



MEDIF

Standar medical information form for air travel

Part 1

Garuda Indonesia

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 clearance 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"/>	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"/>
	Wheelchair category	<input type="text"/>		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"/>	Yes <input type="checkbox"/>	To be arranged by airline No <input type="checkbox"/> → Specify Ambul Company contact <input type="text"/> Yes <input type="checkbox"/> → Specify destination address <input type="text"/>		Request rate (s) if unknown
H	Other ground arrangements needed	No <input type="checkbox"/>	Yes <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.	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.		
	(See 'Note(*)' at the end of Part 2 overleaf)	<input type="text"/>				
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"/>		(sex)	(age)	(incapacitation)
		<input type="text"/>		(Limitations)	<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 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(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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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