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 escort(s) __Yes ___No
   Name ………………………………………………………………………………………………………………………………
   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) …… 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 ………………………………………………………………………………………
MEDICAL INFORMATION FORM (MEDIF)
(to be completed or obtained from attending physician) (PART ONE)
(See reverse side for guiding principles)

1. Patient’s name .......................................................... Sex .................. Height .................. Weight ..................
   Date of Birth ..............................................

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 no, give mode of control ...........
   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 disembark) be sufficient?  Yes ___ No ___
   c. If, no will the patient have a private escort to take care of his/her needs?  Yes ___ No ___
   d. If 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 light efforts ___ Angina at rest
      - Can the patient walk 100 meters at the normal pace or climb 10-12 stairs without symptoms?  Yes ___ No ___
   b. Myocardial infarction  Yes ___ No ___  Date .......................
      - Complication?  Yes ___ No ___  If yes, give details ...............
      - Stress EKG done?  Yes ___ No ___  If yes, was the result normal? Metz
      - If angiplasty 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  pH ___ pO2 ___ pCO2 ___
      - 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?  Yes ___ No ___
   f. Has the patient ever taken a commercial aircraft in these conditions?  Yes ___ No ___
      - If yes when? ..............................................
      - Did the patient have any problems?  Yes ___ No ___

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?  Yes ___ No ___

4. Seizure  Yes ___ No ___
   a. What type of seizures? ..............................................
   b. Frequency of seizures ..............................................
   c. When was the last seizure?  Yes ___ No ___
   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 or 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.)

h. Persons with contagious or repulsive skin conditions.

i. 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.

j. Recent surgical cases with insufficient time for wound healing.