# Appendix ‘E’

## MEDIF

## RESOLUTION 700 ATTACHMENT A

Information Sheet for Passengers Requiring Special Assistance

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
   - Language spoken

7. Wheelchair needed
   - Yes
   - No
   - Wheelchair categories
     - WCHR
     - WCHS
     - WCHC
     - Own wheelchair
     - Yes
     - No
   - Collapsible WCOB
     - Yes
     - No
   - Wheelchair type
     - WCBD
     - WCBW
     - WCOMP

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 inflight 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 traveller medical card (FREMEC)
    - Yes
    - No
    - If yes, specify FREMEC number, issued by, expiry date
RESOLUTION 700 ATTACHMENT B PART ONE
Information Sheet for Passengers Requiring Medical Clearance (to be completed or obtained from 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
   b. Psychiatric and seizure disorder
   c. Cardiac condition
   d. Normal bladder control
   e. Normal bowel control
   f. Respiratory condition
   g. Does the patient use oxygen at home?
   h. Oxygen needed in flight?

7. Escort
   a. Is the patient fit to travel unaccompanied?
   b. If no, would a meet-and-assist (provided by the airline to embark and disembark) be sufficient?
   c. If no, will the patient have a private escort to take care of his/her needs onboard?
   d. If yes, who should escort the passenger?
   e. If other, is the escort fully capable to attend to all the above needs?

8. Mobility
   a. Able to walk without assistance
   b. Wheelchair required for boarding

9. Medication list

10. Other medical information
RESOLUTION 700 ATTACHMENT B PART TWO

Information Sheet for Passengers Requiring Medical Clearance (to be completed or obtained from 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 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
      • Blood gases were taken on:
      — Room air  — Oxygen .............................................. pCO2 .............................................. pO2 
      — if yes, what were the results .................................................................
      — Saturation ................................................................. Date of exam .................................................................
   b. Does the patient retain CO2? — Yes  — No
   c. Has his/her condition deteriorated recently? — Yes  — No
   d. Can the patient walk 100 metres at a normal pace or climb 10-12 stairs without symptoms? — Yes  — No
   e. 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

5. Prognosis for the trip — Yes  — No
   Physician Signature ................................................................. Date .................................................................

Note: Cabin attendants are not authorised 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.
Notes regarding the MEDIF forms

Airlines using the suggested MEDIF forms must ensure that confidentiality is respected once the forms are completed.

Airlines must also ensure that usage of the forms is compatible with local laws.