MEDIF
STANDARD MEDICAL INFORMATION FORM FOR AIR TRAVEL
PART 2

MEDICAL INFORMATION SHEET

To be completed by ATTENDING PHYSICIAN

Airline's ref. Code

MEDA01 PATIENT'S NAME, INITIAL(S), SEX, AGE, WEIGHT, HEIGHT

MEDA02 ATTENDING PHYSICIAN - Name & Address
- Telephone Contact

Business: Mobile (Preferred): Email: Home:

MEDA03 MEDICAL DATA
DIAGNOSIS in details (including vital signs)
Specify
Day / Month / Year of the first symptoms Date of diagnosis:

MEDA04 Diagnosis is indicated in Part 3
Bladder and bowel control
Yes [ ] No [ ]

MEDA05 Is the diagnosis indicated in Part 3
Yes [ ] No [ ]

MEDA06 If Yes, you must fill in the required information

MEDA07 PROGNOSIS for the trip
Contagious AND communicable disease?
Yes [ ] No [ ] Specify:

MEDA08 Is patient in any way OFFENSIVE to other passengers? (Smell, appearance, conduct).
Yes [ ] No [ ] Specify:

MEDA09 Can patient use a normal aircraft seat with seatbelt placed in the UPRIGHT position when required?
Yes [ ] No [ ]

MEDA10 Can patient take care of his own needs on board UNASSISTED* (including meals, visit to toilets, etc.)?
Yes [ ] No [ ]
If not, type of help needed:

MEDA11 If to be ESCORTED, is the arrangement proposed in Part 1 / E hereof satisfactory for you?
Yes [ ] No [ ]
If not, type of escort proposed to YOU:

MEDA12 Does patient need OXYGEN equipment in flight?
Yes [ ] No [ ]
Specify:

MEDA13 If Yes, state rate of flow.
(a) on the GROUND while at the airport(s):

MEDA14 Does patient need any MEDICATION, respirator, incubator, etc. **?
Yes [ ] No [ ]
Specify:

MEDA15 (b) on board of the AIRCRAFT:

MEDA16 Does patient need HOSPITALIZATION? (If Yes, indicate arrangement made or if none were made, indicate "NO ACTION TAKEN")
Yes [ ] No [ ] Action:

MEDA17 Other remarks of information in the interest of your patient's smooth and comfortable transportation.

MEDA18 Other arrangements made by the attending physician.

Specify if passenger is fit for travel: Yes [ ] No [ ]

NOTE (*) 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 to provide assistance to the attendants to operate the oxygen bottle and they are NOT PERMITTED to administer any injection or to give any medication.

NOTE: This form is only valid for Ten (10) days from the date of the Doctor's signature.
### ADDITIONAL CLINICAL INFORMATIONS

#### ANAEMIAS AND CARDIAC CONDITIONS

1. Anemia
   - Yes [ ]
   - No [ ]
   - If yes, give the recent result in grams of Hemoglobin: [ ]

2. Angina
   - Yes [ ]
   - No [ ]
   - When was the last episode: [ ]
   - Functional class of the patient: [ ]
   - No symptoms [ ]
   - Angina with important efforts [ ]
   - Angina with light efforts [ ]
   - Angina at rest [ ]
   - Can the patient walk 100 metres at a normal pace or climb 10 - 12 stairs without symptoms: Yes [ ] No [ ]

3. Myocardial infarction
   - Yes [ ]
   - No [ ]
   - Date: [ ]
   - Complications: [ ]
   - Stress ECG done: Yes [ ] No [ ]
   - If yes, what was the result: [ ]
   - If yes, what was the result: [ ]
   - If yes, what was the result: [ ]
   - If yes, date of event: [ ]
   - If yes, date of event: [ ]
   - Shortness of breath with important efforts: Yes [ ] No [ ]
   - Shortness of breath with light efforts: Yes [ ] No [ ]
   - Shortness of breath at rest: Yes [ ] No [ ]

4. Cardiac failure
   - Yes [ ]
   - No [ ]
   - When was the last episode: [ ]
   - Functional class of the patient: [ ]
   - No symptoms: [ ]
   - Shortness of breath with important efforts: [ ]
   - Shortness of breath with light efforts: [ ]
   - Shortness of breath at rest: [ ]

5. Syncope
   - Yes [ ]
   - No [ ]
   - Last episode: [ ]
   - Investigations: [ ]
   - Yes [ ] No [ ]
   - If yes, state results: [ ]

#### RESPIRATORY CONDITION

- Has the patient had recent blood gasses: Yes [ ] No [ ]
- Blood gases were taken on: [ ]
- Room air [ ]
- Oxygen [ ]
- Others [ ]
- If yes, what were the results: [ ]
- Date of exam: [ ]
- pCO₂ [ ]
- pO₂ [ ]
- Saturation [ ]
- Does the patient retain CO₂?: Yes [ ] No [ ]
- Has his/her condition deteriorated recently?: Yes [ ] No [ ]
- Can the patient walk 100 metres at a normal pace or climb 10 - 12 stairs without symptoms: Yes [ ] No [ ]
- Has the patient ever taken a commercial aircraft in these same conditions?: Yes [ ] No [ ]
- If yes, when?: [ ]
- Did the patient have any problems?: [ ]

#### PSYCHIATRIC AND NEUROLOGICAL CONDITIONS

1. Psychiatric Condition
   - Is there a possibility that the patient will become agitated during flight?: Yes [ ] No [ ]
   - Has he/she taken a commercial aircraft before?: Yes [ ] No [ ]

2. Seizure Disorder
   - What type of seizures?: [ ]
   - Frequency of the seizures?: [ ]
   - When were the last seizures?: [ ]
   - Are the seizures controlled by medication?: [ ]

### OTHER ARRANGEMENTS MADE BY THE ATTENDING PHYSICIAN

Specify if passenger is fit for travel: Yes [ ] No [ ]

### 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.

### NOTE (*)
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Place: [ ]
Date: [ ]
Attending Physician's Signature: [ ]

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