



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 questions. (Enter a cross "X" in the appropriate "yes" or "no" boxes, and/or give precise concise answers). Completing of the form in block letters will be appreciated.

MEDA 01	PATIENT Name, gender, age:	
MEDA 02	ATTENDING PHYSICIAN Name & Address, e-mail, telephone contact	
MEDA 03	MEDICAL DATA DIAGNOSTIC in details (including vital signs, day/month/year of first symptoms)	Date of operation: _____ Date of diagnosis: _____
MEDA 04	PROGNOSIS for the flight(s)	
MEDA 05	Contagious and communicable disease?	No <input type="radio"/> Yes <input type="radio"/> Specify _____
MEDA 06	Would the physician and/or mental condition of the patient be likely to cause distress to other passengers?	No <input type="radio"/> Yes <input type="radio"/> Specify _____
MEDA 07	Can patient use normal aircraft seat with seatback placed in the upright position when so required?	No <input type="radio"/> Yes <input type="radio"/>
MEDA 08	Can patient take care of his own needs on board unassisted (including meals, visit to toilet, etc.)?	No <input type="radio"/> Yes <input type="radio"/> If not, specify type of escort needed _____
MEDA 09	Does patient need oxygen equipment on flight? If yes, state rate of flow.	No <input type="radio"/> Yes <input type="radio"/> Litres per minute _____ Continuous? No <input type="radio"/> Yes <input type="radio"/>
MEDA 10	Does patient need any medication, other than selfadministred, and/or the use of special apparatus such as respirator, incubator, etc.?	a) At the airport No <input type="radio"/> Yes <input type="radio"/> Navesiti _____
MEDA 11		a) On board of aircraft No <input type="radio"/> Yes <input type="radio"/> Specify _____

MEDA 12	Does patient need any hospitalisation? (If yes, indicate arrangements made or, if none were made, indicate “no action taken”)	a) During long layover or nightstop at connecting points en route: No <input type="radio"/> Yes <input type="radio"/> Actions: _____
MEDA 13		a) Upon arrival at destination: No <input type="radio"/> Yes <input type="radio"/> Actions: _____
MEDA 14	Other remarks or information in the interest of your patient’s smooth and comfortable transportation	_____
MEDA 15	Other arrangements made by the attending physician	_____

NOTE:

Cabin attendants are not authorized to give special assistance (e.g. lifting) to particular passengers, to the detriment of their service to other passengers. Additionally, they are trained only in first aid and are not permitted to administer any injection, or to give medication.

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.

Place

Date

Attending Physician’s Signature

PASSENGER’S DECLARATION:

“I hereby authorize (name of the attending Physician) to provide the airlines with the information required by those airlines’ medical departments for the purpose of 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 of such information, and agree to meet such physician’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 and that the carrier does not assume special liability exceeding those conditions/tariffs. 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 passenger, dated and signed by him/her or on his/her behalf)

Place his/her escort:

Date

Signature of patient or his/her escort:

Comment:

Date and place: _____

Signature of the company’s doctor _____