

MEDIF - Medical Information for Fitness to Travel or Special Assistance

PART 1 To be completed by Passenger

All sections must be completed clearly. See MEDIF Part 3 for guidance. Use Block letters or a typewriter when completing this form. Yes/No boxes should be completed with a cross in the relevant box

NB. The MEDIF should be submitted to the carrier at the latest 48 hours before travel is due to commence

Passengers travelling with any one of the following conditions are requested to prepare a Medical Information Form (MEDIF) and submit it when making a reservation.

- Passenger whose medical condition requires oxygen supply, or needs stretcher, medical escort and / or medical treatment onboard the flight.
- Carriage and use of medical equipment or instruments.
- Passenger whose fitness for air travel is in doubt, as evidenced by recent instability, disease, treatment or surgery,
- Passenger who comes under any one of the categories listed on MEDIF part 3 as usually unacceptable for travel, or other serious or unstable sickness / injuries

1. Passenger Details:

1.1 Family name, Initials						1.2 Age		1.3 Title	1.4 Language	s	1.5	Contact Tele	ephone No.
2. Itinerary:	Note: You m	ay need to a	allow longer	for transfer b	etweer	n flights B	ookin	ng Ref. Numl	ber:				
Date	Flight No.	From	То			'n status	-	Date	Flight No.	From	То	Class	Reserv'n status
	-												
3. Nature of Incapacitation / Illness 4. Intended Escort Details: 5							5. Stretcl	her needed?					
					I	Name:						Yes	No 🗌
											(All stretcher Cases must		
							Travel Companion (All stretche be escorted)						
						Medical Escort					Incubator needed?		
						*for Medical escort only:					Yes	No 🗌	
						Qualification:							
						Quanneau	ion <u>. </u>	—				Type?	
		Can climb	steps and		_								
6. Wheelchai	ir needed? 🖊	can walk		(WCHR))wn w	vheelchair?	Collapsible	.?	Power driver	? Battery	y type spillable?
of Wheelena		Carl Walk	in cabin				, , , , , , , , , , , , , , , , , , ,						
Yes		Unable to can walk	climb steps,	(WCHS)	\square	Ν	No		No L		No L		No 🗆
No	\Box	▲	o climb steps					\square		7	Г	γ $-$	
INO		or walk in	-	(WCHC)		Y	les		Yes 🗆		Yes 🗆		Yes
				(Choose or	ne)								

Note Wheelchairs with "spillable" batteries are considered "dangerous cargo"

7. Have ambulance arrangements been confirmed?

	0		
		* if yes, please choose one:	*H
At Departure port?	Yes No	Airside/ Landside	
At Transit port?	Yes No	Airside/ Landside	
At Arrival port?	Yes No	Airside/ Landside	

Hospital details: (Full name, address, and telephone number)

8. Has hospital admission been confirmed at arrival port?

9. Are any special in-flight arrangements required?

Special meals, special seating, extra seat(s), special equipment etc. For provision of special equipment such as oxygen etc., please complete completion Part 2 overleaf.

10. Do you have a valid FREMEC card? Yes No

Yes

					110			
If yes, add below FREMEC data to your reservation requests.								
If no, (or additional data needed by carrying airline(s)), have physician								
In attendance comp	lete Part 2 ov	verleaf.						
Number :	Issued by:		V	alid	until:			
Incapacitation		Limitation						

Passenger's declaration

I hereby authorise

(name of nominated physician)

to complete Part 2 for the purpose as indicated overleaf 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 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 which carriage by air may have for my state of health and I release the carrier, its employee's 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

costs in connection with my currage.	
Passenger or Agent's signature	Date:
I have read and understood MEDIF Part 3 Signed	



MEDIF - Medical Information for Fitness to Travel or Special Assistance

NB. The MEDIF should be submitted at least 48 hours before travel is due to commence

This form is intended to provide confidential information to enable the airlines' medical departments to aid in assessment of fitness for travel and to provide for the passenger's special needs. Please ensure information is accurate and current. All sections must be completed clearly using Block letters or a typewriter. Yes/No boxes should be completed with a cross in the relevant box.

Notes for completion:

Y N.B. Cardio-pulmonary cases as well as those requesting continuous oxygen, stretcher or incubator should enclose a recent detailed medical report with the MEDIF (A copy of a specialist or hospital referral would generally be sufficient).

Y Physicians should refer to MEDIF Part 3 for guidance with specific medical conditions.

Cabin attendants are NOT authorised to give special assistance to particular passengers, to the detriment of their service to other passengers, nor are they permitted to administer injections, to give medication, to lift passengers or to assist in the toilet. ODV

MEDA 1	PATIENT'S NAME, INITIAL(S)		SEX		AGE				
MEDA 2	ATTENDING PHYSICIAN		Telephone Contact Business:		Name of Hospital or clinic & speciality:				
MEDA 3	MEDICAL DATA: DIAGNOSIS in detail (in	cluding vital sig	d)		Date of operation / diagnosis				
	Temp (°C): Pulse: BP:		om Air)	%	Day / month / year of first symptoms:				
MEDA 4	PROGNOSIS for the flight(s): Please const health and mention if Terminal case. Narrati	and physiological stresses of flight on the patient's state of oor.							
	GOOD GUARDED (no problems anticipated) (potential problem	Narrative (e.g. late stage disease, unstable)							
MEDA 5	CONTAGIOUS AND COMMUNICABLE		No Yes Specify:						
MEDA 6	Would the physical and/or psychological cor distress or discomfort to other passengers?	ndition of the pa	tient be likely to cause	No Yes Specify:					
MEDA 7	Can patient use normal aircraft seat with seat POSITION when so required? If "no", patie		Yes No Specify:						
MEDA 8	Can patient take care of his own needs on bo visit to toilet, etc.)? If not, specify type of he		ED (including meals,	Yes No Specify:					
MEDA 9	If to be ESCORTED , is the arrangement sat escort proposed by you:	isfactory to you	? If not, specify type of	Yes No Specify:					
MEDA 10	Does the patient need SUPPLEMENTARY	OXYGEN equ	ipment in flight?	No Yes Specify:					
	GUIDANCE: Patients who can walk 50 metre require supplementary Oxygen. Emirates prov minute of constant flow Oxygen by mask. Plea Can patient go without oxygen for short peri	vides flow rates ase Specify FLO	Specify Flow Rate 2 4 (L/min)						
	For Oxygen use in STRETCHER cases, tw		-	Indicate which regulator (No other regulators can be used).					
	 Low output pressure for an adjustable humidifier to a facemask or other low 	constant flow r	ate through a	Low pressure regulator (1 psi)					
	2. High output pressure and a self-sealin medical equipment.	ig valve outlet n	eeded for high-pressure	High Pressure regulator (40-60 psi)					
MEDA 11	Does patient need any medication other than self-administered, and/or the use of special equipment such as respirator ,	(a) on the GR airport(s):	OUND while at the	No	Yes	Specify:			
MEDA 12	Incubator, nebuliser etc.? (note all equipment on board must be dry cell battery operated)	(b) on board o	of the AIRCRAFT:	No [Yes	Specify:			
MEDA 13	Does patient need HOSPITALISATION ? (If yes, indicate details of arrangements made)		g layover or nightstop ING POINTS en route:	No [Yes	Details:			
MEDA 14	NOTE: The attending physician is responsible for all arrangements.	(b) upon arriv	al at DESTINATION:	No	Yes	Details:			
MEDA 15	Other remarks or information in the interest of your patient's smooth and comfortable transportation (specify if any):								
MEDA 16	Other arrangements made by the attending phy	ysician:							
Attending Physi	cian's Signature					Official Stamp			
I have Read and	understood Part 3 of the MEDIF form				•••••				
License/Provide	r Number		Date:		••••				



MEDIF Part 3 NOTES FOR THE GUIDANCE OF MEDICAL PRACTITIONERS AND PASSENGERS

The Principal factors to be considered when assessing a patient's fitness for air travel are:

- Y <u>Reduced atmospheric pressure (Cabin air pressure changes greatly during 15-30 minutes after takeoff and before landing and gas expansion and contraction can cause pain and pressure effects)</u>
- Y <u>Reduction in oxygen tension.</u> (The cabin is at a pressure equivalent to an altitude of 6,000 to 8,000 feet and oxygen partial pressure is approximately 20% less than on the ground).

Any medical condition which would render a passenger unable to complete the flight safely, without requiring extraordinary medical assistance during the flight is considered unacceptable for air travel.

<u>Conditions usually considered unacceptable for air travel</u> (Although these are suggested limiting factors, each individual case must be considered on its merits and is dependent on whether or not the passenger is accompanied by a professional escort)

- Anemia of severe degree.
- Severe cases of Otitis Media and Sinusitis.
- Acute, Contagious or Communicable Disease.
- Those suffering from Congestive Cardiac Failure or other cyanotic conditions not fully controlled.
- Uncomplicated Myocardial Infarction within 2 weeks of onset complicated MI within 6 weeks of onset.
- Those suffering from severe respiratory disease or recent pneumothorax.
- Those with GI lesions which may cause hematemesis, melena or intestinal obstruction.
- Post-operative cases:
 - a) Within 10 days of simple abdominal operations.
 - b) Within 21 days of chest or invasive eye surgery (not laser).
- Fractures of the Mandible with fixed wiring of the jaw (unless medically)escorted
- Unstable Mental illness without escort and suitable medication for the journey.
- Uncontrolled seizures unless medically escorted,
- Uncomplicated single Pregnancies beyond the end of the 36th week or multiple pregnancies beyond end of the 32nd week.
- Infants within 7 days of birth.
- Introduction of air to body cavities for diagnostic or therapeutic purposes within 7 days.

Notes on other Specific items

Allergies: Simple requests for a special meal do not require completion of this form. If your patient has a life threatening food allergy that may require treatment in-flight, particularly if they react to the presence of traces of food in the air, this form should be completed. Note; Emirates cannot guarantee peanut free meals.

Asthma: Medication must be carried in *cabin baggage*. Nebulizers are no longer required to have their own power source. Spacer devices used with an inhaler are an effective onboard alternative.

Fractures: All new long bone fractures and full leg casts (cast must be at least 48hrs old) require a medical certificate. Plasters should be split for fresh injuries (48hrs or less), which could swell inside the cast on a long flight. Extra legroom for leg elevation is not possible in economy class; however an aisle seat can be reserved. Please state whether the injury is left or right.

Lung or Heart Disease: Cardiopulmonary disease which causes dyspnea on walking more than 100m on the flat, or has required oxygen in hospital or at home (or in-flight previously) may require supplementary oxygen. The aircraft oxygen is for emergency use only. Serious **cardiopulmonary** cases as well as those requesting continuous oxygen, stretcher, or incubator should **enclose a recent detailed medical report** with the medical certificate. (A copy of a specialist or hospital referral would generally be sufficient).

Physical Disabilities: There is no need for this form if you simply require a wheelchair as far as the aircraft door; the travel agent can indicate this on the reservation if you wish. Note: Civil Aviation Rules require all passengers to be able to use the aircraft seat with the seatback in the upright position.

Special Meals: Special diets for religious or other medical reasons can be ordered direct from your travel agent without using this form. If you have a food allergy please see the section on "allergies" above.

Terminal Illness: Passengers in the advanced stages of terminal illness will normally require a medical or nursing escort.

In-flight care: EMIRATES do not provide nursing attendants for invalid passengers. Cabin crew are trained in First Aid only.

Escorts: should ensure that they have all appropriate items for the proper care of their patient, and are responsible for attending to all aspects of their patient's bodily needs. Due to food handling regulations, Cabin Staff cannot assist with these needs.

Processing MEDIFs

- The MEDIF should be completed based on passenger's (patient's) condition **within one month** from the date of commencement of air travel and submitted at least 48 hours before travel is due to commence. Please be advised that Emirates Medical Services may request further information or clarification prior to approval of the MEDIF. EMIRATES must be notified immediately of any **change in the patient's condition** PRIOR to travel.
- Passengers whose condition has deteriorated or has not been accurately described in this MEDIF may be refused boarding in line with flight safety considerations. (Please refer to conditions of carriage Article 7.3)