



MEDIF

Standar medical information form for air travel

Part 1

Answer all questions. Put a cross (X) in 'Yes or No' boxes. Use block letters or typewriter when completing this form

To be completed by Agent/Sales Office/Passenger

A	Name/Initials/Title :					
B	Proposed itinerary (airlines(s), flight number(s), class(es), date(s), segment(s), reservation status of continous air journey)					Transfer from one flight to another often requires longer connecting time
C	Nature of incapacitation :					Medical clearence required? No <input type="checkbox"/> Yes <input type="checkbox"/>
D	Is Stretcher needed on board ? (all stretcher cases must be escorted)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Request rate if unknown		
E	Intended escort (Name, sex, age, professional qualification, segments, if different from passenger) if untrained, state 'Travel companion'					For blind and/or deaf state if escorted by trained dog
F	Wheelchair needed ? Categories are WCHR, WCHS,WCHC No <input type="checkbox"/> Yes <input type="checkbox"/> Wheelchair category <input type="text"/>	Own Wheelchair ? No <input type="checkbox"/> Yes <input type="checkbox"/>	Collapsible? No <input type="checkbox"/> Yes <input type="checkbox"/>	Power driven? No <input type="checkbox"/> Yes <input type="checkbox"/>	Battery type (spillable) No <input type="checkbox"/> Yes <input type="checkbox"/>	Wheelchairs with spillable batteries are "restricted articles" and are permitted on passenger air craft only under certain conditions, which can be obtained from the air line(s) in addition, certain countries may impose specific restrictions
G	Ambulance needed ?	No <input type="checkbox"/>	To be arranged by airline No <input type="checkbox"/> → Specify Ambul Company contact <input type="text"/>		Request rate (s) if unknown	
H	Other ground arrangements needed	No <input type="checkbox"/>	If yes, specify below and indicate for each item, (a) the arranging airline or other organisation, (b) at whose expense, and © contact addresses/phones where appropriate, or whenever specific persons are designated to meet/assist the passenger			
	1 Arrangements for delivery at airport of departure	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Specify	<input type="text"/>	
	2 Arrangements for assistance at connecting points	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Specify	<input type="text"/>	
	3 Arrangements for meeting at airport of arrival	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Specify	<input type="text"/>	
	4 Other requirements or relevant information	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Specify	<input type="text"/>	
K	Special in-flight arrangements needed, such as, special meals, special seating, leg rest, extra seat(s), special equipment etc. (See 'Note(*)' at the end of Part 2 overleaf)	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 us oxygen etc, always requires completion of part 2 overleaf.		
L	Does passengers hold a 'Frequent traveller's medical card' valid for this trip? (FREMEC)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, add below FREMEC data to your reservation requests. If no, (or if additional data needed by carrying airline(s), have physician in attendance complete Part 2 overleaf		
	FREMEC (FREMEC Nr)	<input type="text"/>	(Issued by)	<input type="text"/>	(valid until)	<input type="text"/>
	(Incapacit.contd)	<input type="text"/>	(Limitations)	<input type="text"/>	(sex)	<input type="text"/>
		<input type="text"/>		<input type="text"/>	(age)	<input type="text"/>
		<input type="text"/>		<input type="text"/>	(incapacitation)	<input type="text"/>

Passenger's declaration
I hereby authorize _____ (name of nominated physician)

to provide the airlines with the information required by those airlines' medical departements for the purpose of determining my fitness for carriage by air and in consideration thereof I hereby relive that physician of his/her proffessional 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(s) concerned and that the carrier(s) do 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 state of health and I release the carrier, its employees, servants and agent(s) from any liability for such consequences

I agree to reimburse the carrier (s) upon demand for any special expenditures or costs in connection with may carriage.
(Where needed, to be read by/to the passenger, dated and signed by him/her, or on his/her behalf)

Place:	Date:	Passenger's signature
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MEDIF Medical Information Sheet

CONFIDENTIAL

Part 2

To be completed by
Attending Physician Doctor

Return this form to : This form is intended to provide confidential information to enable the airline' medical departements to assess the fitness of 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 Physician attending the incapacitated passenger is requested to answer all questions. (Enter a cross 'X' in the appropriate 'yes' or 'no' boxes, and / or give precise conse answers).

Carrier's designated office

Completion of the form in block letters or by typewriter will be appreciated.

Garuda Indonesia Medical Center
Call:
Office Hours: +62-21-4241000 Ext: 6136
Out of Office Hours: +62-21-25601565
Email:
travelclinic.gsm@garuda-indonesia.com
Facsimile: 62-21-4245809 (Office Hours)

MEDA 01	Airlines' ref code	Patient's name, initial (s), sex, age :		
MEDA 02	Attending Physician Name and address :			
	Telephone contact :	Business :	Home :	
MEDA 03	Medical data : Diagnosis in details (including vital signs)			
	Day / month / year of first symptoms :		Date of diagnosis :	
MEDA 04	Prognosis for the trip :			
MEDA 05	Contagious and communicable disease ?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Specify
MEDA 06	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"/>	Specify
MEDA 07	Can patient use normal aircraft seat with seat-back 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 on board unassisted* (including meals, visit to toilet, etc) ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/> <input type="text"/>
		If not, type of help needed		
MEDA 09	If to be escorted, is the arrangement Proposed in Part 1/E overleaf satisfactory for you ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/> <input type="text"/>
		If not, type escort proposed 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"/>	Litres perminute <input type="text"/> Continuous? Yes <input type="checkbox"/> No <input type="checkbox"/>
MEDA 11	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 while at the airport(s)		
		No <input type="checkbox"/>	Yes <input type="checkbox"/>	Specify <input type="text"/> <input type="text"/>
MEDA 12		(b) on board the aircraft		
		No <input type="checkbox"/>	Yes <input type="checkbox"/>	Specify <input type="text"/> <input type="text"/>
MEDA 13	Does patient need hospitalisation ? (If yes, indicate arrangements made or, if none were made indicate 'No action taken')	(a) during long layover or nightstop at connecting point an route		
		No <input type="checkbox"/>	Yes <input type="checkbox"/>	Specify <input type="text"/> <input type="text"/>
MEDA 14		(b) upon arrival at destination		
		No <input type="checkbox"/>	Yes <input type="checkbox"/>	Specify <input type="text"/> <input type="text"/>
MEDA 15	Other remarks or information in the interest of your patient's smooth and comfortable transportation	None <input type="checkbox"/>	Specify if any** <input type="text"/> <input type="text"/> <input type="text"/>	
MEDA 16	Other arrangements made by the attending physician :			

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 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.

Attending physician's name:
Address : _____ Date : _____
Signature : _____

Approved by Garuda Indonesia Medical Departement
Name : _____
Date : _____

MEDICAL CERTIFICATE

NAME PATIENT : (full name)
 DATE OF BIRTH : NATIONALITY:.....
 ADDRESS :
 :
 TELP :

PATIENT HISTORY / COMPLAINT :

VITAL SIGNS :

GCS : TEMPERATURE: RESPIRATORY RATE :.....
 BLOOD PRESS : mmHg PULSE RATE : Sa O2 :..... %

PHYSICAL EXAMINATION : (HEAD, CHEST, ABDOMEN, EXTREMITY, Etc.)

OTHER EXAMINATION (RADIOLOGY, LAB, ECG, CT SCAN, USG, Etc.)

DIAGNOSIS :

TREATMENT / MEDICATION :

PATIENT REQUEST FOR REPATRIATION / MEDICAL EVACUATION : Yes / No
 IN DOCTOR'S OPINION THIS MEDICALLY NECESSARY : Yes / No
 PATIENT CAN TRAVEL : Yes / No

PATIENT CAN TRAVEL Unescorted With Medical escort With Not Medical escort
 PATIENT NEED Ordinary seat Wheelchair Assistance Stretcher Case

DOCTOR'S RECOMMENDATION:

ATTENDING PHYSICIAN