

## MEDIF (Attachment A)

Information Sheet for Passengers Requiring Special Assistance  
To be completed by passenger/ booking agent

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  WCHP  WCHC  
Own wheelchair  Yes  No  
Collapsible WCOS  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 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 .....
13. For blind and / or deaf, state if escorted by trained dog  Yes  No

Name ..... Signature ..... Date .....

**Note 1:** Wheelchairs with spillable batteries are "dangerous goods" and are permitted on passenger aircraft only under certain conditions.  
**Note 2:** 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 to 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.

## MEDIF (Attachment B, Part 1)

Information Sheet for Passengers Requiring Medical Clearance  
To be completed by 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 It yes, give recent result in grams of hemoglobin.....
  - b. Psychiatric and seizure disorder  Yes  No It yes, complete Part 2
  - c. Cardiac condition  Yes  No If yes, complete Part 2
  - d. Normal bladder control  Yes  No If no, give mode of control .....
  - e. Normal bowel control  Yes  No If no, give mode of control .....
  - f. Respiratory condition  Yes  No If yes, complete 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  Continuous
7. Escort
  - a. Is the patient fit to travel unaccompanied and able to take care of his needs on board unassisted?  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. On-board information
  - a. Can patient use normal aircraft seat with seatback placed in the upright position when so required?  Yes  No
  - b. Would the physical or mental condition of the patient be likely to cause distress or discomfort to other passengers?  Yes  No
10. Prognosis for the trip good?  Yes  No
11. Medication list .....
12. Other medical information .....

Physician Name ..... Signature ..... Date .....

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## MEDIF (Attachment B, Part 2)

Information Sheet for Passengers Requiring Medical Clearance  
To be completed by the attending physician

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 metres at a normal pace or climb or 10-12 stairs without symptoms?  Yes  No  - b. Myocardial infarction  Yes  No Date .....
    - Complications?  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 metres at 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 .....
    - Investigations?  Yes  No If yes, state results .....
2. Chronic pulmonary condition  Yes  No
  - a. Has the patient had recent arterial gases?  Yes  No
  - b. Blood gases were taken on:  Room air  Oxygen ..... LPM  
 What were the results pCO<sub>2</sub> ..... pO<sub>2</sub> ..... Saturation ..... Date of test .....
  - c. Does the patient retain CO<sub>2</sub>?  Yes  No
  - d. Has his/ her condition deteriorated recently?  Yes  No
  - e. Can the patient walk 100 metres at a normal pace or climb 10-12 stairs without symptoms?  Yes  No
  - f. Has the patient ever taken a commercial aircraft in these same conditions?  Yes  No
    - If yes when? .....
    - 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 the seizures .....
  - c. When was the last seizure? .....
  - d. Are the seizures controlled by medication?  Yes  No
  - e. State name and dosage of medication .....

Physician Name ..... Signature ..... Date .....

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