

MEDIF INFORMATION SHEET FOR PASSENGERS REQUIRING SPECIAL ASSISTANCE		CONFIDENTIAL PART 1 of 3 To be completed by the passenger and/or the Passenger's Physician				
Answer ALL questions. Put a cross (X) in 'Yes' or 'No' boxes. Use BLOCK LETTERS or TYPEWRITER when completing this form.						
A	Family name/ Initials Title:	Nationality:	Languages:			
			Contact Telephone No.:			
B	Proposed itinerary (flight number, date or booking reference):					
C	Nature of incapacitation/illness:					
	Medical clearance required? No <input type="checkbox"/> Yes <input type="checkbox"/> (see Part 3 for more details).					
D	Is stretcher needed on board? (All stretcher cases must be escorted) No <input type="checkbox"/> Yes <input type="checkbox"/>					
E	Intended escort details: Name: Languages: Medical qualification: Doctor <input type="checkbox"/> Medical team <input type="checkbox"/> Nurse <input type="checkbox"/> If unqualified (family or non-medical), please state „Travel companion“ <input type="checkbox"/>					
	Wheelchair needed? No <input type="checkbox"/> Yes <input type="checkbox"/>					
F	Wheelchair category: Categories are: WCHR – can climb steps/walk cabin WCHS – unable steps/can walk cabin WCHC - immobile	Own Wheel chair? NO <input type="checkbox"/> YES <input type="checkbox"/>	Collapsible? NO <input type="checkbox"/> YES <input type="checkbox"/>	Power Driven? NO <input type="checkbox"/> YES <input type="checkbox"/>	Battery Type (spilable)?* NO <input type="checkbox"/> YES <input type="checkbox"/>	Weight:
G	Special in-flight arrangements (E.g. Oxygen, special meals, special seating, leg-rest, extra seat (s), special equipment etc.): All medical cases must not be assigned emergency exit seats					
H	Medical equipment: Are you carrying any medical equipment into the cabin? NO <input type="checkbox"/> YES <input type="checkbox"/> If yes, do you need to use during your flight? NO <input type="checkbox"/> YES <input type="checkbox"/> Please specify type of equipment (make/model): E.g. Ventilator, nebuliser, portable oxygen, concentrator, etc.					
	Equipment must be battery powered for continuous use inflight? NO <input type="checkbox"/> YES <input type="checkbox"/> Battery type:					
	Do you have sufficient batteries for duration of flight? NO <input type="checkbox"/> YES <input type="checkbox"/>					
	Inseat power cannot be guaranteed					
	Can the equipment be switched off during takeoff/landing? NO <input type="checkbox"/> YES <input type="checkbox"/>					
I	Ambulance arrangement**: Departure port NO <input type="checkbox"/> YES <input type="checkbox"/> Transit port NO <input type="checkbox"/> YES <input type="checkbox"/> Destination port NO <input type="checkbox"/> YES <input type="checkbox"/> Please specify ambulance details booked at all airports (full name, address and telephone No.):					
J	Hospitalisation: Admitted to hospital within last 4 weeks? NO <input type="checkbox"/> YES <input type="checkbox"/> Date of admission: _____ Date of discharge: _____ Is hospitalisation required upon arrival**? NO <input type="checkbox"/> YES <input type="checkbox"/> If yes, please specify hospital details (full name, address and telephone No.) :					

Passenger's declaration:

"I hereby authorise _____
(Name of nominated physician)

to provide the airline with the information required by the airline's medical department for the purpose of determining my fitness for carriage by air and in consideration thereof I hereby relieve the 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 codes 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."

I agree to notify Travel Service Group if there is any change in the status of the medical condition / booking to avoid being refused for travel.

(Where needed, to be read by/to the passenger, dated and signed by him/her on his/her behalf)

I have read and understood MEDIF Part 3

Passenger or Guardian's signature:

Date:

* Wheelchairs with spillable batteries are „dangerous goods“ and are permitted on passenger aircraft only under certain conditions, which can be obtained from the airlines (s). In addition, certain countries may impose specific restrictions.

**All ambulance and hospital arrangements must be arranged by the treating doctor / hospital.

	<p>MEDIF STANDARD MEDICAL INFORMATION FORM FOR AIR TRAVEL</p>	<p>CONFIDENTIAL PART 2 OF 3 To be completed by Attending Physician</p>	
	<p>This form is intended to provide confidential information to enable the airlines medical department to provide the passenger's specific needs.</p> <ul style="list-style-type: none"> When fitness to travel is in doubt as evidenced by recent illness, hospitalisation, injury, surgery or instability Where special services are required i.e. oxygen, authority to carry accompanying medical equipment <p>ENSURE ALL QUESTIONS ARE ANSWERED</p>	<p>This form must be returned to Travel Service Group In-flight Services Department*: Tel. +420 220 115513 E-mail: catering@travelservice.aero</p>	
MEDA 01	PATIENT'S FAMILY NAME/ INITIALS:	Age:	Sex F <input type="checkbox"/> M <input type="checkbox"/>
MEDA 02	<p>ATTENDING PHYSICIAN Name and Address: Telephone Contact: E-mail:</p>		
MEDA 03	<p>DIAGNOSIS IN DETAILS (including vital signs, Hb level):</p>		
	Date of first symptoms:	Date of diagnosis:	Date of surgery:
MEDA 04	<p>PROGNOSIS FOR THE FLIGHT(S): Fit to Travel <input type="checkbox"/> Not Fit to Travel <input type="checkbox"/> Specify:</p>		
MEDA 05	<p>CONTAGIOUS AND COMMUNICABLE DISEASE? NO <input type="checkbox"/> YES <input type="checkbox"/> Specify:</p>		
MEDA 06	<p>WOULD THE PHYSICAL AND/OR MENTAL CONDITION OF THE PATIENT BE LIKELY TO CAUSE DISTRESS OR DISCOMFORT TO OTHER PASSENGERS? NO <input type="checkbox"/> YES <input type="checkbox"/> Specify:</p>		
MEDA 07	<p>CAN PATIENT USE NORMAL AIRCRAFT SEAT WITH SEAT BELT PLACED IN THE UPRIGHT POSITION WHEN SO REQUIRED? NO <input type="checkbox"/> YES <input type="checkbox"/> Specify:</p>		
MEDA 08	<p>CAN PATIENT TAKE CARE OF HIS/HER NEEDS ONBOARD UNASSISTED? (INCLUDING MEALS, VISIT TO TOILET, ETC.)? Meals: NO <input type="checkbox"/> YES <input type="checkbox"/> Visit to toilet: NO <input type="checkbox"/> YES <input type="checkbox"/> Specify:</p>		
MEDA 09	<p>IF TO BE ESCORTED, IS ARRANGEMENT PROPOSED IN PART 1/E OVERLEAF SATISFACTORY FOR YOU? NO <input type="checkbox"/> YES <input type="checkbox"/> If not, type of escort proposed by you:</p>		
MEDA 10	<p>WILL A 25-30% REDUCTION IN THE AMBIENT PRESSURE OF OXYGEN (RELATIVE HYPOXIA) AFFECT THE PASSENGER'S MEDICAL CONDITIONS? 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. NO <input type="checkbox"/> YES <input type="checkbox"/> Does the patient need "OXYGEN" equipment in flight**? (If YES, please state rate of flow): Continuous NO <input type="checkbox"/> YES <input type="checkbox"/> Litres per Minute (LPM) : (Max 4 LPM) Specify:</p>		

MEDA 11	Does the patient need any MEDICATION, other than self-administered, and/or the use of special apparatus such as respirator, incubator, nebulizer etc.?(Note: all battery operated equipment on board must be dry or non-spillable, otherwise Specify:)	A) On the ground while at the airport(s): NO <input type="checkbox"/> YES <input type="checkbox"/> Specify:
MEDA 12		B) On board the aircraft: NO <input type="checkbox"/> YES <input type="checkbox"/> Specify:
MEDA 13	Does the patient need HOSPITALISATION, (If YES, indicate arrangement made, or if none were made, indicate "No action taken") (Note: The attending physician and/or Patient is responsible for all arrangements).	A) During long layover or at connecting points: NO <input type="checkbox"/> YES <input type="checkbox"/> Specify:
MEDA 14		B) Upon arrival at destination: NO <input type="checkbox"/> YES <input type="checkbox"/> Specify:
MEDA 15	Other REMARKS OR INFORMATION in the interest of your patient's smooth and comfortable transportation NO <input type="checkbox"/> YES <input type="checkbox"/> Specify:	
MEDA 16	Other ARRANGEMENTS made by the Attending Physician:	
Please ensure that all above information is accurate. Once approved, no last minute changes will be entertained. Travel Service Group must be informed of any change in patient's status or requirement at least 24hours prior to departure.		
<i>I have read, understood and hereby agree to the conditions of the MEDIF form</i>		
<i>Attending Physician's Signature & Stamp</i>		<i>Place</i>
		<i>Date*</i>

* A Medical Certificate must be dated within 14 days of flight date.

An application using MEDIF must be completed and submitted to Travel Service Group no less than 48 hours and no more than 7 days prior to flight departure.

** Passengers are not permitted to carry their own supply of oxygen on board. Medical oxygen shall be provided by Travel Service Group upon request no later than 72 hours before the flight(s).

PART 3

Reduced atmospheric pressure (Cabin air pressure varies greatly during 15-30 minutes after takeoff and before landing. 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).

- Heart attack (within 21 days of intended travel)
- Stroke (within 10 days of intended travel)
- Infants – newborn babies (within 7 days of birth)
- Decompression sickness
- Pneumothorax (within 14 days of resolution)
- Requirement for stretcher
- Inability to sit upright
- Head injury (within 14 days of intended travel)
- Fractures (except for uncomplicated fractures of upper limbs and fingers of upper limbs)
- Plaster cast (except for plaster cast on upper limbs and fingers of upper limbs)
- Deep vein thrombosis
- Psychiatric disorder (must travel with an escort sitting in adjacent seat)
- Any serious or acute infectious disease (incl. chickenpox)

Cabin attendants are not authorised 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.

Fees if any, relevant to the provision of the above information and for carrier-provided special equipment is to be paid by the passenger concerned.