



MEDIF

Information Sheet for Passengers Requiring Special Assistance

Answer ALL questions. Put a cross (X) in 'Yes' or 'No' boxes.
Use BLOCK LETTERS or TYPEWRITER when completing this form.

CONFIDENTIAL

Part 1 of 3

To be completed by the Passenger and/or the Passenger's Physician in consultation with SIA Sales Office/Travel Agent

A	NAME/INITIALS/TITLE: _____															
B	ITINERARY (a) All details on travel arrangements for the <u>24 hours</u> preceding the intended flight including but not limited to the means or type of transport, distance travelled, place of departure, intended destination and duration of journey. (b) All details on intended travel arrangements such as airline(s), flight numbers(s), class(es), date(s), segment(s) and reservation status of continuous air journey.			Transfer from one flight to another often requires LONGER connecting time												
C	NATURE OF INCAPACITATION: _____		Medical clearance required? No <input type="checkbox"/>	Yes <input type="checkbox"/>												
D	IS STRETCHER NEEDED ON BOARD? (all stretcher cases MUST be escorted) No <input type="checkbox"/> Yes <input type="checkbox"/>		Request rate if unknown _____													
E	INTENDED ESCORT (name, sex, age, professional qualification, segments, if different from passenger) If untrained, state 'TRAVEL COMPANION'.	For customer who is visually handicapped and/or hearing impaired if escorted by trained dog.														
F	Wheelchair needed? No <input type="checkbox"/> Categories are: WCHR, WCHS, WCHC Yes <input type="checkbox"/> Wheelchair Category: _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:25%;">OWN Wheelchair</th> <th style="width:25%;">Collapsible</th> <th style="width:25%;">Power driven?</th> <th style="width:25%;">Battery type (spillable)?</th> </tr> <tr> <td>No <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>Yes <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> </tr> </table>	OWN Wheelchair	Collapsible	Power driven?	Battery type (spillable)?	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Wheelchairs with spillable batteries are 'dangerous goods' and are permitted on passenger aircraft only under certain conditions, which can be obtained from the airline(s). In addition, certain countries may impose specific restrictions.	
OWN Wheelchair	Collapsible	Power driven?	Battery type (spillable)?													
No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>													
Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>													
G	Ambulance needed No <input type="checkbox"/> Yes <input type="checkbox"/>	To be arranged by SPONSOR No <input type="checkbox"/> Specify Ambulance Company contact: _____ Yes <input type="checkbox"/> Specify destination address: _____		Request rate(s) if unknown.												
H	OTHER GROUND ARRANGEMENTS NEEDED No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, SPECIFY below and indicate for each item: (a) the ARRANGING airline or other organisation, (b) at whose EXPENSE, and (c) CONTACT addresses/telephone numbers where appropriate, or whenever specific persons are designated to meet/assist the passenger.														
1	Arrangements for delivery at airport of DEPARTURE No <input type="checkbox"/> Yes <input type="checkbox"/> Specify: _____															
2	Arrangements for assistance at CONNECTING POINTS: No <input type="checkbox"/> Yes <input type="checkbox"/> Specify: _____															
3	Arrangements for meeting at airport of ARRIVAL No <input type="checkbox"/> Yes <input type="checkbox"/> Specify: _____															
4	Other requirements or relevant information No <input type="checkbox"/> Yes <input type="checkbox"/> Specify: _____															
K	SPECIAL IN-FLIGHT ARRANGEMENTS NEEDED, such as: special meals, special seating, leg-rest, extra seat (s), special equipment etc. No <input type="checkbox"/> Yes <input type="checkbox"/> (See 'Note (*)' at the end of Part 2 overleaf)	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 EQUIPMENT, such as oxygen etc. always requires completion of Part 2 overleaf.														

ALL MEDICAL CASES MUST NOT BE ASSIGNED EMERGENCY EXIT SEATS

PASSENGER'S DECLARATION

"I HEREBY AUTHORISE _____
 (Name of nominated physician)

to provide the airlines with the information required by those airlines' medical department 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(s) concerned and that the carrier(s) do not assume any special liability exceeding those conditions/tariffs.

I am prepared, at my own risk, to bear any consequences whatsoever which may result from any failure, malfunction or default of the medical equipment carried or used at my request and also for any consequences which carriage by air may have on 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(s) 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: _____	Date: _____	Passenger's Signature: _____
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MEDIF

Standard Medical Information Form for Air Travel

CONFIDENTIAL

Part 2 of 3
(for official use only)

To be completed by
ATTENDING PHYSICIAN

This form is intended to provide **CONFIDENTIAL** information to enable the airlines' **MEDICAL** Department to assess the fitness of the passenger to travel as indicated in Part 1 overleaf. If the passenger is acceptable, this information will permit the issuance of the 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).

COMPLETION OF THE FORM IN BLOCK LETTERS OR BY TYPEWRITER WILL BE APPRECIATED.

This form must be returned to

(Carrier's Designated Office)

Airlines' Ref Code MEDA 01	PATIENT'S NAME, INITIAL(S), SEX, AGE		
MEDA 02	ATTENDING PHYSICIAN - Name & Address		
	- Telephone Contact	Business:	Home:
MEDA 03	MEDICAL DATA: - DIAGNOSIS in details (including vital signs)		
	- Day/month/year of first symptoms:	Date of operation:	Date of diagnosis:
MEDA 04	Prognosis for the flight(s):	Fit to Travel <input type="checkbox"/>	Not Fit to Travel <input type="checkbox"/> Specify:
MEDA 05	Contagious AND communicable disease?	No <input type="checkbox"/>	Yes <input type="checkbox"/> Specify:
MEDA 06	Would the physical and/or mental condition of the patient be likely to cause distress or discomfort to other passengers?	No <input type="checkbox"/>	Yes <input type="checkbox"/> Specify:
MEDA 07	Can the patient use normal aircraft seat with the seatback placed in the UPRIGHT position when so required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
MEDA 08	Can the patient take care of his own needs on board UNASSISTED * (including meals, visit to toilet, etc)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		If not, type of help needed:	
MEDA 09	If to be ESCORTED, is the arrangement proposed in part 1/E overleaf satisfactory for you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		If not, type of escort proposed by YOU:	
MEDA 10	Does patient need OXYGEN* * equipment in flight? (if yes, state rate of flow)	No <input type="checkbox"/>	Yes <input type="checkbox"/>
		<input type="text"/>	Litres per minute
MEDA 11	Does patient need any MEDICATION*, other than self-administered, and/or the use of special apparatus such as respirator, incubator etc. * *?	(a) on the GROUND while at the airport(s):	
		No <input type="checkbox"/>	Yes <input type="checkbox"/> Specify:
MEDA 12		(b) on BOARD the aircraft:	
		No <input type="checkbox"/>	Yes <input type="checkbox"/> Specify:
MEDA 13	Does patient need HOSPITALISATION? (if yes, indicate arrangements made or, if none were made, indicate 'NO ACTION TAKEN')	(a) during long layover or nightstop at CONNECTING POINT en route:	
		No <input type="checkbox"/>	Yes <input type="checkbox"/> Action:
MEDA 14		(b) upon arrival at DESTINATION:	
		No <input type="checkbox"/>	Yes <input type="checkbox"/> Action:
MEDA 15	Other remarks or information in the interest of your patient's smooth and comfortable transportation:	None <input type="checkbox"/>	Specify if any * *
MEDA 16	Other arrangements made by the attending physician:		

NOTE (*): Cabin attendants are NOT authorized to give special assistance (e.g. lifting) to particular passenger, 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.

Date:	Place:	Attending Physician's Signature and Stamp:
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MEDIF

Standard Medical Information Form for Air Travel

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Part 3 of 3

NOTES FOR THE GUIDANCE OF MEDICAL PRACTITIONERS

The principal factors to be considered when assessing a patient's fitness for air travel are the effects of reduced atmospheric pressure and consequent reduction in oxygen tension. Even in pressurised aircraft, the cabin may be at a pressure equivalent to an altitude of 5,000 to 7,000 feet.

The following conditions are usually considered unacceptable for air travel:-

1. Anaemia of severe degree.
2. Severe cases of otitis media and sinusitis.
3. Actively infectious disease (e.g. Open Tuberculosis).
4. Myocardial infarction within 6 weeks of onset - Congestive Cardiac Failure.
5. Hypertensive disease with severe complications.
6. Peptic ulceration with recent haemorrhage within 3 weeks.
7. Post-operative cases (a) Within 10 days of simple abdominal operations.
(b) Within 21 days of chest surgery.
8. Skin diseases which are contagious or are likely to cause discomfort to other passengers.
9. Fractures of the mandible with fixed wiring of the jaw.
10. Mental illness without escort and sedation.
11. Routine pregnancies beyond the end of the 35th week and routine multiple pregnancies beyond the end of the 32nd week.
12. Introduction of air to body cavities for diagnostic or therapeutic purposes within 7 days.

The above list is not exhaustive and each case must be medically assessed on its own particular circumstances.

NOTE FOR ATTENDING MEDICAL PRACTITIONERS:

In cases of doubt or for further information, Medical Practitioners should consult the SIA Medical Officer. The relevant contact details can be obtained from any SIA Office.

Any information given by SIA and/or its Medical Advisors are strictly for the purpose of clarifying the conditions onboard the pressurised Aircraft. Any and all clarifications that have been communicated does not affect the Attending Physician's independent prognosis or assessment of the patient's fitness to travel.

SIA MEDICAL DEPARTMENT USE

CONCUR with Assessment of
Attending Doctor

SIA Doctor

DO NOT CONCUR with
Assessment of Attending Doctor

Name of SIA Doctor _____

Clinic/Hospital Stamp _____

Passenger Name & Passport Number: _____

Remarks _____
