

<p>PART 2</p> <p>To be completed by ATTENDING PHYSICIAN</p>	<p>MEDICAL INFORMATION SHEET</p> <p>This form is intended to provide confidential information, to enable the airlines' Medical Department to assess 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>Use BLOCK LETTERS or typewriter when completing this form. Fill in this form in English.</p>	<p>Decision of CROATIA AIRLINES doctor:</p> <hr/> <p>Please return the completed form to:</p> <hr/> <p>Address of issuing CROATIA AIRLINES office</p>
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Airlines Ref. Code MEDA 01	Patient's Name, Initials, Sex, Age				
MEDA 02	Attending Physician's Name, Address				
	Phone numbers	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 <u>and</u> communicable disease ?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Specify: _____	
MEDA 06	- Is patient in any way <u>offensive</u> to other passengers ?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Specify: _____	
MEDA 07	- Can patient use normal aircraft seat with seatback placed in <u>upright</u> position when so required ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
MEDA 08	- Can patient take care of his own needs on board <u>unassisted</u> * (including meals, visit to toilet, etc.) ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	If not, type of help needed _____				
MEDA 09	- If to be <u>escorted</u> , 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 <u>oxygen</u> ** equipment in-flight ? (If yes, state rate of flow)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Litres per minute <input type="checkbox"/>	Continuous: Yes <input type="checkbox"/> No <input type="checkbox"/>
MEDA 11	- Does patient need any <u>medication</u> *, other than self-administered, and/or the use of special apparatus such as respirator, incubator, etc. ** ?	a) on the <u>ground</u> while at the airport(s):			
		No <input type="checkbox"/>	Yes <input type="checkbox"/>	Specify: _____	
MEDA 12		b) on board the <u>aircraft</u> :			
		No <input type="checkbox"/>	Yes <input type="checkbox"/>	Specify: _____	
MEDA 13	- Does patient need <u>hospitalisation</u> ?, if yes, indicate arrangements made or, if none were made, indicate "NO ACTION TAKEN".	a) during long layover or nightstop at <u>connecting points</u> en route:			
		No <input type="checkbox"/>	Yes <input type="checkbox"/>	Action: _____	
MEDA 14		b) upon arrival at <u>destination</u> :			
		No <input type="checkbox"/>	Yes <input type="checkbox"/>	Action: _____	
MEDA 15	- Other remarks or information in the interest of the smooth and comfortable transportation of your patient:				
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 injections, or to give medication.

**IMPORTANT: Fees, if any, relevant to the provision of the above information and for special equipment provided by the carrier, are to be paid by the passenger concerned.

Date:	Place:	Attending Physician's Signature
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