



**Appendix 'E'**

**MEDIF**

**RESOLUTION 700 ATTACHMENT A**

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 .....



RESOLUTION 700 ATTACHMENT B PART ONE

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) .....

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 .....



RESOLUTION 700 ATTACHMENT B PART TWO

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

1. Cardiac condition

- a. Angina
• Is the condition stable?
• Functional class of the patient?
b. Myocardial infarction
• Complications?
• Stress EKG done?
c. Cardiac failure
• Is the patient controlled with medication?
• Functional class of the patient?
d. Syncope
Investigations?

2. Chronic pulmonary condition

- a. Has the patient had recent arterial gases?
b. Blood gases were taken on:
If yes, what were the results
c. Does the patient retain CO2?
d. Has his/her condition deteriorated recently?
e. Can the patient walk 100 metres at a normal pace or climb 10-12 stairs without symptoms?
f. Has the patient ever taken a commercial aircraft in these same conditions?

3. Psychiatric Conditions

- a. Is there a possibility that the patient will become agitated during flight
b. Has he/she taken a commercial aircraft before
• If yes, date of travel?
Did the patient travel

4. Seizure

- a. What type of seizures?
b. Frequency of the seizures
c. When was the last seizure?
d. Are the seizures controlled by medication?

5. Prognosis for the trip

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.

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.

### **Notes regarding the MEDIF forms**

Airlines using the suggested MEDIF forms must ensure that confidentiality is respected once the forms are completed.

Airlines must also ensure that usage of the forms is compatible with local laws.