MEDIF

MEDICAL INFORMATION FORM FOR AIR TRAVEL

Special Assistance Department, Virgin Atlantic Airways Ltd, The Office, Manor Royal, Crawley, West Sussex, RH10 2NU
Telephone (+44) (0)844 412 4455 / Fax (+44) (0)844 209 7373 / Minicom 0844 209 0747

PART 2 **To be completed by ATTENDING/NOMINATED PHYSICIAN**	**This form is intended to provide CONFIDENTIAL information to assess the fitness of the passenger to travel. If the passenger can be transported, this information will facilitate the issuance of the necessary directives.** The **ATTENDING PHYSICIAN** of the incapacitated passenger is requested to **ANSWER ALL QUESTIONS.** Enter an "X" in the appropriate "Yes" or "No" box and give concise answers. **PLEASE COMPLETE THE FORM IN CAPITAL LETTERS USING BLACK INK.**	**RECORD LOCATOR # (PNR):** **Date of Travel:** (DD/MM/YY) / /

MEDA 01	**PASSENGER'S FULL NAME**: **SEX: M ☐ F ☐**	**Date of Birth:** (DD/MM/YY) / /
MEDA 02	**ATTENDING PHYSICIAN**: Name, address and telephone number	
MEDA 03	**DIAGNOSIS/MEDICAL DETAILS (e.g. Type of operation)** Date of Surgery/Procedure (DD/MM/YY) / / Vital Signs: BP: Pulse: Temp: SAO2 (on air): % Date taken (DD/MM/YY) / /	
MEDA 04	**Prognosis** for the flight (s):	
MEDA 05	Is PASSENGER FREE FROM Contagious AND/OR Communicable disease: **YES☐** NO☐ Specify:	
MEDA 06	Would the physical and/or mental condition of the passenger cause distress or discomfort to other passengers? **YES☐** NO☐ Specify:	
MEDA 07	Can the passenger use a normal aircraft seat with seatback placed in the UPRIGHT position when so required? **YES☐** NO☐	Travelling via Stretcher? YES☐ **NO☐**
MEDA 08	Can the passenger take care of their own needs on board UNASSISTED (including feeding, toileting, mobility etc.)? **YES☐** NO☐	**NOTE: If not refer to PART 1 (D2).**
NOTE:	For safety reasons oxygen is NOT supplied on the ground until after take off and during descent in the Upper Class suite. Oxygen is delivered via nasal cannulae on a pulse dose system only.	
MEDA 09	Does the passenger require OXYGEN in the aircraft on the ground? **YES☐** NO☐ 2 ☐ or 4 ☐ lpm Standby via pulse dose? **YES☐** NO☐ Does the passenger require OXYGEN in flight? **YES☐** NO☐ 2 ☐ or 4 ☐ lpm Continuous via pulse dose? **YES☐** NO☐	
MEDA10	Does the passenger need any MEDICATION other than self-administered and/or the use of special apparatus such as respirator, incubator, IV pump, monitor, etc.? (a) On Ground: **YES☐** NO☐ Specify:	
MEDA 11	(b) On board the AIRCRAFT: **YES☐** NO☐ Specify: List Medications needed during the flight:: Can these be administered independently? **YES☐** NO☐	
MEDA 12	Does the passenger need HOSPITALISATION? (If **YES** indicate arrangements made, or if **NO** indicate "NO ACTION TAKEN"). (a) During layover: **YES☐** NO☐	Receiving Hospital: Telephone Contact:
MEDA 13	(b) Upon arrival at DESTINATION: **YES☐** NO☐	Receiving Physician: Telephone Contact:
MEDA 14	Other remarks or information in the interest of the passenger's smooth and comfortable travel. NONE ☐ Specify if any:	
MEDA 15	Other arrangements made by the attending physician:	
Note :	Cabin crew are NOT authorised to give special assistance to particular passengers, to the detriment of their service to other passengers. Cabin crew are employed as food handlers and are therefore unable to ASSIST with TOILETING NEEDS. They are trained in FIRST AID procedures only and are NOT PERMITTED to administer any injection, or give medication. Please ensure the passenger has all the necessary help via their travel companion. IMPORTANT Fees. If any costs are incurred for the provision of specific equipment, these must be met by the named passenger.	

Date:
(DD/MM/YY) / / **Attending Physician's Signature:**