



Medical Information Form (MEDIF)

APPLICATION FOR THE CARRIAGE OF SPECIAL NEEDS GUEST

(Sitting case / Wheelchair / Stretcher (selected sectors) / Oxygen)

All questions must be answered in full.

Use **BLOCK** letters when completing this form.

Use a **cross (X)** in 'Yes' or 'No' boxes to indicate appropriate preference.

- Information on **page 2** is to be completed by the **Kingfisher Airlines Sales Office or at the airport ticketing office.**
- Information on **page 3** is to be completed by the **patient's attending (nominated) physician.**
- **Notes for the guidance of a medical practitioner are on page 4.**

Cabin attendants are not authorized to give special assistance to particular guests, to the detriment of their services to other guests. Additionally they are trained only in First Aid and are not permitted to administer any injections, or to give medication.

On completion, this form should be returned to the Kingfisher Airlines Sales Office or at the airport ticketing office.

A minimum of 48 hours (72 hours in case of stretcher cases) is required to complete MEDA formalities.

Fees, relevant to the provision of the information provided and for carrier-provided special equipment are to be paid by the passenger.

Oxygen cylinders are available in the aircraft for use in emergencies. These cylinders can deliver oxygen only at fixed flow rates of 2 or 4 litres/minute.

If prior clearance to fly has been obtained, then a second clearance may be required on the day of travel depending on the case details.

Attendant shall ensure that all items/medical equipment brought on the aircraft for the MEDA guest are removed at the time the guest is disembarked from the aircraft.



To be completed by IT Sales Office staff

A	Family Name / Initials Title _____	Nationality : _____
B	Proposed Itinerary (airline(s), flight number(s) _____ class(es), date(s) and booking reference(s) _____ Booking reference (PNR) _____	Transfer from one flight to another often requires LONGER connecting time.
C	Nature of Incapacitation _____	
D	Reservation Information for accompanying escort Doctor <input type="checkbox"/> PNR _____ Qualified nurse <input type="checkbox"/> PNR _____ Medical Team <input type="checkbox"/> PNR _____ Non-Medical <input type="checkbox"/> PNR _____ Family <input type="checkbox"/> PNR _____	
E	Special in-flight arrangements needed, such as: special meals, seating, leg rest, extra seat(s), special equipment etc. ? NO <input type="checkbox"/> YES <input type="checkbox"/> → If 'YES', describe and indicate for each item, (a) segment(s) on which required (b) airline arranged or arranging third party, and (c) at whose expense. Provision of special equipment such as oxygen etc. Always requires completion of page 3 overleaf. Describe 	
F	a) Ambulance needed at origin ? NO <input type="checkbox"/> YES <input type="checkbox"/> ↓ To be arranged by Guest ? NO <input type="checkbox"/> YES <input type="checkbox"/> → ↓ <div style="border: 1px solid black; padding: 5px; width: fit-content;"> Ambulance / Hospital / Origin Name _____ Tel: _____ Address: _____ </div>	b) Ambulance needed at Destination ? NO <input type="checkbox"/> YES <input type="checkbox"/> ↓ To be arranged by Guest ? NO <input type="checkbox"/> YES <input type="checkbox"/> → ↓ <div style="border: 1px solid black; padding: 5px; width: fit-content;"> Ambulance / Hospital / Origin Name _____ Tel: _____ Address: _____ </div>
G	Additional passenger information 	

"I hereby authorize _____
(Name of nominated physician)

to provide the airlines with the information required by those airline's medical departments for the purpose of determining my fitness for carriage by air and in consideration thereof I hereby relieve 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."

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

Place :

Date :

Guest's Signature :



This form is intended to provide CONFIDENTIAL information to enable the airlines' Medical Departments to assess the fitness of the special needs guest to travel. If the guest is acceptable, this information will permit the issuance of the necessary directive to provide for the guest's welfare and comfort.

To be completed by the PHYSICIAN ATTENDING the special needs guest

REQUIREMENTS for transportation	Stretcher <input type="checkbox"/>	WCHR <input type="checkbox"/> can climb steps/walk cabin	WCHS <input type="checkbox"/> unable steps/can walk cabin	WCHC <input type="checkbox"/> Immobile
Airline's Ref code MEDA 01	PATIENT'S Family Name / Initials Title			Sex: <input type="checkbox"/> M <input type="checkbox"/> F
				Age: _____
MEDA 02	ATTENDING PHYSICIAN Name, Address, Registration No.			
	Tele Business: _____	Home: _____	Mobile: _____	Pager: _____
MEDA 03	Medical Data: Vital Signs, BP: _____	HB: _____	HT: _____	WT: _____
	DIAGNOSIS in detail _____			
	Date of diagnosis: _____	Date of first symptoms: _____	Date of Operation: _____	
MEDA 04	PROGNOSIS for the journey: _____			
MEDA 05	Contagious and communicable disease ?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	Specify <input type="text"/>
MEDA 06	Would the physical and/or mental condition of the patient be likely to cause distress or discomfort to other guests?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	Specify <input type="text"/>
MEDA 07	Can patient use normal aircraft seat with seatback placed in the upright position when so required ?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
MEDA 08	Can patient take care of his own needs onboard unassisted ?	Meals	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Visit to toilet	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If no, mention type of assistance needed: _____			
MEDA 09	If to be ESCORTED, by whom ?	Doctor <input type="checkbox"/>	Qualified Nurse <input type="checkbox"/>	Resp. Therapist <input type="checkbox"/> Non-medical <input type="checkbox"/>
	If not, state travel companion or proposed escort by you: _____			
MEDA 10	Does patient need "OXYGEN" equipment in flight ? (If yes, state rate of flow)	NO <input type="checkbox"/>	YES <input type="checkbox"/>	Liters per minute <input type="text"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/>
MEDA 11	Does the patient need any MEDICATION, other than self-administered, and/or the use of special apparatus such as respirator etc ? (Other than mentioned in MEDA 05)	A) on the ground while at the airports(s)		
		NO <input type="checkbox"/>	YES <input type="checkbox"/>	Specify <input type="text"/>
MEDA 12		B) on board the aircraft		
		NO <input type="checkbox"/>	YES <input type="checkbox"/>	Specify <input type="text"/>
MEDA 13	Does the patient need hospitalisation, (If yes, indicate arrangements made, or if none were made, indicate 'No action taken')	A) during long layover or at connecting points.		
		NO <input type="checkbox"/>	YES <input type="checkbox"/>	Specify <input type="text"/>
MEDA 14		B) upon arrival at destination		
		NO <input type="checkbox"/>	YES <input type="checkbox"/>	Specify <input type="text"/>
MEDA 15	Other remarks or information in the interest of your patients smooth and comfortable transportation	None <input type="checkbox"/>	Specify if any <input type="text"/>	
MEDA 16	Other arrangements made by the Attending physician.			
	Date: _____ Place: _____ Rubber Stamp & signature: _____			
KFA Doctor's Approval	Approved <input type="checkbox"/>	Stretcher <input type="checkbox"/>	Diaper/Pamper <input type="checkbox"/>	Doctor <input type="checkbox"/> Qlfy. Nurse <input type="checkbox"/> Resp. Therapist <input type="checkbox"/> Non Medical Escort <input type="checkbox"/>
	Rejected <input type="checkbox"/>		Wheelchair <input type="checkbox"/>	Remarks: _____
	Need Details <input type="checkbox"/>		Oxygen <input type="text"/> 1/m	Sign & Stamp

IN ASSESSING A PATIENT'S FITNESS FOR TRAVEL ON KINGFISHER AIRLINES

1. When assessing a patient's fitness for air travel. The effect of reduced atmospheric pressure and consequent reduction in oxygen tension must be considered. Even in pressurized aircraft, the cabin may be at a pressure equivalent to an altitude of 5,000 to 7,000 feet.

Although each case will be considered on its merit, the following conditions are generally considered unacceptable for air travel.

- A. Very severe and critical heart condition (e.g. severely decompensated cardiac patients or the patient who has sustained a recent coronary occlusion with myocardial infarction). Such cases are not normally considered within two weeks of onset.
 - B. Introduction of air into body cavities for diagnostic or therapeutic purposes within seven days.
 - C. Severe cases of otitis media and sinusitis.
 - D. Acute contagious or communicable diseases.
 - E. Skin diseases which are contagious or repulsive in appearance.
 - F. Fractures of the mandible with fixed wiring of the jaws.
 - G. Hypertensive disease with several complications.
 - H. Peptic ulceration with hemorrhage within three (3) weeks of intended date of travel.
 - I. Post operative cases
 1. Within 10 days of simple abdominal operations.
 2. Within 21 days of chest surgery
 - J. Pregnancy beyond the end of thirty-six (36) weeks and newborns in the first week.
 - K. Severe anaemia (Hb < 8.5 gm/dl). In exceptional cases they may be permitted to fly with a specialist's certificate.
 - L. Acute phase of cerebral infarction (stroke) of any aetiology are generally not permitted within three weeks of onset.
2. Wheelchairs can be provided at most airports if notice is given.
 3. Due to security reasons, personal oxygen cylinders etc. Will not be carried on board the aircraft. Any electronic medical equipment (if applicable) will have to be cleared by Engineering and Security before it is carried on board the aircraft.
 4. Additional therapeutic oxygen and wheelchairs can be provided only on request only if advance notice is given (48 hours for oxygen cylinders).
 5. Any fee for completion of this certificate, or for medical examination or report will be responsibility of the Guest.
 6. Any case that Kingfisher Airlines considers might jeopardize the safety or operation of the aircraft will not be accepted.
 7. Particular attention is drawn to the fact that the medical details given at the front of this form must be accurately type and completed. If at time of embarkation the condition of the special needs guest is worse than the details given, the carriage may have to be refused.
 8. The details you have provided are transmitted by telex/fax. To ensure that your patient is accepted for carriage, it is important that all medical terms are legible.