

MEDICAL INFORMATION FORM (MEDIF)

To be completed by ATTENDING PHYSICIAN	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). COMPLETING OF THE FORM IN BLOCK LETTERS OR BY TYPEWRITER WILL BE APPRECIATED.
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This form is intended to provide CONFIDENTIAL information to enable the airlines MEDICAL departments to assess the fitness of the passenger to travel, If the passenger is acceptable, this information will permit the issuance of necessary directives designed to provide for the passenger's welfare and comfort.

Note: Cabin attendants are NOT authorized 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 and are NOT PERMITTED to administer any injection, or to give any medication.

IMPORTANT: FEES, IF ANY, RELEVANT FOR THE PROVISION OF THE ABOVE INFORMATION FOR CARRIER-PROVIDED SPECIAL EQUIPMENT (**) ARE TO BE PAID BY THE PASSENGER CONCERNED.

MEDA1	Patients Name	Age	Specify, if any**			
MEDA2	ATTENDING PHYSICIAN Name	Telephone Contact				
	Name of Hospital or Clinic & Specialty	Home Address				
MEDA3	MEDICAL DATA DIAGNOSIS in details (Including vital signs)					
	Day/month/year of first symptoms	Date of Operation		Date of Diagnosis		
MEDA4	PROGNOSIS for the flight(s): (Please consider the itinerary and its potential effect on the patient's state of health)	<input type="checkbox"/> FIT	<input type="checkbox"/> NOT FIT			
MEDA5	Contagious AND communicable disease?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Specify, if any**		
MEDA6	Would the physical and/or mental condition of the patient be likely to cause distress or discomfort to other passengers?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Specify, if any**		
MEDA7	Can patient use normal aircraft seat with seatback placed in the UPRIGHT position when so required?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If not, patient will need a stretcher on board (Request for rate).		
MEDA8	Can patient take care of his own needs on board "UNASSISTED" (Including meals, visit to toilet, etc.)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If not, type of help needed		
MEDA9	If to be ESCORTED, is the arrangement satisfactory to you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If not, type of escort proposed by YOU		
MEDA10	Does patient need OXYGEN** equipment in flight? (If yes, state rate of flow) JAL medical oxygen bottles rate of flow is adjustable between ~ litres per minute.	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Litres per minute	Continous?	<input type="checkbox"/> YES <input type="checkbox"/> NO
MEDA11	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):				
		<input type="checkbox"/> NO	<input type="checkbox"/> YES SPECIFY->			
MEDA12	To prevent interference to the flight operation, all electronic apparatus specification must be verified by the airline for use on board.	(b) on board of the AIRCRAFT:				
		<input type="checkbox"/> NO	<input type="checkbox"/> YES SPECIFY->			
MEDA13	Does patient need HOSPITALIZATION? (if yes, indicate arrangements made or, if none were made indicate "NO ACTION TAKEN")	(a) during long layover or night stop at CONNECTING POINTS en route:				
		<input type="checkbox"/> NO	<input type="checkbox"/> YES ACTION->			
MEDA14		(b) upon arrival at DESTINATION:				
		<input type="checkbox"/> NO	<input type="checkbox"/> YES ACTION->			
MEDA15	Other remarks or information in the interest of your patients smooth and comfortable transportation.	<input type="checkbox"/> NONE	Specify, if any**			
MEDA16	Other arrangements made by the attending physician					

We would appreciate any general comment about the patient's condition and suggestion for the proposed air travel.

Important Note for Expectant Mothers: Up to 32 weeks-----> No medical certificate required
From 33 to 35 weeks -----> with MEDIF signed by Doctor
36 weeks and above -----> Not permitted to travel, even with MEDIF
***** No indemnity form allowed *****

Date	Attending Physician	Attending Physician Signature
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