

MEDIF – MEDICAL INFORMATION FORM FOR AIR TRAVEL



PART ONE To be completed by PASSENGER or AGENT		PLEASE WRITE IN CAPITAL LETTERS USING BLACK INK						
A	PASSENGER'S FULL NAME							
B	PROPOSED ITINERARY (Airline(s), flight number(s), route(s), date(s) of continuous air travel)							
C	NATURE OF DISABILITY, ILLNESS OR INJURY							
D 1	INTENDED ESCORT (name, sex, age, professional qualification, flight/route if different from passenger) - If untrained, state "TRAVEL COMPANION"							
D 2	Is the intended escort capable and prepared to provide all assistance including feeding, toileting and lifting as required?	Yes <input type="checkbox"/> No <input type="checkbox"/>						
E	WHEELCHAIR NEEDED? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES indicate category: WCHR: cannot walk far, but can manage stairs <input type="checkbox"/> WCHR: cannot walk far, cannot manage stairs <input type="checkbox"/> WCHR: unable to walk <input type="checkbox"/>	Personal wheelchair	Manual	Power driven	Battery type spillable	Wheelchair weight	Wheelchair dimensions (cm)	Wheelchairs with spillable batteries are <i>restricted articles</i> – permitted on passenger ONLY under certain conditions.
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ kg	W _____ D _____ H _____	
F	AMBULANCE NEEDED? Yes <input type="checkbox"/> No <input type="checkbox"/> Specify ambulance company contacts Specify destination address							
G	IS STRETCHER NEEDED ON BOARD?	Yes <input type="checkbox"/> No <input type="checkbox"/>						
H	OTHER GROUND ARRANGEMENTS NEEDED? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, SPECIFY below and indicate against each item: (a) the ARRANGING airline or other organization, (b) CONTACT addresses/phone numbers where appropriate, or whenever specific persons are designated to meet/assist the passenger.						
1	Arrangements for arrival at airport of departure	Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify					
2	Arrangements or assistance at connecting points	Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify					
3	Arrangements for meeting at airport of arrival	Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify					
4	Other requirements or relevant information	Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify					
K	SPECIFIC IN-FLIGHT ARRANGEMENTS NEEDED? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, DESCRIBE and indicate for each item: (a) FLIGHT/ROUTE on which required, (b) airline-ARRANGED or arranging third party and (c) at whose expense. Provision of SPECIFIC EQUIPMENT, such as oxygen etc. always requires completion of PART 2 overleaf.						
		a)						
		b)						
		c)						
PASSENGER'S DECLARATION (Name of nominated medical doctor in CAPITAL LETTERS) "I HEREBY AUTHORIZE to provide the airline with the information required by those airlines' Medical Provider for the purpose of determining my fitness to fly by air and in consideration thereof, I hereby agree to meet such doctor'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 am prepared, at my own risk, to bear any consequences which carriage by air may have for my state of health and I 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. I hereby authorize Fly540 Tanzania Ltd. to send a copy of this authorization to my medical doctor indicating my consent." (Where needed, to be read by/to the passenger, dated and signed by him/her, or on his/her behalf)								
Date (DD/MM/YY)		Passenger's signature			If your medical condition/travel details change in any way prior to travelling, you are requested to contact fastjet.			

MEDIF – MEDICAL INFORMATION FORM FOR AIR TRAVEL



PART TWO <i>This form is intended to provide CONFIDENTIAL information to assess the fitness of the passenger to travel. If the passenger can be transported, this information will facilitate the issuance of the necessary directives.</i>		RECORD LOCATOR NUMBER (PNR)	
To be completed by nominated attending physician The ATTENDING PHYSICIAN of the incapacitated passenger is requested to ANSWER ALL QUESTIONS . Enter and "X" in the appropriate "Yes" or "No" box and give concise answers.			
PLEASE COMPLETE THE FORM IN CAPITAL LETTERS USING BLACK INK		Date of Travel (DD/MM/YY)	
MEDA 01	PASSENGER'S FULL NAME	SEX: M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth (DD/MM/YY)
MEDA 02	ATTENDING PHYSICIAN Name, address and phone number		
MEDA 03	DIAGNOSIS/MEDICAL DETAILS (e.g. type of operation) Date of surgery/procedure (DD/MM/YY) Vital signs BP: Pulse: Temp: SAO2 (on air) % Date taken (DD/MM/YY)		
MEDA 04	Prognosis for the flight(s)		
MEDA 05	Is PASSENGER FREE FROM contagious AND/OR communicable disease?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify:
MEDA 06	Would the physical and/or mental condition of the passenger cause distress or discomfort to other passengers?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify:
MEDA 07	Can the passenger use a normal aircraft seat with seatback placed in the UPRIGHT position when so required?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Travelling via stretcher? Yes <input type="checkbox"/> No <input type="checkbox"/>
MEDA 08	Can the passenger take care of their own needs on board UNASSISTED (including feeding, toileting, mobility, etc.)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	NOTE: if not refer to PART 1 (D2)
MEDA 09	Does the passenger require OXYGEN in the aircraft or on ground?	Yes <input type="checkbox"/> No <input type="checkbox"/>	2 <input type="checkbox"/> or 4 <input type="checkbox"/> Imp standby via pulse dose
	Does the passenger require OXYGEN in flight?	Yes <input type="checkbox"/> No <input type="checkbox"/>	2 <input type="checkbox"/> or 4 <input type="checkbox"/> Imp standby via pulse dose Yes <input type="checkbox"/> No <input type="checkbox"/>
MEDA 10	Does the passenger need any MEDICATION other than self-administered and/or the use of special apparatus such as respirator, incubator, IV pump, monitor, etc.?	On ground? Yes <input type="checkbox"/> No <input type="checkbox"/> On board? Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify: Specify:
MEDA 11	List medications needed during the flight:	Can these be administered independently? Yes <input type="checkbox"/> No <input type="checkbox"/>	
MEDA 12	Does the passenger need HOSPITALISATION? (if YES indicate arrangements made, or if NO indicate "NO ACTION TAKEN")	(a) During layover	Yes <input type="checkbox"/> No <input type="checkbox"/> Receiving hospital Telephone contact
MEDA 13	Does the passenger need HOSPITALISATION? (if YES indicate arrangements made, or if NO indicate "NO ACTION TAKEN")	(b) Upon arrival at DESTINATION	Yes <input type="checkbox"/> No <input type="checkbox"/> Receiving physician Telephone contact
MEDA 14	Other remarks or information in the interest of the passenger's smooth and comfortable travel:		
MEDA 15	Other arrangements made by the attending physician:		
NOTES	Fastjet cabin crew is NOT authorized to give special assistance to particular passengers, to the detriment of their service to other passengers. Cabin crew is employed as food handlers and is therefore unable to ASSIST with TOILETING needs. They are trained in FIRST AID procedures only and are NOT PERMITTED to administer any injection, or give medication. Please ensure the passenger has all the necessary help via their travel companion. IMPORTANT: If any costs are incurred for the provision of specific equipment, these must be met by the named passenger.		
Date (DD/MM/YY)		Attending physician's signature	