



MEDICAL INFORMATION FORM (MEDIF)

DA/GO/FORM-5

To be completed by ATTENDING PHYSICIAN		The PHYSICIAN ATTENDING the incapacitated passenger is requested to ANSWER ALL QUESTIONS. Enter a cross "x" in the appropriate "yes" or "no" boxes, and give precise and concise answers. COMPLETING OF THE FORM IN BLOCK LETTERS OR BY TYPING WILL BE APPRECIATED.	
<p>This form is intended to provide CONFIDENTIAL information to enable the airline 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.</p> <p>NOTE (*): 1. Cabin attendants are not authorized to give special assistance (e.g. lifting) 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.</p> <p>2. The attending Physician's decision regarding the fitness of the passenger to fly or the requirement to medical escort will be final. If at time of embarkation the condition of the passenger is worse than the details provided, carriage may be refused. Any case, which Drukair feels, might jeopardize the safety or operation of the aircraft will not be accepted. Patients with symptoms likely to cause distress or inconvenience to other passengers will not be accepted.</p> <p>IMPORTANT: 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.</p>			
MEDA1	PATIENT'S NAME: INITIAL(S), SEX, AGE:	AGE	SEX
MEDA2	ATTENDING PHYSICIAN • Name: • Name of Hospital or clinic & specialty: • Telephone Contact	Address: Business:	Home:
MEDA3	MEDICAL DATA • DIAGNOSIS in details (Including vital signs) • Day/month/year of first symptoms:	Date of Operation:	Date of Diagnosis:
MEDA4	PROGNOSIS for the flight(s): (Please consider the itinerary and its potential effect on the patient's state of health)	Fit <input type="checkbox"/>	Not Fit <input type="checkbox"/>
MEDA5	Contagious and Communicable disease?	No <input type="checkbox"/>	Yes <input type="checkbox"/> → Specify:
MEDA6	Would the physical and/or mental condition of the patient be likely to cause distress or discomfort to other passengers?	No <input type="checkbox"/>	Yes <input type="checkbox"/> → Specify:
MEDA7	Can patient use normal aircraft seat with seat back placed in UPRIGHT position when so required.	Yes <input type="checkbox"/>	No <input type="checkbox"/> → If no, patient will need a stretcher onboard (Request for rate)
MEDA8	Can patient take care of his own needs on board UNASSISTED? (Including meals, visit to toilets, etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/> → If no, type of help needed:
MEDA9	If to be ESCORTED, is the arrangement satisfactory to you?	Yes <input type="checkbox"/>	No <input type="checkbox"/> → If no, type of escort proposed by YOU:
MEDA10	Does patient need "OXYGEN" equipment in flight? (If yes, state rate of flow) DRUKAIR medical oxygen bottle's rate of flow is adjustable between 2-8 liters per min.	No <input type="checkbox"/>	Yes <input type="checkbox"/> Liters/min <input type="text"/> continue? Yes <input type="checkbox"/> No <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"/>	Yes <input type="checkbox"/> → Specify:
MEDA12	Does the medical equipment need electrical supply ? *To prevent interference to the flight operation, all electronic apparatus specification must be verified by the airline for use on board	(b) On board of the AIRCRAFT No <input type="checkbox"/>	Yes <input type="checkbox"/> → Specify:
MEDA13	Does patient need HOSPITALISATION? (is yes, indicate arrangement made or, if none were made, indicate "NO ACTION TAKEN")	(a) During long layover or night stop at CONNECTING POINTS en route No <input type="checkbox"/>	Yes <input type="checkbox"/> → Action:
MEDA14		(b) Upon arrival at DESTINATION No <input type="checkbox"/>	Yes <input type="checkbox"/> → Action:
MEDA15	Other remarks or information in the interest of your patient's smooth and comfortable transportation	None <input type="checkbox"/>	Specify if any
MEDA16	Other arrangements made by attending physician:		
We would appreciate any general comment about the patient's condition and suggestion for the proposed travel:			
Prognosis as above			
Date: _____ ATTENDING PHYSICIAN: _____ Attending Physician's signature _____			