

This form is intended to provide **confidential** information to enable the airlines **medical** departments to assess the fitness of the passenger to travel. 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**¹. Enter a cross (x) in the appropriate "yes" or "no" boxes, and/or give precise concise answers.

The form must be returned to
UIA Head Quarter
Fax: (38 044) 461-51-60

Airlines ref. code MEDA01	Patients name _____ Initials _____ <input type="checkbox"/> M <input type="checkbox"/> F Date of birth _____	
MEDA02	Attending physician Name _____ Address _____ Telephone Business _____ Home _____	
MEDA03	Medical data _____ Date of first symptoms _____ Diagnosis in details (including vital signs) _____ Date of diagnosis _____ _____ Date of operation _____	
MEDA04	Prognosis for the flight(s) _____	
MEDA05	Contagious and communicable disease <input type="checkbox"/> no <input type="checkbox"/> yes, specify _____	
MEDA06	Would physical/mental condition patient likely cause distress/discomfort to other passenger(s) <input type="checkbox"/> no <input type="checkbox"/> yes, specify _____	
MEDA07	Can patient use normal aircraft seat with seatback placed in the upright position <input type="checkbox"/> no <input type="checkbox"/> yes, specify _____	
MEDA08	Can patient take care of his own needs on board unassisted ⁴ (including meals, visit to toilet, etc.) <input type="checkbox"/> no <input type="checkbox"/> yes, specify _____ If not, type of help needed _____	
MEDA09	If to be escorted , is the arrangement satisfactory for you <input type="checkbox"/> no <input type="checkbox"/> yes, specify _____ type of escort _____ If not, proposed by you _____	
MEDA10	Does patient need oxygen ³ equipment in flight <input type="checkbox"/> no <input type="checkbox"/> yes, Litres per minute _____ ltr. Continuous <input type="checkbox"/> no <input type="checkbox"/> yes	
MEDA11	Does patient need only medication ² 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) <input type="checkbox"/> no <input type="checkbox"/> yes if yes, specify _____	
MEDA12	b. on board of the aircraft <input type="checkbox"/> no <input type="checkbox"/> yes if yes, specify _____	
MEDA13	Does patient need hospitalisation (if yes, indicate arrangements made, or if none were made, indicate "no action taken") during long layover or nightstop a. at connection points en route <input type="checkbox"/> no <input type="checkbox"/> yes if yes, action _____	
MEDA14	b. upon arrival at destination <input type="checkbox"/> no <input type="checkbox"/> yes if yes, action _____	
MEDA15	Other remarks or information in the interest of your patient's smooth and comfortable transportation <input type="checkbox"/> none <input type="checkbox"/> yes, specify ² _____	
MEDA16	Other arrangements made by the attending physician _____	

1	Important notes: Fees, if any relevant to the provision of this information are to be paid by the passenger concerned.	Date _____
2	Cabin attendants are not authorized to give special assistance to particular passengers (e.g. lifting). Additionally, they are trained only in first aid and are not permitted to administer any injection, or to give medication.	Place _____
3	Fees for carrier-provided special equipment are to be paid by the passenger concerned.	Physician signature _____

Passenger's declaration

I hereby authorize (doctor's name) _____
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 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 behalf).

Date _____

Passenger
signature _____