



Airline division of Island Aviation Services Limited

MEDIF

STANDARD MEDICAL INFORMATION

FORM FOR AIR TRAVEL

PART 1

INFORMATION SHEET FOR PASSENGERS REQUIRING SPECIAL ASSISTANCE

Answer ALL questions — put a cross (X) 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), segments(s), reservation status of continuous air journey).		Transfer from one flight to another often requires LONGER connecting time.												
C	NATURE OF INCAPACITATION:														
D	IS STRETCHER NEEDED ON BOARD? (all stretcher cases MUST be escorted).	No <input type="checkbox"/> Yes <input type="checkbox"/>	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	WHEELCHAIR NEEDED? No <input type="checkbox"/> Yes <input type="checkbox"/> Categories are: WCHR WCHS WCHC Wheelchair category: <input type="text"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align:center;">OWN wheelchair</td> <td style="width:25%; text-align:center;">Collapsible</td> <td style="width:25%; text-align:center;">Power driven?</td> <td style="width:25%; text-align:center;">Battery type (spillable?)</td> </tr> <tr> <td>No <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>Yes <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> </tr> </table>	OWN wheelchair	Collapsible	Power driven?	Battery type (spillable?)	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Wheelchairs with spillable batteries are "dangerous goods" and are permitted on passenger aircraft only under certain conditions, which can be obtained from the airline(s). In addition, certain countries may impose specific restrictions.
OWN wheelchair	Collapsible	Power driven?	Battery type (spillable?)												
No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>												
Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>												
G	AMBULANCE NEEDED? No <input type="checkbox"/> Yes <input type="checkbox"/>	To be arranged by AIRLINE Specify ambulance company contact: <input type="text"/> Specify destination address: <input type="text"/>													
H	OTHER GROUND ARRANGEMENTS NEEDED	If yes, SPECIFY below and indicate for each item: (a) the ARRANGING airline or other organisation, (b) at whose EXPENSE, and (c) CONTACT addresses/telephone numbers where appropriate, or whenever specific persons are designated to meet/assist the passenger.													
1	Arrangements for delivery at airport of DEPARTURE	No <input type="checkbox"/> Yes <input type="checkbox"/>	Specify <input type="text"/>												
2	Arrangements for assistance at CONNECTING POINTS	No <input type="checkbox"/> Yes <input type="checkbox"/>	Specify <input type="text"/>												
3	Arrangements for meeting at airport of ARRIVAL	No <input type="checkbox"/> Yes <input type="checkbox"/>	Specify <input type="text"/>												
4	Other requirements or relevant information	No <input type="checkbox"/> Yes <input type="checkbox"/>	Specify <input type="text"/>												
K	SPECIAL IN-FLIGHT ARRANGEMENTS NEEDED, such as: special meals, special seating, leg-rest, extra seat(s), special equipment, etc.	No <input type="checkbox"/> Yes <input type="checkbox"/>	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 the MEDIF.												
L	DOES PASSENGER HOLD A "FREQUENT TRAVELLER'S MEDICAL CARD (FREMEC)" VALID FOR THIS TRIP?	No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, add below FREMEC data to your reservation requests. If no (or if additional data needed by carrying airline(s)), have physician in attendance complete the MEDIF.												
	FREMEC / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (FREMEC number) (Issued by) (Valid until) (Sex) (Age) (Incapacitation) <input type="text"/> (Incapacitation continued) (Limitations)														
PASSENGER'S DECLARATION "I HEREBY AUTHORIZE (Name of nominated 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 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:													

M E D I C A L I N F O R M A T I O N S H E E T — (M E D I F)		(for official use only)
To be completed by ATTENDING PHYSICIAN	<p>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.</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 concise answers).</p> <p>COMPLETING OF THE FORM IN BLOCK LETTERS OR BY TYPEWRITER WILL BE APPRECIATED.</p>	
		<p>- The form must be returned to:</p> <div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto;"></div> <p>(Carrier's Designated Office)</p>
Airlines' Ref. Code MEDA01	PATIENT'S NAME, INITIAL(S), SEX, AGE:	
MEDA02	ATTENDING PHYSICIAN - Name & Address	
	- Telephone Contact	Business: _____ Home: _____
MEDA03	MEDICAL DATA: - DIAGNOSIS in details (including vital signs) - Day/month/year of first symptoms:	Date of operation _____ Date of diagnosis _____
MEDA04	- PROGNOSIS for the flight(s):	
MEDA05	- Contagious AND communicable disease? No <input type="checkbox"/> Yes <input type="checkbox"/> Specify: _____	
MEDA06	- 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: _____	
MEDA07	- Can patient use normal aircraft seat with seatback placed in the UPRIGHT position when so required? Yes <input type="checkbox"/> No <input type="checkbox"/>	
MEDA08	- Can patient take care of his own needs on board UNASSISTED* (including meals, visit to toilet, etc.)?	Yes <input type="checkbox"/> No <input type="checkbox"/> If not, type of help needed: _____
MEDA09	- If to be ESCORTED, is the arrangement satisfactory to you?	Yes <input type="checkbox"/> No <input type="checkbox"/> If not, type of escort proposed by YOU: _____
MEDA010	- Does patient need OXYGEN** equipment in flight? (If yes, state rate of flow) No <input type="checkbox"/> Yes <input type="checkbox"/> _____ Litres per Minute No <input type="checkbox"/> Yes <input type="checkbox"/> _____ Continuous?	
MEDA011	- 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): No <input type="checkbox"/> Yes <input type="checkbox"/> Specify: _____
MEDA012		(b) on board of the AIRCRAFT: No <input type="checkbox"/> Yes <input type="checkbox"/> Specify: _____
MEDA013	- Does patient need HOSPITALISATION? (If yes, indicate arrangements made or, if none were made, indicate "NO ACTION TAKEN")	(a) during long layover or nightstop at CONNECTING POINTS en route: No <input type="checkbox"/> Yes <input type="checkbox"/> Action: _____
MEDA014		(b) upon arrival at DESTINATION: No <input type="checkbox"/> Yes <input type="checkbox"/> Action: _____
MEDA015	- Other remarks or information in the interest of your patient's smooth and comfortable transportation:	None <input type="checkbox"/> Specify if any**: _____
MEDA016	- Other arrangements made by the attending physician:	
<p>NOTE(*): Cabin attendants are NOT authorized to give special assistance (e.g. lifting) 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 injection, or to give medication.</p> <p>IMPORTANT: FEES, IF ANY, RELEVANT TO THE PROVISION OF THE ABOVE INFORMATION AND FOR CARRIER-PROVIDED SPECIAL EQUIPMENT (**) ARE TO BE PAID BY THE PASSENGER CONCERNED.</p>		
Date:	Place:	Attending Physician's Signature:



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STANDARD MEDICAL INFORMATION

FORM FOR AIR TRAVEL

CONFIDENTIAL

PART 3

TO BE COMPLETED BY THE ACCOMPANYING MEDICAL ATTENDANT, IF OXYGEN IS REQUIRED

This form is intended to provide confidential information to enable the airlines medical departments to assess the fitness of the passenger to travel as indicated in Part 1 overleaf. 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.

Return this form to Carrier's designated office:

Completion of the form in block letters or by typewriter will be appreciated

A	- Attendant's Name		
B	- Attendant's Address		
	- Contact Numbers	Mobile:	Business:
			Home:
C	- Qualifications of the medical attendant		
D	- Job Title		
E	- Organisation		
F	- I have verified that the required amount of oxygen is available and the oxygen equipment is functioning properly.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
G	- I know how to operate the oxygen equipment and will take the responsibility for the operation of the oxygen equipment.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
H	- I will immediately inform the Pilot-in-command in the event of changing oxygen bottle during flight	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Place:		Date:	Attendant's signature: