

Part2	MEDIF - MEDICAL INFORMATION SHEET			Please return this form to :
To be completed by ATTENDING PHYSICIAN	<p>This form is intended to provide CONFIDENTIAL information. KAC Medical Center to assess the fitness of the passenger to travel as indicated in PART 1 hereof. If 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 answers).</p> <p>Use BLOCK LETTERS or TYPEWRITER when completing this form.</p>			(Address of issuing KAC office)
Airlines Ref.Code MEDA 01	SURNAME, NAME, SEX AGE:			
MEDA 02	ATTENDING PHYSICIAN - Surname, Name, & Address			
	- Telephone Contact	Business:	Home:	
MEDA 03	MEDICAL DATA: - DIAGNOSIS in details (including vitak 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	- Is patient in any way OFFENSIVE to other Passengers ? (smell, appearance, conduct).	NO <input type="checkbox"/>	YES <input type="checkbox"/>	Specify:
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 on board UNASSISTED* (including meals, visit to toilet, etc)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="text"/>
		<small>If not, type of help needed</small>		
MEDA 09	if to be ESCORTED, is the arrangement proposed I PART 1 letter E satisfactory for you ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="text"/>
		<small>If not, type of escort proposed by YOU</small>		
MEDA 10	Does patient need OXYGEN** equipment in flight? (if yes , state rate of flow)	NO <input type="checkbox"/>	YES <input type="checkbox"/>	Litre per Minute <input type="text"/> Continuous ? YES <input type="checkbox"/> NO <input type="checkbox"/>
MEDA 11	Does patient need MEDICATION*. other than self-administered, and/or 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"/>
MEDA 12		(B) onboard of the AIRCRAFT:	NO <input type="checkbox"/>	YES <input type="checkbox"/> Specify: <input type="text"/>
MEDA 13	Does patient need HOSPITALISATION. ? (If yes indicate arrangement made or, if none were made, indicate " NO ACTION TAKEN")	(A) during long layover or nightstop at CONNECTING POINTS en route:	NO <input type="checkbox"/>	YES <input type="checkbox"/> Action: <input type="text"/>
MEDA 14		(B) upon arrival at DESTINATION:	NO <input type="checkbox"/>	YES <input type="checkbox"/> Action: <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"/>	
MEDA 16	Other arrangements made by the attending physician.			
NOTE (*): Cabin attendants are NOT authorized to give special assistance to particular passenger, to the detriment of their service to other passengers. Additionally, they are trained only in FIRST AID and are only permitted to administer some medicines contained in the aircraft first aid kit.		NOTE (**): 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.		

I hereby certify the abovementioned patient, whose state of health is such that there are no reasons advising against air travel, is fit to make the trip specified in PART 1, provided that the particular conditions prescribed by me in PART 2 are observed.		
Date:	Date:	Attending Physician's Signature: