

MEDIF

INFORMATION SHEET FOR PASSENGERS REQUIRING SPECIAL ASSISTANCE

CONFIDENTIAL
PART 1 of 3
 To be completed by
 the passenger and/or
 the Passenger's Physician

Answer ALL questions. Put a cross (☒) in 'Yes' or 'No' boxes.
 Use BLOCK LETTERS or TYPEWRITER when completing this form.

| | | | | | | |
|---|---|-------------------------------|---------------------------|---------------------------------|---|------------------|
| A | Family name / Initials Title: | Nationality: | Languages: | Contact Telephone No.: | | |
| B | Proposed itinerary (flight number, date or booking reference): | | | | | |
| C | Nature of incapacitation/illness: | | | | | |
| | Medical clearance required? | No | Yes | (see Part 3 for more details). | | |
| D | Is stretcher needed on board? (All stretcher cases must be escorted) No Yes | | | | | |
| E | Intended escort details: Name: Languages: Medical qualification: Doctor Medical team Nurse If unqualified (family or non-medical), please state „Travel companion“ | | | | | |
| | Wheelchair needed? No Yes | | | | | |
| F | Wheelchair category: Categories are: WCHR – can climb steps/walk cabin WCHS – unable steps/can walk cabin WCHC – immobile | Own Wheel chair? NO YES | Collapsible? NO YES | Power Driven? NO YES | Battery Type (spillable)?* NO YES | Weight: |
| G | Special in-flight arrangements (E.g. Oxygen, special meals, special seating, leg-rest, extra seat(s), special equipment etc.): All medical cases must not be assigned emergency exit seats | | | | | |
| H | Medical equipment: Are you carrying any medical equipment into the cabin? No Yes If yes, do you need to use it during your flight? No Yes Please specify type of equipment (make/model): e.g. Ventilator, nebuliser, portable oxygen, concentrator, etc. Equipment must be battery powered for continuous use inflight? No Yes Model: | | | | | |
| | Do you have sufficient batteries for duration of flight? No Yes Inseat power cannot be guaranteed | | | | | |
| | Can the equipment be switched off during take-off/landing? No Yes | | | | | |
| I | Ambulance arrangement**: Departure port: No Yes Transit port: No Yes Destination port: No Yes Please specify ambulance details booked at all airports (full name, address and telephone No.): | | | | | |

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| J | Hospitalisation: Admitted to hospital within last 4 weeks? No Yes | |
| | Date of admission: | Date of discharge: |
| | Is hospitalisation required upon arrival**? No Yes | |
| | If yes, please specify hospital details (full name, address and telephone No.) : | |

Passenger's declaration:

"I hereby authorise

(Name of nominated physician)

to provide the airline with the information required by the airline's medical department for the purpose of determining my fitness for carriage by air and in consideration thereof I hereby relieve the 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, if accepted for carriage, my journey will be subject to the general conditions of carriage/tariffs of the carrier concerned and that the carrier codes does not assume any special liability exceeding those conditions/tariffs.

I agree to reimburse the carrier upon demand for any special expenditures or costs in connection with my carriage."

I agree to notify Travel Service Group if there is any change in the status of the medical condition/booking to avoid being refused for travel.

(Where needed, to be read by/to the passenger, dated and signed by him/her on his/her behalf.)

I have read and understood MEDIF Part 3.

Date:

Passenger or Guardian's signature:

* Wheelchairs with spillable batteries are „dangerous goods“ and are permitted on passenger aircraft only under certain conditions, which can be obtained from the airlines(s). In addition, certain countries may impose specific restrictions.

** All ambulance and hospital arrangements must be arranged by the treating doctor / hospital.

MEDIF
STANDARD MEDICAL INFORMATION FORM FOR AIR TRAVEL

CONFIDENTIAL
PART 2 OF 3
To be completed by
Attending Physician

This form is intended to provide confidential information to enable the airlines medical department to provide the passenger's specific needs;

- When fitness to travel is in doubt as evidenced by recent illness, hospitalisation, injury, surgery or instability.
- Where special services are required i.e. oxygen, authority to carry accompanying medical equipment.

MAKE SURE ALL QUESTIONS ARE ANSWERED.

This form must be returned to:

- Tour Operator (applicable for clients of Tour Operators)
or
- Travel Service Group (Smart Wings) Customer Care Department (applicable for all other clients)

Travel Service Group (Smart Wings)
Customer Care Department contact details:

flights@smartwings.com

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|---------|---|--------------------------|------------------------|------------------|
| MEDA 01 | PATIENT'S FAMILY NAME / INITIALS: | | Age: | Sex: F: M: |
| MEDA 02 | ATTENDING PHYSICIAN Name and Address: | | | |
| | Telephone Contact: | | | |
| | Email: | | | |
| MEDA 03 | DIAGNOSIS IN DETAILS (including vital signs, Hb level): | | | |
| | Date of first symptoms: | Date of diagnosis: | Date of surgery: | |
| MEDA 04 | PROGNOSIS FOR THE FLIGHT(S): Fit to Travel Not Fit to Travel Specify: | | | |
| MEDA 05 | CONTAGIOUS AND COMMUNICABLE DISEASE? NO YES Specify: | | | |
| MEDA 06 | WOULD THE PHYSICAL AND/OR MENTAL CONDITION OF THE PATIENT BE LIKELY TO CAUSE DISTRESS OR DISCOMFORT TO OTHER PASSENGERS? NO YES Specify: | | | |
| MEDA 07 | CAN PATIENT USE NORMAL AIRCRAFT SEAT WITH SEAT BELT PLACED IN THE UPRIGHT POSITION WHEN SO REQUIRED? NO YES Specify: | | | |
| MEDA 08 | CAN PATIENT TAKE CARE OF HIS/HER NEEDS ON-BOARD UNASSISTED? (INCLUDING MEALS, VISIT TO TOILET, ETC.)? Meals: NO YES Visit to toilet: NO YES Specify: | | | |
| MEDA 09 | IF TO BE ESCORTED, IS ARRANGEMENT PROPOSED IN PART 1/E OVERLEAF SATISFACTORY FOR YOU? NO YES If not, type of escort proposed by you: | | | |

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| MEDA 10 | <p>WILL A 25—30% REDUCTION IN THE AMBIENT PRESSURE OF OXYGEN (RELATIVE HYPOXIA) AFFECT THE PASSENGER'S MEDICAL CONDITIONS? The cabin is at a pressure equivalent to an altitude of 6,000 to 8,000 feet and oxygen partial pressure is approximately 20% less than on the ground.</p> <p>NO YES</p> <p>Does the patient need "OXYGEN" equipment in flight**? (If YES, please state rate of flow):</p> <p>Continuous NO YES</p> <p>Litres per Minute (LPM): (Max 4 LPM)</p> <p>Specify:</p> | |
| MEDA 11 | <p>Does the patient need any MEDICATION, other than self-administered, and/or the use of special apparatus such as respirator, incubator, nebulizer etc.?(Note: all battery operated equipment on board must be dry or non-spillable, otherwise Specify:)</p> | <p>A) On the ground while at the airport(s):</p> <p>NO YES</p> <p>Specify:</p> |
| MEDA 12 | | <p>B) On board the aircraft:</p> <p>NO YES</p> <p>Specify:</p> |
| MEDA 13 | <p>Does the patient need HOSPITALISATION, (If YES, indicate arrangement made, or if none were made, indicate "No action taken")</p> <p>(Note: The attending physician and/or Patient is responsible for all arrangements).</p> | <p>During long layover or at connecting points:</p> <p>NO YES</p> <p>Specify:</p> |
| MEDA 14 | | <p>Upon arrival at destination:</p> <p>NO YES</p> <p>Specify:</p> |
| MEDA 15 | <p>Other REMARKS OR INFORMATION in the interest of your patient's smooth and comfortable transportation</p> <p>NO YES</p> <p>Specify:</p> | |
| MEDA 16 | <p>Other ARRANGEMENTS made by the Attending Physician:</p> <p>.....</p> | |
| <p>Please ensure that all above information is accurate. Once approved, no last minute changes will be entertained. Travel Service Group must be informed of any change in patient's status or requirement at least 24 hours prior to departure.</p> | | |
| <p><i>I have read, understood and hereby agree to the conditions of the MEDIF form.</i></p> <p style="text-align: center;">Date*:</p> <p style="text-align: center;">Place:</p> <p style="text-align: center; margin-top: 20px;">Attending Physician's Signature & Stamp:</p> | | |

* A Medical Certificate must be dated within 14 days of flight date. An application using MEDIF must be completed and submitted to Travel Service Group no less than 48 hours and no more than 7 days prior to flight departure.

** Passengers are not permitted to carry their own supply of oxygen on board. Medical oxygen shall be provided by Travel Service Group upon request no later than 72 hours before the flight(s).

PART 3

Reduced atmospheric pressure (Cabin air pressure varies greatly during 15—30 minutes after take-off and before landing. Gas expansion and contraction can cause pain and pressure effects).

Reduction in oxygen tension (The cabin is at a pressure equivalent to an altitude of 6,000 to 8,000 feet and oxygen partial pressure is approximately 20% less than on the ground).

Any medical condition which would render a passenger unable to complete the flight safely without requiring extraordinary medical assistance during the flight is considered unacceptable for air travel.

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).

- Heart attack (within 21 days of intended travel)
- Stroke (within 10 days of intended travel)
- Infants — newborn babies (within 7 days of birth)
- Decompression sickness
- Pneumothorax (within 14 days of resolution)
- Requirement for stretcher
- Inability to sit upright
- Head injury (within 14 days of intended travel)
- Fractures (except for uncomplicated fractures of upper limbs and fingers of upper limbs)
- Plaster cast (except for plaster cast on upper limbs and fingers of upper limbs)
- Deep vein thrombosis
- Psychiatric disorder (must travel with an escort sitting in adjacent seat)
- Any serious or acute infectious disease (incl. chickenpox)

Cabin attendants are not authorised to give special assistance 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 injections, or to give medication.

Fees if any, relevant to the provision of the above information and for carrier-provided special equipment is to be paid by the passenger concerned.