



## MEDICAL INFORMATION FORM FOR AIR TRAVEL (MEDIF)

### STANDARD MEDICAL INFORMATION

Answer ALL questions - put cross (X) in "YES" or "NO" boxes. Use BLOCK LETTERS or TYPEWRITER when completing this form.

**PART 1**  
To be completed by  
SALE OFFICE/AGENTS

<b>A</b>	NAME/TITLE:		
<b>B</b>	<b>PROPOSED ITINERARY:</b> Airlines, Flight Numbers, Class(es), Dates, Segment(s), Resevartion status of continuous air journey.	<i>Transfer from one flight to another often requires LONGER connecting time.</i>	
<b>C</b>	NATURE OF INCAPACITATION:		MEDICAL CLEARANCE REQUIRED? <input type="checkbox"/> NO <input type="checkbox"/> YES
<b>D</b>	<b>IS STRETCHER NEEDED ON BOARD?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES All stretcher cases MUST be escorted. Request rate if unknown.		
<b>E</b>	<b>INTENDED ESCORT</b> Name, Sex, Age, Professional Qualification, Segments (if different from passanger), if untrained, state 'TRAVEL COMPANION'	<i>For blind and/or deaf, state if escoted by trained dog</i>	
<b>F</b>	<b>WHEELCHAIR NEEDED?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES. If yes, which categories: <input type="checkbox"/> WCHR <input type="checkbox"/> WCHS <input type="checkbox"/> WCHC <input type="checkbox"/> OWN WHEELCHAIR    Types: <input type="checkbox"/> Collapsible <input type="checkbox"/> Power driven <input type="checkbox"/> Battery (spillable type) <i>Wheelchair with spillable batteries are "dangerous goods" and are permitted on passenger aircraft only under certain conditions, which can be obtained from the airlines. In addition, certain countries may impose specific restrictions.</i>		
<b>G</b>	<b>AMBULANCE NEEDED?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES. If yes, to be arranged by AIRLINE: Specify _____ (ambulance) Request rate if unknow. _____ (destination)		
<b>H</b>	<b>GROUND ARRANGEMENTS NEEDED?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES. If yes, specify below and indicate for each item; (a) the ARRANGING airline or other organization, (b) at whose EXPENSE, and (c) CONTACT addresses/ telephone numbers where appropriate, or whenever specific person are designated to meet/ assists the passenger		
1	Delivery at airport of DEPARTURE	<input type="checkbox"/> NO	<input type="checkbox"/> YES. If yes, specify: _____
2	Assistance at CONNECTING POINTS	<input type="checkbox"/> NO	<input type="checkbox"/> YES. If yes, specify: _____
3	Meeting at airport of ARRIVAL	<input type="checkbox"/> NO	<input type="checkbox"/> YES. If yes, specify: _____
4	Other requirements/ information	<input type="checkbox"/> NO	<input type="checkbox"/> YES. If yes, specify: _____
<b>K</b>	<b>SPECIAL IN-FLIGHT ARRANGMENTS NEEDED?</b> <input type="checkbox"/> NO <input type="checkbox"/> 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 Equipement, such as oxygen etc. always requires completion of PART 2 overleaf. Special Meals, Special Seating, Leg-Rest, Extra Seat(s), Special Equipment, etc. _____ _____ <i>See "Note" at the end of PART 2 overleaf</i>		
<b>L</b>	<b>DOES PASSENGER HOLD A FREQUENT TRAVELLER'S MEDICAL CARD (FREMEC) VALID FOR THIS TRIP?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES. If yes, add below FREMEC data to your reservation requests. If no (or if additional data needed by carrying airlines), have physician in attendance complete PART 2 hereof. FREMEC No: _____ Issued by: _____ Valid until: _____ Sex: _____ Age: _____ Incapacitation: _____ Limitations: _____		

#### PASSENGER'S DECLARATION

I hereby authorize \_\_\_\_\_ (name of nominated physician) to provide the airlines with the information by those airlines medical departments for the purpose of the 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 such information, and agrees to meet such physician's fees in connection therewith.

I take note that, if accepeted for carriage, my journey will be subject to the general conditions of carriage/tariffs of the carrier concerned and that the carrier does not assumes any special liability exceeding those conditions/tariffs.

I am prepared, at my own risk, to bear any consequences which carriage by air may have for my state of release the carrier, its employees, servants and agents from any liability for such consequences.

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 passanger, dated and signed by him/her or on his/her behalf.)

Place: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Passanger's Signature:

