



MEDICAL INFORMATION (MEDIF) FORM FOR FLIGHT OPERATIONS TO BE COMPLETED BY PASSENGER'S ATTENDED TO BY PHYSICIAN

(To be given to all sick passengers or those requiring any medical assistance in transit/in-flight)

SITTING CASE REQUIRING OXYGEN WHEELCHAIR

PASSENGER/FLIGHT DETAILS

Passenger's Name: Surname _____ First Name _____

Permanent Address _____

Tel.No. Departure City: _____ Tel.No. Arrival City: _____

Flight Requested _____ Date _____ From _____ To _____

MEDICAL DETAILS—TO BE COMPLETED BY PASSENGER' DOCTOR AFTER READING SPECIAL NOTE & GUIDELINES ABOVE

1. Doctor's Name, Address, Tel./ Fax No., Qualifications, Registration No: _____

2. Patient's Name: _____ M/F Age: _____

3. Diagnosis & Date of Onset of illness: _____

4. Is the disease contagious or infectious in any form Yes No

5. Is the patient's condition OFFENSIVE to other passengers
 (Smell / Appearance / Conduct) No Yes Specify _____

6. Present Symptoms: _____ 6b) Prognosis during Flight _____

7. Vital Parameters (Pulse, BP, Temperature, Respiratory Rate, Level of Consciousness):
 Normal Abnormal Please specify _____

8. Dyspnea: Nil On Accustomed Exertion At Rest

FPS/043

9. Details of ongoing medical treatment / any special comments regarding treatment on flight:

10. Give requirement for Oxygen (O2 flow rate in liter/min.):

- a Continuously throughout journey (at Airport & during Flight)
- b Continuously throughout flight only
- c As & when required (At Airport or during Flight)

11. Does patient have full control of bowels / bladder? Yes No

12. Can Patient eat / drink unaided Yes No

13. Can Patient use aircraft toilet Yes No

14. Does patient require wheelchair Yes No

If Yes, which of following (a) to aircraft steps (b) to cabin door (c) to seat

15. Does patient require Doctor/ Qualified Nurse / Non-medical Escort Yes No

16. Is patient accompanied Yes No If Yes , by whom _____

17. Are arrangements for Ambulance / Hospitalization made at Embarkation/ Destination

No Yes If so give details _____

Have above details been specified to passenger Yes No

18. Any other remarks / information regarding patient to ensure smooth, comfortable flight

No Yes If so specify

19. Any other ground arrangement needed at Departure / Transit / Arrival

20. Any special in-flight arrangement required (e.g. special meal / seat)

No Yes If so specify

The above mentioned Medical details are completely correct to the best of my knowledge and have been provided after getting due consent from my patient.

PASSENGER DECLARED FIT TO FLY

Signature:

Rubber Stamp:

Date