

MEDIF

GUIDANCE FOR COMPLETING THE MEDIF

We are approaching you to ensure that your patient is fit and well enough to undertake an airline flight. Please complete the attached MEDIF form which is an International Air Transport Association (IATA) approved form.

To ensure a speedy clearance by Insel Air team, we need a clear picture of your patients **clinical condition**.

We are keen to understand the following from the MEDIF:

- * Whether there is a concern that your patient may be affected by the slightly hypoxic nature of the cabin environment. Do they have significant respiratory/cardiac/circulatory difficulties which may **require oxygen** in the air?
 1. Please advise us if your patient uses oxygen on the ground routinely
 2. If oxygen is required at the airport, your patient will have to make independent arrangements for this.
 3. Individual's own oxygen cylinders may **NOT** be used on board but some Portable Oxygen Concentrators (POCS) may be permitted if approved for use through our Special Assistance department prior to travel.
- * Your patient's vital sign, including their oxygen saturation levels, particularly if requesting oxygen.
- * Whether they have had recent surgery, an infectious disease, multiple conditions or have an increased risk of Deep Vein Thrombosis (DVT)
- * If they are being treated for an exacerbation of their condition and any problems such as infection etc.
- * Whether they require any special equipment on board (e.g. a nebulizer); this will have to be battery operated for use on board (as there is no access to mains supply) and must be approved through our department prior to travel.
- * Whether they have undertaken a long flight recently and whether any medical problems were encountered (if known)
- * Whether they can care for their own medical needs on board (e.g. our crew are not authorized to lift, routinely medicate, feed and toilet passengers)

For More information on passenger health and travel, please refer to the following websites:

Inselair information page on in-flight health

www.fly-inselair.com/

Inselair's information page on Special Assistance

<http://www.fly-inselair.com/traveler-info/optional-services>

International Air Transport Association (IATA) - Medical manual.

www.iata.or/ps/publications/medical-manual.htm



MEDIF - Medical Information Form PART 1

CONFIDENTIAL

This form is to be completed by
PASSENGER or AGENT.

PLEASE COMPLETE THE FORM IN CAPITAL LETTERS USING BLACK INK.

A	Passengers full name:	
B	Proposed Itinerary (Airline(s), flights number(s) route(s), date(s) of continuous travel.	
C	Nature of disability, illness or injury:	

D	1. Intended escort: (name,sex,age, professional qualification, flight/route if different from passenger)			
	2. Intended escort: - 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"/>	

E	Wheelchair needed:	NO <input type="checkbox"/>	Own Wheelchair	Manual?	Power Driven?	Battery type? (Spillable)	Wheelchair weight	Wheelchair dimensions (cm)	Wheelchairs with spillable batteries are "restricted articles" and are permitted on passenger aircraft only under certain conditions.
	If YES indicate category	YES <input type="checkbox"/>							
	WCHR: Cannot walk far, but can manage stairs	<input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>		W: _____ cm	
	WCHS: Cannot walk far, cannot manage stairs	<input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	_____ Kgs	D: _____ cm	
	WCHC: Cannot walk	<input type="checkbox"/>						H: _____ cm	

F	Ambulance needed?	NO <input type="checkbox"/>	Specify ambulance company contacts:
		YES <input type="checkbox"/>	Specify Destination address:

G	Is stretcher needed onboard	NO <input type="checkbox"/>	NOTE: Insel Air does not accept passenger that need a stretcher on board.
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F	Other ground arrangements needed?	NO <input type="checkbox"/>	If yes, SPECIFY below and indicate against each item: (a) the ARRANGING airline or organization, (b) CONTACT addresses/phones where appropriate, or whenever specific persons are designated to meet/assist the passenger.
		YES <input type="checkbox"/>	

1	Arrangements for arrival at airport of departure	NO <input type="checkbox"/>	Specify:
		YES <input type="checkbox"/>	

2	Arrangements or assistance at connecting points	NO <input type="checkbox"/>	Specify:
		YES <input type="checkbox"/>	

3	Arrangements for meeting at airport of arrival	NO <input type="checkbox"/>	Specify:
		YES <input type="checkbox"/>	

4	other requirements or relevant information	NO <input type="checkbox"/>	Specify:
		YES <input type="checkbox"/>	

K	Specific in flight arrangements needed.	NO <input type="checkbox"/>	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.
	Request such as meals, seating, extra seat(s), equipment, etc (subject to availability). See "note * and ***" at the end of MEDIF form PART 2.	YES <input type="checkbox"/>	Always requires completion of MEDIF PART 2.
			a)
			b)
			c)

Passenger declaration:

"I HEREBY AUTHORISE (NAME of nominated medical doctor in CAPITOL 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 subjected 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, it's employees, servants and agents from any liability for such consequences.

I agree to reimburse the carrier upon demand for any special expenditures or cost in connection with my carriage. I hereby authorize Insel Air International B.V. to send a copy of this authorization 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)."

If your medical condition/ travel detail change in any way prior to traveling, you must contact Inselair International B.V. at issuing ticket office.

Date:	Place:	Passenger signature:



MEDIF - Medical Information Form PART 2

CONFIDENTIAL

This form is to be completed by attending Physician.

This form is intended to provide **CONFIDENTIAL** information, to enable the carriers Medical Department to assess the fitness and/or medical condition of its passenger to travel. If the passenger is acceptable, this information will permit the issuance of the necessary directives designed to provide for the passenger's welfare and comfort.

The **ATTENDING PHYSICIAN** is requested to **ANSWER ALL QUESTIONS** below with clear and concise answers and declares that all answers mentioned in this form are true. Enter an "x" in the appropriate "yes" or "no" box and give concise answers

PLEASE COMPLETE THE FORM IN CAPITAL LETTERS USING BLACK INK.

Please return this form to Insel Air office.

Issuing ticket office address

Record locator # (Per):		Date of travel:	
Meda01	Patient information	Name:	
		Age:	Sex: M <input type="checkbox"/> <input type="checkbox"/> Date of birth: (DD/MM/YY) / /
Meda02	Attending Physician	Name:	
		Address:	
	Contact Telephone	Business:	Home:
Medical Data			
Meda03	Diagnosis details: e.g. Type of	Vitals signs	Temp: Pulse: BP: SAO2 (on air): %
	Date information	Date of diagnosis: DD/MM/YY	Type of operation: / / N/A <input type="checkbox"/> Date of operation: DD/MM/YY / / N/A <input type="checkbox"/>
Meda04	Prognosis for the flight:		
Meda05	Is it a contagious and communicable disease?	NO <input type="checkbox"/> YES <input type="checkbox"/>	Please specify:
Meda06	Would the Physical and/or mental condition of the patient be likely to cause distress or discomfort to other passengers?	NO <input type="checkbox"/> YES <input type="checkbox"/>	Please specify:
Meda07	Can patient use normal aircraft seat with seatback placed in the upright position when so required?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Please specify:
Meda08	Can patient take care of his/her own needs on board unassisted? (meals, toilet use, etc)	YES <input type="checkbox"/> NO <input type="checkbox"/>	Please specify:
Meda09	If patient is to be escorted, is the arrangement satisfactory to you.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Please specify:
Meda10	Does patient need oxygen * equipment in flight? (If yes specify rate of flow)	NO <input type="checkbox"/> YES <input type="checkbox"/>	Please specify rate of flow: <input type="text"/> Liters per minute: Continuous use: NO <input type="checkbox"/> YES <input type="checkbox"/>
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 at the airport(s):	Specify: <input type="text"/>
Meda12		B. in the aircraft:	Specify: <input type="text"/>
			Specify: <input type="text"/>
Meda13	Does patient need hospitalization? If yes, please specify action taken. If yes but no action taken enter "NO ACTION TAKEN".	(A) during long layover or night stop on connection point en route.	NO <input type="checkbox"/> YES <input type="checkbox"/> Receiving hospital: Telephone contact: <input type="text"/>
Meda14		(B) upon arrival at destination	NO <input type="checkbox"/> YES <input type="checkbox"/> Receiving hospital: Telephone contact: <input type="text"/>
Meda15	Other remarks or information in the interest of your patient's smooth and comfortable transportation? If yes please specify. *	YES <input type="checkbox"/>	Specify: <input type="text"/>
		NONE <input type="checkbox"/>	Specify: <input type="text"/>
			Specify: <input type="text"/>
Meda16	Other arrangements made by attending physician?	Specify: <input type="text"/>	Specify: <input type="text"/>

* Note: fees, if any, relevant to the provisions to the above information and for carrier - provided special equipment * are to be paid by passenger concerned.

** Note: Cabin attendants are NOT authorized to give special assistance to particular passengers, to the detriment of their service to other passengers. Additionally they are trained in FIRST AID and are not trained to administer any injection or give medication to passengers needing them. Please ensure the passenger has all the necessary help via their travel companion.

Date:	Place:	Attending Physician's signature:
<input type="text"/>	<input type="text"/>	<input type="text"/>