

Garuda Indonesia

Standar medical information form for air travel

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

Α	Name/Initials/Title :							
	Proposed itinerary (airlines(s	s), flight						
В	number(s), class(es), date(s), s	egment(s),						rom one flight to another often onger connecting time
	reservation status of continous air	journey)						ongor connecting time
С	Nature of incapacitation :				М	edical clearence	required?	No Yes
D	Is Stretcher needed on board ? stretcher cases must be escorted)	(all No		Yes			Reques	t rate if unknown
E	Intended escort (Name, sex, age, professional qualification, segmen different from passenger) if untrain 'Travel companion'	·					For blin trained	d and/or deaf state if escorted by dog
F	Wheelchair needed ? Categories are WCHR, WCHS,WCHC Wheelchair category	Yes	Own Wheelchair ? No Yes	No Yes	Power driver	n? Battery type (spillable) No Yes	"restric on pass condition the air I	hairs with spillable batteries are ted articles" and are permitted enger air craft only under certain ons, which can be obtained from ine(s) in addition, certain es may impose specific ons
G	Ambulance needed ?	No No Yes		the stination address				Request rate (s) if unknown
Н	Other ground arrangements needed	/ \		and © contact a	ddresses/phor			or other organisation, (b) at whenever specific persons
1	Arrangements for delivery at airport of departure	No Yes	Specify					
2	Arrangements for assistance at connecting points	No Yes	Specify					
3	Arrangements for meeting at airport of arrival	No Yes	Specify					
4	Other requirements or relevant information	No Yes	Specify					
K	Special in-flight arrangements need as, special meals, special seating, le extra seat(s), special equipment etc	eg rest, No	Yes	airline ar	ranged or arr	anging third part	y, and (c)	egment(s) on which required, (b) at whose expense. Provision of requires completion of part 2
	(See 'Note(*)' at the end of Part 2 o	overleaf)						
	Does passengers hold a 'Frequent t medical card' valid for this trip? (FR	Noi	Yes					n requests. If no, (or if additional in attendance complete Part 2
L	FREMEC (FREMEC Nr)	(Issued by)	(valid until)	(sex] <u>[</u>	ge) (incapad	itation)	
	(Incapacit.contd)		(Limitations)					
	ger's declaration		,					
I hereb	y authorize (name of nomina	ated 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 proffesional 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)								
(Where Place:	needed, to be read by/to the passe	nger, dated and sig	ned by him/her, o	or on his/her beh Passenger's sig				
· lace.		Date.		I assemble a sig	nature			

Garuda Indonesia

MEDIF Medical Information sheet

CONFIDENTIAL

Part 2

To be completed by Attending Physician Doctor

This form is intended to provide confidential information to enable the airline' medical Garuda Indonesia Medical Center Return this form to: 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 Carrier's designated questions. (Enter a cross 'X' in the appropriate 'yes' or 'no' boxes, and / or give precise consise

Telephone: 62-21-4241000 Ext: 6136 (office hours), 6103 (out off office hours) Facsimile:

office		Completion of the form in block letters or by typewriter will be appreciated.						62-21-4245809 (office hours) 4245604 (out off office hours)	
Airlines' ref code MEDA 01	Patient's name, initial (s), sex,				, ,,				
MEDA 02	Attending address:	Physician Name and							
	Telephone contact : Busines:		Business :	-			Home :		
MEDA 03	Day/mont	in details s vital signs) h/year of first					Date of diagno	sis :	
MEDA 04	Symptoms								
MEDA 04							1		
WIEDA 03	Contagious and communicable disease ? N Would the physical and/or mental condition of the			No		Yes	Specify		
MEDA 06	1			No		Yes	Specify		
MEDA 07	Can patient use normal aircraft seat with seat-back placed in the upright position when so required ?					Yes	No		
MEDA 08	Can patient take care of his own needs on board unassisted* (including meals, visit to toilet, etc.)?				lf	Yes not, type o	No of help needed		
MEDA 09	If to be escortered, is the arrangement Proposed in Part 1/E overleaf satisfactory for you ?				Yes No No If not, type escort proposed by you				
MEDA 10	Does patient need oxygen** equioment in flight ? (if yes, state rate of flow)		No		Yes	Litres perminute		Yes Continuous? No	
MEDA 11	Does patient need any medication*, other than self-administered, and/or the use of special apparatus such as respirator, incubator etc** $\frac{N}{(b)}$		on*. other than	(a) on	the ground	while at the	he airport(s)		
			No (b) on	board the a	Yes	Specify	<u> </u>		
MEDA 12			N		Yes Specify		,		
					ring long lay			г	
MEDA 13	indicate arrangements made or, if none were		No	nnecting po	Yes	.e Specify	,		
			(b) on	board the a	aircraft				
WEDA 14				No		Yes	Specify	<u> </u>	
MEDA 15		arks or information in th nt's smooth and comfor tion		None		Sp	ecify if any**		
MEDA 16	Other arrangements made by the attending physician :								
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Cabin attendantants are not authorized to give special assistance to particular passangers, to the detriment of their service to other passangers. Additionally, they are trained only in First Aid and are not permitted to administer any injection or to give medication			of	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:				Approved by Garuda Indonesia Medical Departement					
Address :	Date : Signature :				Name Date	: :			
Phone :									



MEDICAL CERTIFICATE

NAME PATIENT DATE OF BIRTH	(full name)NATIONALITY:							
ADDRESS	:							
	:							
TELP	:	•••••						
PATIENT HISTORY	/ COMPLAINT :							
VITAL SIGNS :								
	: TEMPERATURE: RESPIRATORY RAT : mmHg PULSE RATE :Sa							
PHYSICAL EXAMINA	TION: (HEAD, CHEST, ABDOMEN, EXTREMITY, Etc.)							
OTHER EXAMINATION	ON (RADIOLOGY, LAB, ECG, CT SCAN, USG, Etc.)							
DIAGNOSIS:								
TREATMENT / MED	ICATION:							
DATIENT BEOLIECT	FOR REDATRIATION / MEDICAL EVACUATION	/ N-						
		es / No es / No						
PATIENT CAN TRAV		es / No						
PATIENT CAN TRAV		With Not Medical escort						
PATIENT NEED	Ordinary seat Wheelchair Assistance	Stretcher Case						
DOCTOR'S RECOMM	MENDATION:	ATTENDING PHYSICIAN						
QRF/Medif/TC.6/R	ev 01/01/2014 S	ignature & name in block letter						