

Part 1

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

| 10610 | ietters or typewrite | when completing | tilis ioiiii | | | | Oil | ilce/i asserigei | | |
|--|--|-----------------|----------------|-----------------------------------|--------------------------------------|--------------------|-------------|---|------------------|--|
| Α | Name/Initials/Title : | | | | | | | | | |
| | Proposed itinerary (airlines(s), flight | | | | | | | | | |
| В | number(s), class(es), date(s), segment | | | | | | | om one flight to | | |
| | reservation status of continous air jou | ırney) | r | | | | | onger connecting | time | |
| | | | | | | | | | N | |
| С | Nature of incapacitation : | | | | Me | dical clearence re | equired? | | No Yes | |
| D | Is Stretcher needed on board ? stretcher cases must be escorted) | (all No | | Yes | | | Request | rate if unknown | | |
| | Intended escort (Name, sex, age, professional qualification, segments, i | if | | | | | For bline | d and/or deaf sta | te if escorted | |
| E | different from passenger) if untrained | | | | | | by traine | • | te ii escorteu | |
| | state 'Travel companion' | , | | | | | | cu dog | | |
| | Wheelchair needed ? Categories No | | Own | Collapsible? | Power driven | Pattery type | Wheelch | nairs with spillabl | e hatteries are | |
| | are WCHR, WCHS,WCHC | ° 🗀 | Wheelchair ? | сопарзыяс. | Tower driven | (spillable) | | ed articles" and a | | |
| _ | Ye | es | No | No | No | No | on passe | enger air craft on | ly under | |
| F | | $\overline{}$ | | / - | / - / | | | conditions, which | | |
| | Wheelchair category | | Yes | Yes | Yes | Yes | | d from the air line countries may im | | |
| | | | | | | | restriction | = | pose specific | |
| | | To be arran | ged by airline | | * | | | | | |
| | No. | | - , | bul Company o | ontact | | | Request rate (s) | if | |
| G | Ambulance needed ? | | | | | | | unknown | | |
| | Ye | | | tination addre | | | | | | |
| ١ | No Other ground arrangements | | | | | | | other organisati | | |
| Н | needed Ye | | - | nd ⊚ contact a meet/assist the | = | es wnere approp | riate, or v | whenever specific | persons | |
| | | | _ | 110007 433131 1111 | Dussenker | | | | | |
| 1 | Arrangements for delivery at No airport of departure | o Yes | Specify | | | | | | | |
| | amport of departure | | L | | | | | | | |
| 2 | Arrangements for assistance No | o Yes | Specify | | | | | | | |
| | at connecting points | | | | | | | | | |
| 3 | Arrangements for meeting at No airport of arrival | o Yes | Specify | | | | | | | |
| | · | | L | | | | | | | |
| 4 | Other requirements or relevant No information | o Yes | Specify | | | | | | | |
| | | | | If ves. o | escribe and ind | icate for each ite | em. (a) se | gment(s) on whic | ch required. (b) | |
| | ISpecial in-flight arrangements needed, such | | | | | | | y, and (c) at whose expense. Provision of | | |
| | extra seat(s), special equipment etc. | est, | | special | equipment suc | h us oxygen etc | , always | requires comple | tion of part 2 | |
| K | | | | overlea | f | | | | | |
| | (See 'Note(*)' at the end of Part 2 ove | erleaf) | | | | | | | | |
| | . , , | , | | | | | | | | |
| | Does passengers hold a 'Frequent | | — | | | • | | n requests. If no, | • | |
| | traveller's medical card' valid for this t (FREMEC) | trip? No | Yes | | iai data needed :e Part 2 overlea | | ie(s), nave | physician in atte | endance | |
| | FREMEC | | | Comple | | T | | | | |
| _ | (FREMEC Nr) (Is | ssued by) | (valid until) | (se | x) (ag | e) (incapac | itation) | | | |
| | | | | | | | | | | |
| | (Incapacit.contd) | | (Limitations) | | | | | | | |
| | ger's declaration ov authorize | | | | | | | | | |
| 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 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 | | | | | | | | | | |
| l agree to reimburse the carrier (s) upon demand for any special expenditures or costs in connection with may carriage. | | | | | | | | | | |

Passenger's signature

Date:

Place:

| _ | | I | | | | | | I | |
|---|--|---|---|----------------------------|---|------------------------|--|--|--|
| Ma | | MEDIF Medical I | nformation S | heet | C | ONFIDENTIA | L | Part 2 | |
| Garuda Indonesia | | | | | | | _ | To be completed by Attending Physician Doctor | |
| Return this form to: Carrier's designated office | | 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 consise answers). 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) | | |
| Airlines' ref code MEDA 01 | Patient's name, initial (s), sex, | | | | | | | | |
| MEDA 02 | Attending address: | Physician Name and | | | | | | | |
| | Telephone contact : | | Business : | | | Home : | | | |
| MEDA 03 (ii | | ata : in details :luding vital signs) oth / year of first | | | | ı | | | |
| | symptom | • • | | | | Date of diagnosis | 5: | | |
| MEDA 04 | Prognosis | for the trip : | | | | | | | |
| MEDA 05 | Contagiou | ıs and communicable dis | ease ? | No | Yes | Specify | | | |
| MEDA 06 | the patier | e physical and/or mental nt be likely to cause distro o other passengers? | | No | Yes | Specify | | | |
| MEDA 07 | Can patient use normal aircraft seat with seat-bac placed in the upright position when so required ? | | | | Yes | No | | | |
| MEDA 08 | Can patient take care of his own needs on boundssisted* (including meals, visit to toilet, et | | | Yesi I Noi I | | | | | |
| MEDA 09 | | scortered, is the arrange E overleaf satisfactory fo | • | If not, ty | Yes ype escort pro | No Doposed by you | | | |
| MEDA 10 | Does patient need oxygen** equi (if yes, state rate of flow) | | oment in flight ? | No | Yes | Litres perminute | | Yes Continuous? No | |
| MEDA 11 | - | ent need any medicatio | | (a) on the grou | und while at t | he airport(s) Specify | | | |
| MEDA 12 | | inistered, and/or the use of special s such as respirator, incubator etc** | | (b) on board th | Yes | Specify | | | |
| MEDA 13 | indicate a | ent need hospitalisation rrangements made or, if | | (a) during long connecting | g layover or n g point an rou Yes | | | | |
| MEDA 14 | made indicate 'No action taken') | | | (b) upon arriva | al at destinati Yes | on Specify | | | |
| MEDA 15 | | narks or information in the ent's smooth and comfor ation | | None | S | pecify if any** | | | |
| MEDA 16 | Other arra | angements made by the | nents made by the attending physician : | | | | | | |

Important :

Name

Date

Fees if any, relevant to the provision of the above

are to be paid by the passenger concerned.

Approved by Garuda Indonesia Medical Departement

information and for carrier provided special equipment (**)

Attending physician's name:

Note (*):

Address:

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

Date

Signature :



MEDICAL CERTIFICATE

| NAME PATIENT DATE OF BIRTH | :(full name) :NATIONALITY: |
|-------------------------------|---|
| ADDRESS | · |
| TELD | : |
| TELP | : |
| PATIENT HISTORY | // COMPLAINT: |
| VITAL SIGNS : | |
| GCS | : TEMPERATURE: RESPIRATORY RATE : |
| BLOOD PRESS | : |
| PHYSICAL EXAMIN | IATION: (HEAD, CHEST, ABDOMEN, EXTREMITY, Etc.) |
| OTHER EXAMINAT | TON (RADIOLOGY, LAB, ECG, CT SCAN, USG, Etc.) |
| DIAGNOSIS : | |
| TREATMENT / ME | DICATION: |
| - | T FOR REPATRIATION / MEDICAL EVACUATION : Yes / No NION THIS MEDICALLY NECESSARY : Yes / No AVEL : Yes / No |
| PATIENT CAN TRA | AVEL Unescorted With Medical escort With Not Medical escort |
| PATIENT NEED | Ordinary seat Wheelchair Assistance Stretcher Case |
| DOCTOR'S RECOM | MENDATION: ATTENDING PHYSICIAN |