

MEDIF-Formular nach IATA (Resolution 700, Anhang A)

Hinweise für die Betreuung von Fluggästen mit speziellem Unterstützungsbedarf

Information Sheet for Passengers Requiring Special Assistance

- 1. Last name/First name/Title
- 2. Passenger name record (PNR)
- 3. Proposed itinerary
Airline(s), flight number(s)
Class(es), date(s), segment(s)
- 4. Nature of disability
- 5. Stretcher needed onboard? ___ Yes ___ No
- 6. Intended escorts ___ Yes ___ No
Name Title Age
PNR if different
- Medical qualification ___ Yes ___ No Language spoken
- 7. Wheelchair needed ___ Yes ___ No
Wheelchair categories ___ WCHR ___ WCHS ___ WCHC Own wheelchair ___ Yes ___ No
Collapsible WCOB ___ Yes ___ No Wheelchair type ___ WCBD ___ WCBW ___ WCMP
- 8. Ambulance needed (to be arranged by the Airline) ___ Yes ___ No
If yes, specify destination address
- If no, specify ambulance company contact
- 9. Meet and assist ___ Yes ___ No
If designated person, specify contact
- 10. Other ground arrangements needed ___ Yes ___ No
If yes, specify
- Departure airport
- Transit airport
- Arrival airport
- 11. Special inflight arrangements needed ___ Yes ___ No
If yes, specify type of arrangements (special meal, extra seat, leg rest, special seating)
- Specify equipment (respirator, incubator, oxygen, etc)
- Specify arranging company and at whose expense
- 12. Frequent traveller medical card (FREMEC) ___ Yes ___ No
If yes, specify FREMEC number, issued by, expiry date

MEDIF-Formular nach IATA (Resolution 700, Anhang B, Teil 1)

Angaben des Arztes zur Beurteilung der medizinischen Flugreisetauglichkeit

Information Sheet for Passengers Requiring Medical Clearance (to be completed or obtained from the attending physician)

1. Patient's name
Date of Birth Sex Height Weight
2. Attending physician
E-mail
Telephone (mobile preferred), indicate country and area code Fax
3. Diagnosis (including date of onset of current illness, episode or accident and treatment, specify if contagious)
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.....
Nature and date of any recent and/or relevant surgery
4. Current symptoms and severity
.....
.....
5. Will a 25% to 30% reduction in the ambient partial pressure of oxygen (relative hypoxia) affect the passenger's medical condition? (Cabin pressure to be the equivalent of a fast trip to a mountain elevation of 2400 metres (8000 feet) above sea level)
_____ Yes _____ No _____ Not sure
6. Additional clinical information
 - a. Anemia _____ Yes _____ No If yes, give recent result in grams of hemoglobin.
 - b. Psychiatric and seizure disorder _____ Yes _____ No If yes, see Part 2
 - c. Cardiac condition _____ Yes _____ No If yes, see Part 2
 - d. Normal bladder control _____ Yes _____ No If no, give mode of control
 - e. Normal bowel control _____ Yes _____ No
 - f. Respiratory condition _____ Yes _____ No If yes, see Part 2
 - g. Does the patient use oxygen at home? _____ Yes _____ No If yes, specify how much
 - h. Oxygen needed in flight? _____ Yes _____ No If yes, specify _____ 2 LPM _____ 4 LPM _____ Other
7. Escort
 - a. Is the patient fit to travel unaccompanied? _____ Yes _____ No
 - b. If no, would a meet-and-assist (provided by the airline to embark and disembark) be sufficient? _____ Yes _____ No
 - c. If no, will the patient have a private escort to take care of his/her needs onboard? _____ Yes _____ No
 - d. If yes, who should escort the passenger? _____ Doctor _____ Nurse _____ Other
 - e. If other, is the escort fully capable to attend to all the above needs? _____ Yes _____ No
8. Mobility
 - a. Able to walk without assistance _____ Yes _____ No
 - b. Wheelchair required for boarding _____ to aircraft _____ to seat
9. Medication list
10. Other medical information

MEDIF-Formular nach IATA (Resolution 700, Anhang B, Teil 2)

Angaben des Arztes zur Beurteilung der medizinischen Flugreisetauglichkeit

Information Sheet for Passengers Requiring Medical Clearance (to be completed or obtained from the attending physician)

1. Cardiac condition

- a. Angina Yes No When was last episode?
- Is the condition stable? Yes No
- Functional class of the patient?
 No symptoms Angina with important efforts Angina with light efforts Angina at rest
- Can the patient walk 100 metres at a normal pace or climb 10–12 stairs without symptoms? Yes No
- b. Myocardial infarction Yes No Date
- Complications? Yes No If yes, give details
- Stress EKG done? Yes No If yes, what was the result? Metz
- If angioplasty or coronary bypass,
can the patient walk 100 metres at normal pace or climb 10–12 stairs without symptoms? Yes No
- c. Cardiac failure Yes No When was last episode?
- Is the patient controlled with medication? Yes No
- Functional class of the patient?
 No symptoms Shortness of breath with important efforts Shortness of breath with light efforts Shortness of breath at rest
- d. Syncope Yes No Last episode
- Investigations? Yes No If yes, state results

2. Chronic pulmonary condition Yes No

- a. Has the patient had recent arterial gases? Yes No
- b. Blood gases were taken on: Room air Oxygen LPM
If yes, what were the results pCO₂ pO₂
Saturation Date of exam
- c. Does the patient retain CO₂? Yes No
- d. Has his/her condition deteriorated recently? Yes No
- e. Can the patient walk 100 metres at a normal pace or climb 10–12 stairs without symptoms? Yes No
- f. Has the patient ever taken a commercial aircraft in these same conditions? Yes No
- If yes when?
- Did the patient have any problems?

3. Psychiatric Conditions Yes No

- a. Is there a possibility that the patient will become agitated during flight Yes No
- b. Has he/she taken a commercial aircraft before Yes No
- If yes, date of travel? Did the patient travel alone escorted?

4. Seizure Yes No

- a. What type of seizures?
- b. Frequency of the seizures
- c. When was the last seizure?
- d. Are the seizures controlled by medication? Yes No

5. Prognosis for the trip Yes No

Physician Signature Date

Note: Cabin attendants are not authorised 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.