

PART II		M E D I C A L I N F O R M A T I O N S H E E T			
To be completed by the PHYSICIAN of VNA's accepted Medical Center	This form is intended to provide CONFIDENTIAL information, to enable the airlines MEDICAL Departments to assess the fitness of the passenger to travel as indicated in MEDIF I attached. 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 diagnostician is requested to ANSWER ALL QUESTIONS. (Enter a cross "x" in the appropriate "YES" or "NO" boxes, and/or give precise concise answers).				The form must be returned to <div style="border: 1px solid black; padding: 5px; text-align: center;">(Carrier's Designated Office)</div>
COMPLETING OF THE FORM IN BLOCK LETTERS OR BY TYPEWRITER WILL BE APPRECIATED.					
MEDA 01	NAME:	Male/Female	Age:		
MEDA 02	Name of the PHYSICIAN: Address: Telephone Contact:		Business:	Home:	
MEDA 03	MEDICAL DATA - DIAGNOSIS in details (including vital signs) - Day/month/year of first symptoms:	Date of Operation:		Date of diagnosis:	
MEDA 04	PROGNOSIS for the anticipated trip:				
MEDA 05	Contagious AND communicable disease?	No <input type="checkbox"/>	If YES, specify:		
		Yes <input type="checkbox"/>			
MEDA06	Is patient in any way OFFENSIVE to other passengers (smell, appearance, conduct)?	No <input type="checkbox"/>	If YES, specify:		
		Yes <input type="checkbox"/>			
MEDA 07	Can patient use normal aircraft seat with seatback placed in the UPRIGHT position when so required?	No <input type="checkbox"/>			
		Yes <input type="checkbox"/>			
MEDA 08	Can patient take care of his own needs on board UNASSISTED (*) (including meals, visit to toilet, etc...)?	No <input type="checkbox"/>	If NO, type of help needed?		
		Yes <input type="checkbox"/>			
MEDA09	Does the patient need ESCORT? No <input type="checkbox"/> Yes <input type="checkbox"/>	If YES, is the arrangement proposed in MEDIF I/E hereof satisfactory for you? No <input type="checkbox"/> Yes <input type="checkbox"/>			
		If NO, type of escort proposed by YOU:			
MEDA 10	Does patient need OXYGEN(**) equipment in flight? (if YES, state rate of flow)	No <input type="checkbox"/>	Litres (per/minute)	<input style="width: 80px;" type="text"/>	Continuous? No <input type="checkbox"/> Yes <input type="checkbox"/>
		Yes <input type="checkbox"/>			
MEDA11	Does patient need any MEDICATION (*), other than self-administered and/or the use of special apparatus such as respirator, incubator, etc.(**)...?	(a) on the GROUND while at the airport(s)	No <input type="checkbox"/>	If YES, specify:	
MEDA12		(b) on board of the AIRCRAFT	No <input type="checkbox"/>	If YES, specify:	
		Yes <input type="checkbox"/>			
MEDA 13	Does patient need HOSPITALISATION? (If YES, indicate arrangements made. If NO were made, indicate "NO ACTION TAKEN")	(a) during long layover or nightstop at CONNECTING POINTS en route	No <input type="checkbox"/>	Specify:	
MEDA 14		(b) upon arrival at DESTINATION	No <input type="checkbox"/>	Specify:	
		Yes <input type="checkbox"/>			
MEDA 15	Other remarks or information in the interest of your patient's smooth and comfortable transportation	No <input type="checkbox"/>	If YES, specify (**)		
		Yes <input type="checkbox"/>			
MEDA 16	Other arrangements made by the physician				
(*) NOTE Cabin attendants are NOT authorized to give special assistance to particular passengers, to the detriment of their service to other passengers. Additionally, they are trained only in FIRST AID and are NOT PERMITTED to administer any injection, or to give medication.					
(**) IMPORTANT ALL FEES FOR PROVIDING SPECIAL EQUIPMENT ARE TO BE PAID BY THE PASSENGER CONCERNED					
Date	Place	Physician's name and signature. Stamp of VNA's accepted Medical Center (Full name)			
PASSENGER'S DECLARATION					
I hereby authorize..... (name of the PHYSICIAN of VNA's accepted Medical Center)					
to provide the airlines with the information required by those airlines for the purpose of determining my fitness for carriage by air. I hereby relieve 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 concerned and that the carrier does not assume any special liability exceed those conditions/tariffs.					
I agree to reimburse the carrier upon demand for any special expenditures or costs in connection with my carriage.					
Date	Place	Signature of Passenger (Full name)			