



TRAVELER'S MEDICAL INFORMATION FORM (MEDIF)

Who Requires Filling the MEDIF

- Passenger whose medical condition needs stretchers, or requires oxygen supply, medical escort and/ or medical treatment onboard the flight.
- Passenger whose fitness for air travel is in doubt, as evidenced by recent instability, disease, treatment or surgery.
- Carriage and use of medical equipment or instruments.

Conditions usually considered unacceptable for air travel (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.
- Uncomplicated Myocardial Infraction (MI) within 2 weeks of onset complicated MI within 6 weeks of onset.
- Those suffering from severe respiratory disease or recent pneumothorax.
- Those with Gastrointestinal 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).
- Severe cases of Otitis Media and Sinusitis.
- Acute, Contagious or Communicable Diseases.
- Those suffering from Congestive Cardiac Failure or other cyanotic conditions not fully controlled.
- Fracture of the Mandible with fixed wiring of the jaw (unless medically escorted).
- Unstable Mental illness without escort and suitable medication for the journey.
- 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.

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 Air Arabia Medical Facility may request further information or clarification prior to approval of the MEDIF. Air Arabia 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.



PART I: TO BE COMPLETED BY THE PASSENGER

1. Passenger details

First Name:	Surname:
Title:	Age:
Languages:	Contact Phone Number:

2. Itinerary

Reservation Number (PNR):									
<table border="1"> <tr><th>Travel segments</th></tr> <tr><td>Date:</td></tr> <tr><td>From:</td></tr> <tr><td>To:</td></tr> </table>	Travel segments	Date:	From:	To:	<table border="1"> <tr><th>Travel segments</th></tr> <tr><td>Date:</td></tr> <tr><td>From:</td></tr> <tr><td>To:</td></tr> </table>	Travel segments	Date:	From:	To:
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3. Nature of incapacitation/illness

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4. Escort details if applicable

Full Name:	
<input type="checkbox"/> Travel companion	*For medical escort only: Qualifications: _____
<input type="checkbox"/> Medical escort*	

5. Need for a stretcher

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

6. Incubator needed

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

7. Need for wheelchair

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No (go to point 9)



8. If yes,

	Can the passenger climb steps and can walk in cabin
	Unable to climb steps
	Unable to climb steps or walk in cabin

Own wheelchair?	Collapsible?	Power driven?	Battery type spillable? (Note: wheelchairs with "spillable" batteries are considered "dangerous cargo")
<input type="checkbox"/> 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

9. Have ambulance arrangements been confirmed?

If yes, please choose one:		
At departure port?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Airside/landside
At transit port?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Airside/landside
At arrival port?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Airside/landside

10. Are any special in-flight arrangements required?

Special meals, extra seat(s) special equipment etc.

I hereby authorise _____ (name of the nominated physician) to complete PART II for the purpose as indicated overleaf and 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 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.

Passenger or agent's signature _____
 I have read and understood MEDIF PART I _____ (name)
 Date _____



PART II: TO BE COMPLETED BY ATTENDING PHYSICIAN

This form is intended to provide confidential information to enable the airlines' medical center to aid in assessment of fitness for travel and to provide for the passenger's special needs. Please ensure the 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.

Note: cabin attendants are **NOT** authorized 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.

1. Patient's details

Patient's name	Sex	Age
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2. Attending physician's details

Attending physician	Telephone business number	Name of Hospital/clinic, specialty, and country
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3. Medical data:

Diagnosis in details	Date of operation / diagnosis:
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Please answer the following YES or NO and SPECIFY if yes:

4. CONTAGIOUS and COMMUNICABLE disease?

	No
	Yes
Specify:	

5. Would the physical and/or psychological condition of the patient be likely to cause distress or discomfort to other passengers?

	No
	Yes
Specify:	

6. Can patient use normal aircraft seat with seatback placed in the UPRIGHT POSITION when so required? If "no", patient will need a stretcher on board.

	No
	Yes
Specify:	



7. Can patient take care of his/her own needs on board **UNASSISTED** (including meals, visit to toilet, etc.)? if not, specify type of the needed.

	No
	Yes
Specify:	

8. Does the passenger need to be **ESCORTED**? If yes, specify

	No
	Yes
Specify:	

9. Does the patient need **SUPPLEMENTARY OXYGEN** equipment in flight?

	No
	Yes
Specify flow required:	

Guidance: patients who can walk 50 meters without dyspnoea generally do not require supplementary oxygen. Air Arabia provides flow rates of **liters** per minute of constant flow oxygen by mask. Please specify FLOW RATE required.

Can patient go without oxygen for short periods of time? E.g. for toileting?

	No
	Yes

10. Does patient need any medication other than self-administered, and/or the use of special equipment such as respirator, incubator, nebuliser etc.? (note all equipment on board must be dry cell battery operated)

a. On the **GROUND** while at the airport(s)

	No
	Yes
Specify:	

b. On **BOARD** of the **AIRCRAFT**

	No
	Yes
Specify:	



11. Does this patient need hospitalisation?

(if yes, indicate the details of arrangements made)

NOTE: the attending physician is responsible for all arrangements.

a. During long layover or night stop at **CONNECTING POINTS** en route:

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes
Details:	

b. Upon arrival at **DESTINATION**:

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes
Details:	

12. Other remarks or information in the interest of your patient's smooth and comfortable transportation (specify if any):

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Attending physician's signature _____

I have read and understood PART II of the MEDIF Form _____ (Name)

License/provider number _____ Date _____

Official Stamp
