

MEDICAL INFORMATION SHEET – (MEDIF)

For Stretcher Passengers only

(For official use only)

To be completed by the ATTENDING PHYSICIAN	This form is intended to provide CONFIDENTIAL, information to enable the airlines, to assess the fitness of the passenger to travel. 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 form must be returned to		
	The PHYSICIAN ATTENDING the stretcher passenger is requested to ANSWER all QUESTIONS. Enter a cross "X" in the appropriate "yes" or "no" Column, and / or give precise concise answers.		(Carrier's Designated office)
	COMPLETING OF THE FORM IN BLOCK LETTERS OR TYPEWRITER WILL BE APPRECIATED.		
Airlines' Ref. Code	PATIENT'S NAME INITIAL(S) SEX, AGE		
	ATTENDING PHYSICIAN Name & Address Qualification/Registration No. / Stamp if available Telephone Contact	Business :	Home :
	MEDICAL DATA : DIAGNOSIS in details (including vital signs)		
	Day / month / year of first symptoms :	Date of operation	Date of diagnosis
	PROGNOSIS for the flight(s) :		
	Contagious AND communicable disease ?	No ----- Yes ----- Specify :	
	Would the physical and / or mental condition of the patient be likely to cause distress or discomfort to other passengers ?	No ----- Yes -----	
	Does patient need "OXYGEN" equipment in flight ? (if yes, state rate of flow)	No ----- Yes ----- Litre per minute ----- No ----- Yes ----- Continuous ?	
	Does patient need (a) HOSPITALISATION ? (if yes, indicate arrangements made	during long layover or night stop at CONNECTING points en route No ----- Yes ----- Action :	