires longer connecting time.	
<b>C</b>	<b>NATURE OF INCAPACITY</b> _____	MEDICAL CLEARANCE REQUIRED? No <input type="checkbox"/> Yes <input type="checkbox"/>	
<b>D</b>	Is <b>STRETCHER</b> needed on board? (All stretcher cases must be escorted) No <input type="checkbox"/> Yes <input type="checkbox"/>	Request rate if unknown	
<b>E</b>	Intended <b>ESCORT</b> (Name, sex, age, professional qualification, routing if different from passenger). If untrained, state "TRAVEL COMPANION".	For blind and/or deaf, state if escorted by trained dog.	
<b>F</b>	<b>WHEELCHAIR</b> needed? No <input type="checkbox"/> Yes <input type="checkbox"/> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <div>                         Wheelchair Categories:                          WCHR - Pax able to ascend/descend a/c steps <input type="checkbox"/>                          WCHS - Pax unable <input type="checkbox"/>                          WCHC - Pax completely immobile <input type="checkbox"/> </div> <div>                         OWN wheelchair: No <input type="checkbox"/> Yes <input type="checkbox"/> </div> <div>                         Collapsible: No <input type="checkbox"/> Yes <input type="checkbox"/> </div> <div>                         Power driven: No <input type="checkbox"/> Yes <input type="checkbox"/> </div> <div>                         Spillable battery: No <input type="checkbox"/> Yes <input type="checkbox"/> </div> <div>                         For wheelchairs with spillable batteries, special restrictions imposed by airlines or countries apply.                     </div> </div>		
<b>G</b>	<b>AMBULANCE</b> needed? No <input type="checkbox"/> Yes <input type="checkbox"/> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <div>                         To be arranged by airline: No <input type="checkbox"/> Yes <input type="checkbox"/> </div> <div>                         specify Ambulance Company contact: _____                     </div> <div>                         specify destination address: _____                     </div> </div>		Request rate(s) if unknown
<b>H</b>	<b>OTHER GROUND ARRANGEMENTS</b> needed? SPECIFY for each item: a) the <u>arranging</u> airline or other organisation, b) at whose <u>expenses</u> and c) <u>contact</u> addresses/phone where appropriate, of specific persons/organisations designated to meet/assist the passenger.		
<b>1</b>	Arrangements for delivery at airport of <u>departure</u>		
<b>2</b>	Arrangements for assistance at <u>connecting points</u>		
<b>3</b>	Arrangements for meeting at airport of <u>arrival</u>		
<b>4</b>	Other requirements or relevant information		
<b>K</b>	<b>SPECIAL IN-FLIGHT ARRANGEMENTS</b> needed such as: special meals, special seating, leg-rest, extra seat(s), special equipment, etc. (See "NOTE" at the end of PART 2 overleaf) No <input type="checkbox"/> Yes <input type="checkbox"/> <div style="font-size: small; margin-top: 5px;">                         SPECIFY for each item: a) <u>segment(s)</u> on which required, b) <u>airline-arranged</u> or arranging third party and c) at whose <u>expense</u>. Provision of special equipment such as oxygen etc. always requires completion of PART 2 overleaf.                     </div>		
<b>L</b>	Does passenger hold a <b>FREMEC</b> (Frequent Traveller's Medical Card) valid for this trip? No <input type="checkbox"/> Yes <input type="checkbox"/> <div style="font-size: small; margin-top: 5px;">                         If additional data needed by carrying airline(s), have physician in attendance complete PART 2 hereof.                          Add below FREMEC data to your reservation requests.                     </div>		
FREMEC Number _____ Issued by _____ Valid until _____ Sex _____ Age _____ Incapacity _____ Limitations _____			
<b>PASSENGER'S DECLARATION</b> (To be completed for interline travel or at CROATIA AIRLINES request)			
"I hereby authorize _____ (name of designated physician) to provide the airlines with the information required by those airlines' medical departments for the purpose of determining my fitness for carriage by air, and in consideration thereof I hereby relieve that physician of his/her professional duty of confidentiality in respect of such information, and agree to meet such physician's fees in connection therewith. I take note that, if accepted for carriage, my journey will be subject to the general conditions of carriage/tariffs of the carrier concerned and that the carrier does not assume any special liability exceeding those conditions/tariffs. I am prepared, at my own risk, to bear any consequences which carriage by air may have for my state of health and I release the carrier, its employees, servants and agents from any liability for such consequences. I agree to reimburse the carrier upon demand for any special expenditures or costs in connection with my carriage." (Where needed, to be read by/to the passenger, dated and signed by him/her or on his/her behalf)			
Place:	Date:	Passenger's Signature	