

PART 1 To be completed by SALES OFFICE/ AGENT		MEDIF STANDARD MEDICAL INFORMATION FORM FOR AIR TRAVEL Answer ALL questions – Put a tick (✓) in "Yes" or "No" boxes Use BLOCK LETTERS or TYPEWRITER when completing this form						
A	NAME/ INITIALS/ TITLE							
B	PROPOSED ITINERARY (airline(s), flight number(s), class (es), date(s), segment(s), reservation status or continuous air journey)							
						Transfer from one flight to another often require LONGER connecting time		
C	NATURE OF INCAPACITATION			MEDICAL CLEARENCE REQUIRED?	No Yes			
D	IS STRETCHER NEEDED ON BOARD? (all stretcher cases MUST be assorted?)			No <input type="checkbox"/>	Yes	Request rate if unknown		
E	INTENDED ESCORT (Name sex, age, professional qualification, segments if different from passenger) if untrained state "TRAVEL COMPANION"					For blind and/or deaf, state if escorted by trained dog		
F	WHEEL CHAIR NEEDED Categories are WCHR WCHS WCHS Wheelchair Category	No Yes []	OWN Wheelchair	Collapsible	Power driven?	Battery Type (spillable?)		
			No Yes	No Yes	No Yes	No Yes		
G	AMBULANCE NEEDED?	No Yes	To be arranged by Flightlink Airlines No Specify ambulance company contact Yes Specify destination address				Request rate(s) if unknown	
H	OTHER GROUND ARRANGEMENTS NEEDED	No Yes	If yes SPECIFY below and indicate for each item (a) the ARRANGING airline or other organization (b) at whose EXPENSE and (s) CONTACT addresses/phones where appropriate or whenever specific persons are designated to meet/ assist the passenger.					
1	Arrangements for delivery at airport of DEPARTURE	No	Yes	Specify				
2	Arrangements for assistance at CONNECTING POINTS	No	Yes	Specify				
3	Arrangements for meeting at airport of ARRIVAL	No	Yes	Specify				
4	Other requirements of relevant information	No	Yes	Specify				
K	SPECIAL IN-FLIGHT ARRANGEMENTS 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 Yes	If yes DESCRIBE and indicate for each item (a) SEGMENT (s) on which required (b) airline ARRANGED or arranging third party, and (c) at whose expense. Provision of SPECIAL EQUIPMENT, such as oxygen etc., always requires completion of PART 2 overleaf.					
L	DOES PASSENGER HOLD A FREQUENT TRAVELLER'S MEDICAL CARGO VALID FOR THIS TRIP? (FREMEC)	No (FREMEC number)	Yes	If yes add below FREMEC date to your reservation request, if no (or additional data needed by carrying airline(s), have physician in attendance complete PART 2 hereof				
				(Issued by)	(Valid until)	(Gender)	(Age)	(Incapacitation)
				(Incapacitation count.)		(Limitations)		
PASSENGER'S DECLARATION <p>*I HEREBY AUTHORIZE (name of nominated physician) to provide the Flightlink Airlines with the information required by the Airline Medical departments for the purpose determining my fitness for carriage by air 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.</p> <p>I take note that, if accepted for carriage, my journey will be subject to the general conditions of carriage/ tariff of the carriage concerned and the carrier does not assume any special liability exceeding those conditions/ tariffs.</p> <p>I am prepared, at my own risk, to bear any consequences which carriage by air may have for my state of health and release the carrier, its employees, servants and agents from any liability for such consequences.</p> <p>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)</p>								

PART 2 Page 2 of 3		MEDIF	MEDICAL	INFORMATION	SHEET	(for Official Use only)		
To be completed by ATTENDING PHYSICIAN		This form is intended to provide CONFIDENTIAL information to enable the airline MEDICAL Departments 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 designated to provide for the passenger's welfare and comfort.				<p>The form must be returned to <div style="border: 1px solid black; height: 60px; width: 100%;"></div> (Carrier's Designated Office)</p>		
		The PHYSICIAN ATTENDING the incapacitated passenger is requested to ANSWER ALL QUESTIONS (Enter a tick "✓" in the appropriated "yes" or "no" boxes. And/or give precise answers)						
		COMPLETING THIS FORM IN BLOCK LETTERS OR BY TYPEWRITER WILL BE APPRECIATED						
Airline Ref: Code MEDA 01	PATIENT'S NAME INITIAL(S), GENDER, AGE							
MEDA 02	ATTENDING PHYSICIAN Name and Address							
	Telephone Contact		Business			Home		
MEDA 03	MEDICAL DATA DIAGNOSIS in detail (including vital sign)							
	Day / month, year of first symptom					Date of diagnosis		
MEDA 04	PROGNOSIS for the trip							
MEDA 05	Contagious AND communicable disease?		No	Yes	Specify			
MEDA 06	Is patient in any way OFFENSIVE to other passengers? (smell appearance conduct)		No	Yes	Specify			
MEDA 07	Can patient use normal aircraft seat with seatback placed in the UPRIGHT position when so required?					No	Yes	
MEDA 08	Can patient take care of his own needs on board UNASSISTED* (Including meal, visit to toilets etc.)?		No	Yes				
MEDA 09	If to be ESCORTED is the arrangement proposed in PART 1/E hereof satisfactory for you?		No	Yes				
MEDA 10	Does patient need OXYGEN** equipment in flight? (If yes state of flow)		No	Yes	Litres Per minutes	Continuous	No Yes	
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)					
MEDA 12			No	Yes	Specify			
MEDA 13	Does patient need HOSPITALISATION? (If yes, indicate arrangements made or, if none were mad, indicate "NO ACTION TAKEN")		(a) during long layover or nightstop at CONNECTING POINTS on route					
MEDA 14			No	Yes	Action			
MEDA 15	Other remarks or information in the interest of your patient smooth and comfortable transportation		None	<input type="checkbox"/>	Specify if any**			
MEDA 16	Other arrangement 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 NOT PERMITTED TO ADMINISTER any injection, or to give medication.	IMPORTANT	FEES IF ANY RELEVANT TO THE PROVISION OF THE ABOVE INFORMATION FOR CARRIER PROVIDED SPECIAL EQUIPMENT (**) ARE TO BE PAID BY THE PASSENGER CONCERNED
Date	Place	Attending Physician Signature:

PART 3 <small>Page 3 of 3</small>	NOTES FOR THE GUIDANCE OF MEDICAL PRACTITIONERS AND PASSENGERS
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The Principal factors to be considered when assessing a patient's fitness for air travel are:

- Reduced atmospheric pressure (Cabin air pressure changes greatly during 15-30 minutes after takeoff and before landing and gas expansion and contraction can cause pain and pressure effects).
- Reduction in oxygen tension. (The cabin is at a pressure equivalent to an altitude of 6,000 to 8,000 feet and oxygen partial pressure is approximately 20% less than on the ground).

Any medical condition which would render a passenger unable to complete the flight safely, without requiring extraordinary medical assistance during the flight is considered unacceptable for air travel.

Conditions usually considered unacceptable for air travel (Although these are suggested limiting factors, each individual case must be considered on its merits and is dependent on whether or not the passenger is accompanied by a professional escort).

- Anaemia of severe degree.
- Severe cases of Otitis Media and Sinusitis.
- Acute, Contagious or Communicable Disease.
- Those suffering from Congestive Cardiac Failure or other cyanotic conditions not fully controlled.
- Uncomplicated Myocardial Infarction within two (2) weeks of onset complicated MI within six (6) weeks of onset.
- Those suffering from severe respiratory disease or recent pneumothorax.
- Those with GI lesions which may cause hematemesis, melaena or intestinal obstruction. Post-operative cases:
 - a) Within ten (10) days of simple abdominal operations.
 - b) Within twenty-one (21) days of chest or invasive eye surgery (not laser).
- Fractures of the Mandible with fixed wiring of the jaw (unless medically) escorted.
- Unstable Mental illness without escort and suitable medication for the journey.
- Uncontrolled seizures unless medically escorted,
- Uncomplicated single Pregnancies beyond the end of the 36th week or multiple pregnancies beyond end of the 32nd week.
- Infants within seven (7) days of birth.
- Introduction of air to body cavities for diagnostic or therapeutic purposes within seven (7) days.

Notes on other Specific items:

Allergies: Simple requests for a special meal do not require completion of this form. If your patient has a life threatening food allergy that may require treatment in-flight, particularly if they react to the presence of traces of food in the air, this form should be completed. Note: Flightlink cannot guarantee peanut free meals.

Asthma: Medication must be carried in cabin baggage. Nebulisers require their own power source. Spacer devices used with an inhaler are an effective on-board alternative.

Fractures: All new long bone fractures and full leg casts (cast must be at least 48hrs old) require a medical certificate. Plasters should be split for fresh injuries (48hrs or less), which could swell inside the cast on a long flight. Extra legroom for leg elevation is not possible in economy class; however, an aisle seat can be reserved. Please state whether the injury is left or right.

Lung or Heart Disease: Cardiopulmonary disease which causes dyspnoea on walking more than 100m on the flat, or has required oxygen in hospital or at home (or in-flight previously) may require supplementary oxygen. The aircraft oxygen is for emergency use only. Serious **cardiopulmonary** cases as well as those requesting continuous oxygen, stretcher, or incubator should **enclose a recent detailed medical report** with the medical certificate. (A copy of a specialist or hospital referral would generally be sufficient).

Physical Disabilities: There is no need for this form if you simply require a wheelchair as far as the aircraft door; the travel agent can indicate this on the reservation if you wish. Note: Civil Aviation Rules require all passengers to be able to use the aircraft seat with the seat-back in the upright position.

Special Meals: Special diets for religious or other medical reasons can be ordered direct from your travel agent without using this form. If you have a food allergy, please see the section on "allergies" above.

Terminal Illness: Passengers in the advanced stages of terminal illness will normally require a medical or nursing escort.

In-flight care: FLIGHTLINK does not provide nursing attendants for invalid passengers. Cabin crew are trained in First Aid only.

Escorts: should ensure that they have all appropriate items for the proper care of their patient, and are responsible for attending to all aspects of their patient's bodily needs. Due to food handling regulations, Cabin Staff cannot assist with these needs.

Processing MEDTFs:

The MED IF should be completed based on passenger's (patient's) condition within one month from the date of commencement of air travel and submitted at least 48 hours before travel is due to commence. Please be advised that Flightlink Medical Services may request further information or clarification prior to approval of the MED IF. FLIGHTLINK must be notified immediately of any change in the patient's condition PRIOR to travel.