

1. Copy: patient/escort
2. Copy: Operations., Mail:
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MEDIF Medical Information Sheet Must be completed by a Medically Qualified Person

To be completed
by
attending physician

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 necessary directives designed to provide for the passenger's welfare and comfort. The physician attending the incapacitated passenger is requested to answer all question(Enter a cross "X" in the appropriate "yes" or "no" boxes, and/or give precise concise answers). Flight and date: _____

USE BLOCK LETTERS

Address of issuing office

MEDA01	Patient's Name/Initial(s), sex, age:				
Airlines' Ref. code					
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 first symptoms:	Date of diagnosis:			
MEDA04	Prognosis for the flight:				
MEDA05	Contagious and communicable disease?	No:	Yes:	specify:	
MEDA06	Would the physical and/or mental condition of the patient be likely to cause distress or discomfort to other passenger	No:	Yes:	specify:	
MEDA07	Can patient use normal aircraft seat with seatback placed in upright position when so required?	No:	Yes:		
MEDA08	Can patient take care of own needs on board unassisted (including meals, visits to WC etc.)?	No:	Yes:	If not, specify help needed:	
MEDA09	If to be escorted, is the arrangement satisfactory to you?	No:	Yes:	If not, type of escort proposed by you:	
MEDA10	Does patient need oxygen equipment in flight?(If yes, state rate of flow)	No:	Yes:	litres per minute:	Continuous? No: Yes:
MEDA11	Does patient need any medication*, other than self-administered and/or the use of special apparatus such as respirator, incubator	(a) on ground while at the airport(s)			
MEDA12		No:	Yes:	Specify:	
		(a) on board while of the aircraft			
		No :	Yes :	Specify:	
MEDA013	Does patient need hospitalisation? (If yes, Indicate arrangements)	(a) During long layover or nightstop at connecting points en-route			
MEDA014	made or, if non were made Indicate "non action taken"	No:	Yes:	Action:	
		(b) Upon arrival destination			
		No:	Yes:	Action:	
MEDA015	Other remarks or information in the interest of your patient's smooth and comfortable transportation	None:	Specify if any:		
MEDA016	Other arrangements made by the attending physician				
Note(*)	Cabin attendants are not authorized to give special assistance to(e g lifting)				

- Original: Pilot in command
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particular passengers to the detriment of their service to other passenger.
-Additionally, they are trained only in first aid and are not permitted to administer any injection, or to give medication.

Date:	Place:	Undersigned physician declares the patient fit for flight:
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