

Medical Information Form for Air Travel (MEDIF)



SkyAngels Air Ambulance Global Ltd Klyne Aviation Centre Norwich International Airport United Kingdom NR6 6JT
 Telephone (+44) (0) 844-318-0999 Email flightdesk@skyangelsairambulance.org.uk

Part 1 To be completed by passenger or agent	Record locator # (PNR)
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Please write in capital letters using black ink

A	Passenger's full name	Title	Age	Gender
B	Proposed Itinerary			
	Routing from	Routing to	Flight number	Cabin
	Date dd / mm / yy			

C	Nature of disability, illness or injury
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D 1	Intended escort name, sex, age, professional qualification, flight/ route if different from passenger) – If untrained, state "Travel companion".	
2	Is the intended escort capable and prepared to provide all assistance including feeding, toileting and lifting as required? Yes <input type="checkbox"/> No <input type="checkbox"/>	PNR for escort (if different)

E	Wheelchair needed? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES indicate category:	Own wheelchair? <input type="checkbox"/> Yes <input type="checkbox"/> No	Power driven? <input type="checkbox"/> Yes <input type="checkbox"/> No	Collapsible? <input type="checkbox"/> Yes <input type="checkbox"/> No	Wheelchair dimensions (inches) W _____ D _____ H _____
	WCHR: Cannot walk far, but can manage stairs <input type="checkbox"/>	Manual? <input type="checkbox"/> Yes <input type="checkbox"/> No	Battery type	Wheelchair weight (kg)	
	WCHS: Cannot walk far. Cannot manage stairs <input type="checkbox"/>		<input type="checkbox"/> WCBW <input type="checkbox"/> Lithium		
	WCHC: Unable to walk <input type="checkbox"/>		<input type="checkbox"/> WCBD <input type="checkbox"/> WCBW		

Wheelchairs with spillable batteries are "restricted articles" and are permitted on passenger aircraft only under certain conditions.

WCHR Ambulant but able to walk. Needs assistance in the terminal to/from the gate, needs wheelchair or similar when passengers are boarding/disembarking by walking over ramp. Does not need assistance in ramp bus, on passenger steps and in the aircraft cabin to/from seat, toilets and with meals.

WCHS Ambulant but more severely disabled in walking: Cannot use ramp bus and needs assistance in the boarding/disembarking (e.g. on passenger steps). Does not need assistance in the aircraft cabin to/from seat, toilet and with meals.

WCHC Non-ambulant: Needs assistance in the aircraft to/from seat, toilets and possibly with meals.

F	Ambulance needed? Yes <input type="checkbox"/> No <input type="checkbox"/>
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G	Hospital at destination Yes <input type="checkbox"/> No <input type="checkbox"/>	Designated ambulance (to be organised by the assistance/insurance/passenger) Contact (phone/email):
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H	Is a stretcher needed onboard? Yes <input type="checkbox"/> No <input type="checkbox"/>
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I	Other ground requirements needed? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, specify below and indicate against each item: (a) the arranging airline or other organisation, (b) contact addresses/phones/emails where appropriate, or whenever specific persons are designated to meet/assist the passenger.
1	Arrangements for arrival at airport of departure. Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify:
2	Arrangements for assistance while in the airport. Which and where (departure/transit/arrival) Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify:
3	Arrangements or assistance at connecting points. Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify:
4	Arrangements for meeting at airport of arrival. Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify:
5	Other requirements or relevant information. Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify:

J	Specific in-flight arrangements needed? Yes <input type="checkbox"/> No <input type="checkbox"/> Requests such as meals, seating, extra seat(s), equipment, etc (subject to availability). (See "Note *" at the end of PART 2 overleaf).	If yes, describe and indicate for each item: (a) flight/route on which required, (b) airline-arranged or arranging third party and (c) at whose expense. Provision of specific equipment, such as oxygen etc. always requires completion of Part 2 overleaf. (a) _____ (b) _____ (c) _____
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Passenger's declaration	
"I hereby authorise _____ (Name of nominated medical doctor in capital letters) to provide the airline with the information required by those airlines' Medical Provider for the purpose of determining my fitness to fly by air and in consideration thereof, I hereby agree to meet such doctor's fees in connection therewith. I take note that, if acceptable for carriage, my journey will be subject to the general conditions of carriage/tariffs of the carrier concerned and that the carrier does 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 employees, 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. I hereby authorise SkyAngels Air Ambulance Global Ltd to send a copy of this authorisation to my medical doctor indicating my consent. (Where needed, to be read by/to the passenger, dated and signed by him/her, or on his/her behalf."	Passenger's signature Date dd / mm / yy If your medical condition/travel details change in any way prior to travelling, you are requested to contact SkyAngels Air Ambulance Global

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Part 2

To be completed by attending physician

This form is intended to provide CONFIDENTIAL information to assess the fitness of the passenger to travel. If the passenger can be transported, this information will facilitate the issuance of the necessary directives.

The attending physician of the incapacitated passenger is requested to answer all questions. Enter an "X" in the appropriate "Yes" or "No" box and give concise answers.

Incomplete forms will be returned and may cause a delay in the process. Please complete the form in capital letters using black ink.

Record locator # (PNR)

Date of travel

dd / mm / yy

MEDA 01	Passenger's full name	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth dd / mm / yy	Height	Weight
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MEDA 02	Attending physician Name, address, email and telephone number (indicate country and area code)
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MEDA 03	Diagnosis/medical details (e.g. type of operation)
	Date of surgery/procedure dd / mm / yy

MEDA 04	Other medical information Does the passenger have any other underlying medical conditions? Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify:
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MEDA 05	PROGNOSIS FOR LONG HAUL FLIGHT(S) Good <input type="checkbox"/> Poor <input type="checkbox"/>
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MEDA 06	Is passenger free from contagious and/or communicable disease? Yes <input type="checkbox"/> No <input type="checkbox"/>
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MEDA 07	Would the physical and/or mental condition of the passenger cause distress or discomfort to other passengers? Yes <input type="checkbox"/> No <input type="checkbox"/>
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MEDA 08	Will a 25% to 30% reduction in ambient partial pressure of oxygen (relative hypoxia) affect the passenger's medical condition? (Cabin pressure to be equivalent of a fast trip to a mountain elevation of 2,400 meters (8,000 feet) above sea level).	
	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	
	Additional clinical information	
	a) Anaemia	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give recent results in grams of hemoglobin per litre
	b) Psychiatric conditions	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, see below
	c) Cardiac disorders	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, see below
	d) Normal bladder control	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, give mode of control
	e) Normal bowel control	Yes <input type="checkbox"/> No <input type="checkbox"/>
	f) Respiratory disorders	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, see below
	g) Requires oxygen at home?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify how much/duration
	h) Seizure disorder	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, see below

MEDA 09	Chronic pulmonary condition		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, SpO ₂ on air and date taken:	
	a) Has the patient had recent arterial blood gases?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	b) Blood gases were taken on		Room air <input type="checkbox"/>	Oxygen <input type="checkbox"/>	Litres per minute (LPM)	
	If yes, what were the results?		pCO ₂ (kPa/mm Hg) % Saturation		(kPa/mm Hg) Date of test dd / mm / yy	
	c) Does the patient retain CO ₂ ?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Has a Hypoxic Challenge Test been undertaken?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date of test dd / mm / yy	Results
	d) Has his/her condition deteriorated recently?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Can patient walk 50 yards/meters at a normal pace or climb 10 – 12 stairs without symptoms?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Has the patient ever taken a commercial flight in his/her current medical status?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	If yes, when? dd / mm / yy					
Note:	Did the patient have any problems?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Specify:	
	On International (long haul) routes - for safety reasons oxygen is NOT supplied on the ground until after take-off and during descent in the Upper Class suite. Oxygen is delivered via nasal cannulae on a pulse dose system only.					
MEDA 10	Oxygen - Does the passenger require oxygen in the aircraft on the ground?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	2 <input type="checkbox"/> or 4 <input type="checkbox"/> LPM	Continuous via pulse dose? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Does the passenger require oxygen in flight? If yes, SpO ₂ on air and date taken:		Yes <input type="checkbox"/>	No <input type="checkbox"/>	2 <input type="checkbox"/> or 4 <input type="checkbox"/> LPM	Standby via pulse dose? Yes <input type="checkbox"/> No <input type="checkbox"/>
MEDA 11	Cardiac condition					
	a) Angina		Yes <input type="checkbox"/>	No <input type="checkbox"/>	When was the last episode?	
	Is the condition stable?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Functional class of the patient?		<input type="checkbox"/> No symptoms <input type="checkbox"/> Angina with minimal exertion		<input type="checkbox"/> Angina with moderate exertion <input type="checkbox"/> Angina at rest	
	Can the patient walk 50 yards/meters at a normal pace or climb 10 – 12 stairs without symptoms?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	b) Myocardial infarction		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date dd / mm / yy	
	Complications?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, give details	
	Stress ECG done?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, what was the result?	MET or Watt
	If angioplasty or coronary bypass		Date of surgery/procedure dd / mm / yy			
			Can the patient walk 50 yards/meters or climb 10 – 12 stairs without symptoms?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) Cardiac failure		Yes <input type="checkbox"/>	No <input type="checkbox"/>	When was the last episode?		
Is the condition stable?		Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Functional class of the patient?		<input type="checkbox"/> No symptoms <input type="checkbox"/> SOB with minimal exertion		<input type="checkbox"/> Shortness of breath (SOB) with moderate exertion <input type="checkbox"/> SOB at rest		
d) Syncope		Yes <input type="checkbox"/>	No <input type="checkbox"/>	When was the last episode?		
Investigations		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, state results		
MEDA 12	Seizure		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	a) What type of seizures?		c) Frequency of seizures?			
	b) When was the last seizure?		d) Are the seizures controlled by medication?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
MEDA 13	Psychiatric conditions		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	a) Is there a possibility that the patient will become agitated during the flight?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	b) Has he/she taken a commercial flight before? Did the patient travel alone <input type="checkbox"/> escorted <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, date of travel dd / mm / yy	

	Passenger's full name		Date of birth dd / mm / yy
MEDA 14	Medication: Does the passenger need any medication other than self-administered and/or the use of special apparatus such as respirator, incubator, IV pump, monitor, etc.?	a) On Ground Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify:
		b) On board the aircraft Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify:
	List Medications needed during the flight (Incl. doses):		
	Can these be administered independently? Yes <input type="checkbox"/> No <input type="checkbox"/>		
MEDA 15	Escort Is the passenger fit to travel unaccompanied?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Can the passenger use a normal aircraft seat with seatback placed in the upright position when so required?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Travelling via stretcher? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Can the passenger take care of their own needs on board unassisted (including feeding, toileting, mobility etc.)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If no, would a meet and assist (booked to embark and disembark) be sufficient?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If no, will the patient have a private escort to take care of their needs on board?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If yes, who should escort the passenger?	Doctor <input type="checkbox"/> Nurse/paramedic <input type="checkbox"/> Other <input type="checkbox"/>	
	If other, is the escort fully capable to attend to all above needs?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
MEDA 16	Mobility Able to walk without assistance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Wheelchair required for boarding To aircraft <input type="checkbox"/> To seat <input type="checkbox"/>
MEDA 17	Does the passenger need hospitalisation? (If yes indicate arrangements made, or if no indicate "No action taken")	a) During layover: Yes <input type="checkbox"/> No <input type="checkbox"/>	Receiving Hospital: Telephone Contact:
		b) Upon arrival at destination: Yes <input type="checkbox"/> No <input type="checkbox"/>	Receiving Physician: Telephone Contact:
MEDA 18	Other remarks or information in the interest of the passenger's smooth and comfortable travel. None <input type="checkbox"/> Specify if any:		
MEDA 19	Other arrangements made by the attending physician:		

Note: Cabin crew are not authorised to give special assistance to particular passengers, to the detriment of their service to other passengers. Cabin crew are employed as food handlers and are therefore unable to assist with toileting needs. They are trained in first aid procedures only and are not permitted to administer any injection, or give medication. Please ensure the passenger has all the necessary help via their travel companion. Important Fees: If any costs are incurred for the provision of specific equipment, these must be met by the named passenger.

Attending Physician's Signature: PRINT NAME:	Date: dd / mm / yy
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