



FORM - Passenger Care
MEDIF - Medical Information Form for Air Travel
Information Sheet for Passenger Requiring Special Assistance

Please, return this form to the Passaredo's Reservation Department no later than 48 hours prior to the expected boarding
medif@voepass.com.br

To be completed by **Passenger or Responsible**. Answer **ALL** questions.
Please use **BLOCK LETTERS** or **TYPEWRITER**

IATA - Resolution 700 Attachment A

1. Last name / First name / Title _____

2. Passenger name record (PNR) _____

3. Proposed itinerary _____
Airline(s), flight number(s) _____
Class(es), date(s), segment(s) _____

4. Nature of disability _____

5. Stretcher needed on board? _____ Yes _____ No

6. Intended escorts _____ Yes _____ No
Name _____ Title _____ Age _____
PNR if different _____
Medical qualification _____ Yes _____ No Language Spoken _____ Travel companion _____ (if untrained)

7. Wheelchair needed
Wheelchair categories _____ WCHR _____ WCHS _____ WCHC _____ Own wheelchair _____ Yes _____ No
WCHR (can climb step/walk cabin) ; WCHS (unable steps/walk cabin) ; WCHC (immobile) ; Collapsible WCOB _____ Yes _____ No
Wheelchair type _____ WCBW _____ WCBW _____ WCBW _____ Battery type (spillable) _____ Yes _____ No **If Yes, are restricted articles**

8. Ambulance needed _____ Yes _____ No (PASSENGER IS RESPONSIBLE FOR ENGAGING TRANSFER SERVICES FOR BOARDING/DEPLAINING, TO/ FROM AMBULANCE AND TO/FROM SEAT)
If yes, specif Ambulance Company name, contact phone and destination address _____

9. Meet and assist _____ Yes _____ No
If designated person, specify contact _____
For visual and / or hearing impaired state if escorted by trained dog _____ Yes _____ No

10. Other ground arrangements needed _____ Yes _____ No
If yes, specify other arrangements needed _____
Departure airport _____
Transit airport _____
Arrival airport _____

11. Special inflight arrangements needed _____ Yes _____ No
If yes, speciy type of arrangements (special meal, extra seat, special belt, others) _____
Specify equipament (respirator, incubador, oxygen, stretcher, etc.) _____
Specify arranging company and at whose expence _____

12. Frequent traveller medical card (FREMEC) _____ Yes _____ No
If yes, spcify FREMEC number _____ issued by _____ expiry date _____

13. Passenger's Declaration
I hereby authorize MD _____ to complete MEDIF, for the purpose as indicated
(Name of nominated physician)

overleaf and in consideration there ok 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.

Note1: Provision of SPECIAL EQUIPMENT, such as oxygen, stretcher, etc. always require complete filing of MEDIF sent in advance minimum of 72 hours for analysis by medical department of the airline, **with passenger boarding subject to this authorization.**

Note2: If transportation is accepted, fees, when necessary, relevant to the providence of special equipament or above needs or arrangements, to be paid by the passenger concerned. I agree to reimburse the carrier upon demand for any special expenditures or cost in connection with my carriage.

I hereby accept that the carrier may deny my boarding if my condition is inconsistent with the data provided or if my carriage might endanger other passengers the flight operation or my own health. I release the carrier and its employees from any liability to any consequences for my state of health during or as a result of air transport

Important Note: Do not will be refunded the amount paid in case of no-show passenger without prior cancellation to the reserve for stretcher and / or oxygen

Place and Date _____ Passenger's Signature or Responsible _____

CONFIDENTIAL
 To be completed or obtained from the attending physician. Answer ALL questions.
 Please use **BLOCK LETTERS** or **TYPEWRITER**. Give accurate answers

IATA - Resolution 700 Attachment B - Part One

1. Patient's name _____

DIB _____ Sex _____ Height _____ Weight _____

2. Attending physician _____

E-mail _____ Fax (indicate country & area code) _____

Telephone (mobile preferred / indicate country & area code) _____

3. Diagnosis (including date of onset or current illness, episode or accident and treatment, specify if contagious) _____

Nature and date of any recent and / or relevant surgery _____

4. Current symptoms and severity _____

5. Will a 25% to 30% reduction in the ambient partial pressure of oxygen (relative hypoxia) affect the passenger's medical condition?

(Cabin pressure to be the equivalent of a fast trip to a mountain elevation of 2400 metres (8000 feet) above sea level) ____Yes ____No ____ Not Sure

6. Additional clinical information

a. Anemia _____Yes ____No If yes, give recent result in grams of hemoglobin _____

b. Psychiatric and seizure disorder _____Yes ____No If yes, see Part 2.

c. Cardiac condition _____Yes ____No If yes, see Part 2.

d. Normal bowel control _____Yes ____No If no, give mode of control _____

e. Normal bowel control _____Yes ____No

f. Respiratory condition _____Yes ____No If yes, see Part 2.

g. Does the patient use oxygen at home? _____Yes ____No If yes, specify how much _____

h. Oxygen needed in flight? _____Yes ____No If yes, specify (from 2 LPM to 8 LPM) _____LPM

7. Escort

a. Is the patient fit to travel unaccompanied _____Yes ____No

b. If no, would a meet-and-assist (provided by the airline to embark and disembark) be sufficient? _____Yes ____No

c. If no, will the patient have a private escort to take care of his/her needs onboard? _____Yes ____No

d. If yes, who should escort the passenger / patient? _____ Doctor _____ Nurse _____ Other

e. If Other, is the escort fully capable to attend to all the above needs? _____Yes ____No

8. Mobility

a. Able to walk without assistance _____Yes ____No

b. Wheelchair required for boarding _____Yes ____No _____To aircraft _____To seat

c. Can patient use normal aircraft seat with seatback placed in the upright position when so required? _____Yes ____No

STRETCHER NEEDED? _____Yes ____No

9. Medication list _____

10. Other medical information _____

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IATA - Resolution 700 Attachment B - Part Two

1. Cardiac condition

- a. Angina ☐ Yes ☐ No When was last episode? _____
- Is the condition stable? ☐ Yes ☐ No
 - Functional class of the patient?
☐ No symptoms ☐ Angina with important efforts ☐ Angina with light efforts ☐ Angina at rest
 - Can the patient walk 100 metres at a normal pace or climb 10-12 stairs without symptoms? ☐ Yes ☐ No
- b. Myocardial infarction ☐ Yes ☐ No Date _____
- Complications? ☐ Yes ☐ No If yes, give detail _____
 - Stress EKG done? ☐ Yes ☐ No If yes, what was the result? _____ Metz
 - If angioplasty or coronary bypass,
can the patient walk 100 metres at a normal pace or climb 10-12 stairs without symptoms? ☐ Yes ☐ No
- c. Cardiac failure ☐ Yes ☐ No When was last episode? _____
- Is the patient controlled with medication? ☐ Yes ☐ No
 - Functional class of the patient?
☐ No symptoms ☐ Shortness of breath with important efforts ☐ Shortness of breath with light efforts ☐ Shortness of breath at rest
- d. Syncope ☐ Yes ☐ No Last episode? _____
- Investigations? ☐ Yes ☐ No If yes, state results? _____

2. Chronic pulmonary condition

- a. Has the patient had recent arterial gases? ☐ Yes ☐ No
- b. Blood gases were taken on _____ Room air _____ Oxygen _____ LPM
- If yes, what were the results _____ pCO2 _____ pO2
- Saturation _____ Date of exam _____
- c. Does the patient retain CO2? ☐ Yes ☐ No
- d. Has his/her condition deteriorated recently? ☐ Yes ☐ No
- e. can the patient walk 100 metres at a normal pace or climb 10-12 stairs without symptoms? ☐ Yes ☐ No
- f. Has the patient ever taken a commercial aircraft in these same condition? ☐ Yes ☐ No
- If yes, when? _____
 - Did the patient have any problem? _____

3. Psychiatric Conditions

- ☐ Yes ☐ No
- a. Is There a possibility that the patient will become agitated during flight? ☐ Yes ☐ No
- b. Has he/she taken a commercial aircraft before? ☐ Yes ☐ No
- If yes, date of travel? _____ Did the patient travel ☐ alone ☐ escorted

4. Seizure

- ☐ Yes ☐ No
- a. what type of seizure? _____
- b. Frequency of the seizure? _____
- c. When was the last seizure? _____
- d. Are of the seizure controlled by medication? ☐ Yes ☐ No

4. Prognosis for the trip

If Not Fit, specify the need for passenger's air carriage, under attending physician or relatives' responsibility _____

Note1: Cabin attendants are not authorised to give special assistance (e.g. lifting) to particular passengers, to the detriment of their service to other passengers. Additionallym they are trained only in first aid and nor permitted to administer any injection, or to give medication.

Note2: If the passenger is acceptable, this information will permit the issuance of the necessary directives to provide for the passenger's welfare and comfort.

Physician signature _____ Place and Date _____

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Part Three - Additional Information to the MEDIF

In order to facilitate a speedier medical clearance process, please ensure flights details are entered in Att A and provide the following information in addition to the Medif.

1. Contact Passenger Daytime Telephone _____ Fax _____

2. Hospitalisation Date of admission _____ Date of discharge _____

3. Diagnosis - Is the condition

Resolved? _____ Yes _____ No

Stable and Controlled? _____ Yes _____ No

Uncomplicated Recovery (surgery)? _____ Yes _____ No

Fractures - Treatment _____ PINNED _____ PLASTER _____ Date _____

Can passenger bend leg at the KNEE? _____ Yes _____ No Can passenger bend leg at the HIP ? _____ Yes _____ No

Fractured hip _____ HB _____ Date taken _____

4. In - Flight Oxygen

a. Is the passenger in need of oxygen in-flight? _____ Yes _____ No

b. How much of oxygen in-flight? (From 2LPN to 8LPM) _____ LPM

c. What flow rate benefits the passenger? _____ Continuos _____ Intermittent

5. Ground Oxygen

a. Does passenger use oxygen at ground level? _____ Yes _____ No

b. If yes, how much? _____ LPM

c. How often? _____

d. If yes, what ground arrangements have been made for supplying oxygen at the airport i.e POC?

e. If not on ground oxygen, why the need for continous oxygen in- Flight?

NOTES FOR THE GUIDANCE OF ATTENDING PHYSICIAN

The principal factors to be considered when assessing a patient's fitness for air travel are the effects of the variations of atmospheric pressure (Gas expansion and contraction can cause pain and pressure effects). During the flight there is a consequent reduction in oxygen tension (equivalent altitude of 8.000 feet and oxygen partial pressure is approximately 20% less than on ground).

The Following conditions are usually considered **UNACCEPTABLE** for air travel.

- Anemia of severe degree.
- Acute, Contagious or Communicable Disease.
- Congestive Cardiac Failure or other cyanotic conditions not fully controlled.
- Myocardial Infarction within 6 (six) weeks of onset.
- Severe respiratory disease or recent pneumothorax
- GI lesions which may cause melena, hematemesis or intestinal obstruction.
- Post-operative cases - Including plastic (10 (ten) days of simple abdominal operation and 21 (twenty one) days of chest or invasive eye surgery (not laser).
- Unstable Mental disease without escort and suitable medication for the journey / trip.
- Uncontrolled seizures unless medically escorted.
- Fractures of the mandible with fixed wiring of the jaw (unless medically escorted).
- Introduction of air to body cavities for diagnostic or therapeutic purposes within 7 (seven) days.
- Pregnancies beyond the end of the 35th week or multiple pregnancies beyond en of the 32nd week.
- Infants within 7 (seven) days of birth.
- Severe cases of Otitis Media and Sinusitis.

The above list is not exhaustive and each case must be medically assessed on its own particular circumstances.

Any and all clarifications that has benn reported does not affect the prognosis or the suitability of the patient to travel indenptently of the attending physician.

Any information given by Air Company medical advisors are strictly for the purpose of clarifying the condition on board the pressurized Aircraft.

Physician signature _____ Place and Data _____