

PRECISION AIR Services PLC

MEDICAL INFORMATION SHEET - MEDIF

To be completed by ATTENDING PHYSICIAN

This form is intended to provide CONFIDENTIAL information to enable the airlines' Customer Service Section to assess the Fitness of the passenger to travel. If the passenger is acceptable this information shall permit the issuance of the necessary directives designed to provide for the passengers' 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 concise answers).

PLEASE COMPLETE THIS FORM IN BLOCK LETTERS

This form shall be returned to the Station Manager

PW MEDA01	PATIENTS NAME	SEX,	AGE
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MEDA06	-Would the physical and /or mental condition of the patient cause Distress or discomfort to other passengers?		No	Yes Specify	
MEDA07	Can patient use normal aircraft seat with seat back placed in upright position when so required?		NO Specify		YES
MEDA08	Can patient take care of his own needs on board UNASSISTED* (Including meals, visit to toilet, etc)?		YES		NO
	If not, indicate the kind of help needed				
MEDA09	According to your evaluation,		Yes		Medical escort
	Does the passenger need a escort?		No		Non Medical escort
EDA010	Does the patient need OXYGEN?	Yes	Stand-by Oxygen	Continuous Flow Oxygen	If continuous, what is the rate in liters/Min. _____ _____
		No			
Does the patient need medical equipment in flight					Yes

	Type of equipment	Powered	Battery powered?	Voltage of _____ Volts
		Manual	Electrical power source? DC / AC	
MEDA011	Does patient need any MEDICATION during the flight? YES NO			
	If yes, indicate type of medicine and instructions.			
	1. 4. _____ 2. _____			
	5. _____			
	3. _____ 6. _____			

MEDA012	a) Does patient need hospitalization during long layover night stop at CONNECTING POINTS en route? NO ___ YES ___ Have any arrangement been made for that ? Yes ___ No _____			
	b) Any arrangement made for an ambulance to pick up the passenger? Yes ___ No _____			
MEDA013	Please indicate any other information necessary for the patient's smooth and comfortable flight. _____			

MEDA014	Other arrangements made by the attending physician:			
NOTE. Cabin attendants are NOT authorized to give extraneous services (e.g. lifting) to particular passengers, to the detriment of service to other		IMPORTANT: Any fees that is payable in respect of the provision of the above information and any special equipment provided by the airline is		

passengers.
Additionally, they are trained only in FIRST AID
and are NOT PERMITTED to administer or give
any medication.

payable by the passenger concerned.

The name of hospital / Practice _____

Tel: _____

Official Stamp _____