



Information Sheet for Passengers Requiring Special Assistance (Sales Offices)

1. 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) YesNo

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 in-flight 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 traveler medical card (FREMEC) Yes No
If yes, specify FREMEC number, issued by, expiry date

MEDICAL INFORMATION FORM (MEDIF)

(to be completed or obtained from attending physician) (PART ONE)
(See reverse side for guiding principles)

1. Patient's name
Date of Birth Sex Height Weight
2. Attending physical
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 meters (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 the flight? ___ Yes ___ No If yes, specify ___ 2LPM ___ 4LPM
___Others
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 ___ Yes ___ No disembark) be sufficient?
 - c. If, no will the patient have a private escort to take care of his/her needs ___ Yes ___ No on board?
 - 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

MEDICAL INFORMATION FORM (MEDIF)

(to be completed or obtained from attending physician) (PART TWO)

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 meters at the normal pace or climb 10-12 stairs without symptom ___Yes ___No
 - b. Myocardial infraction ___ Yes ___ No Date
 Complication? ___ 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 meters at the 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?
 Investigation? ___ Yes ___ No If yes, state results.....
 2. Chronic pulmonary condition ___ Yes ___ No
 - a. Has the patient had recent arterial gasses? ___ 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 meters at a normal pace or climb 10-12 stairs ___ Yes ___ No without symptoms?
 - f. Has the patient ever taken a commercial aircraft in these conditions? ___ Yes ___ No
 - a. If yes when?
 - b. 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 seizures
 - c. When was the last seizure?
 - d. Are the seizures controlled by medication? ___ Yes ___ No
 5. Prognosis for the trip ___ Good ___ Poor
- Physician Signature _____ Date _____

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 aid** and are not permitted to administer any injection, or 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.

PRINCIPLES FOR THE GUIDANCE OF THE PHYSICIAN

There are certain guiding principles in deciding whether or not a person is physically and emotionally fit to travel by air. Although each case will be considered on its own merit by the carrying airline, the following conditions are generally considered.

UNACCEPTABLE for air travel:

- a. Very Severe and critical heart conditions, such as: the severely de-compensate cardiac- patient or the patient who has sustained a recent coronary occlusion with my coca dial infraction. Such cases are not normally eligible within six weeks of the onset and are at discretion of the carrier.
- b. Those patients with entrapped gas, such as a recent pneumothorax, or one who has had air introduced into the nervous system recently for ventriculography.
- c. Psychotic patient requiring heavy sedation or restraint unless attended and special arrangements made. Some carriers will not accept psychotic passengers under any circumstances.
- d. Severe cases of otitis media with blockage of the Eustachian tube.
- e. Acute contagious or communicable disease.
- f. Pregnancy beyond the thirty-second week (on short flights, pregnancy up to the thirty sixth week is acceptable by some carriers.)
- g. Persons with contagious or repulsive skin conditions.
- h. Recent cases (less than 2 weeks) of hemorrhagic cerebro-vascular accidents, passengers with altered level of consciousness at any time unless special arrangements are made with the carrier.
- i. Persons with large mediastinal tumors, extremely large unsupported hernias, intestinal obstruction, cardiac diseases involving increased pressure, fracture of the skull and those with recent fracture of the mandible with permanent wiring of the jaw.
- j. Recent surgical cases with insufficient time for wound healing.