

		MEDIF (PART-1)			
		MEDIF Standard Medical Information Form for Air Travel			
		To be completed by Sales Office / Agent		Answer all questions. Put a cross (x) in "Yes" or "No" boxes	
Use Block Letters while completing the Form					
A	Name/Initials/Title:				
	Tel No. Departure City:				
B	Proposed Flight Details:				
C	Nature of Disability:			Medical Clearance Required:	
				<input type="checkbox"/> No <input type="checkbox"/> Yes	
E	Intended Escort (Name, Sex, Age, Professional Qualifications, Segments if different from Guest) - If Untrained State "Travel Companion"				
F	Wheelchair Required?		No		
			Yes		<input type="checkbox"/> WCHS <input type="checkbox"/> WCHC
G	Ambulance Arranged Hospital Details		No		
			Yes		
H	Other Ground Arrangements Required		No		
			Yes		
1	Arrangements for delivery at airport of departure		No		
			Yes		
2	Arrangements for assistance at connecting points		No		
			Yes		
3	Arrangements for meeting at airport of arrival		No		
			Yes		
4	Other requirements or relevant information		No		
			Yes		
I	Special inflight arrangements needed such as: Special Meals, Special Seating, Leg Seat, Extra Seat(s), Special Equipment etc.		No		If yes, describe and indicate for each item: (a) Segment(s) on which required (b) Airline arranged or arranging Third Party and (c) at whose expense-Provision of Special Equipment such as Oxygen etc. Always requires completion of Part 2/3 overleaf.
			Yes		
Passenger Declaration (where needed, to be read by/to the passenger, dated, and signed by him/her or his/her behalf)		I hereby relieve the physician whom I shall choose to make a statement on my condition of health of his/her professional discretion to the extent that he/she be permitted to disclose to the airline's medical department such details on the condition of my health as may be required by them to judge upon my medical fitness to travel by air. Such physician's fees shall be met by me, and such medical department's judgements shall be accepted by me as final. If I am accepted for transportation, the undersigned, I hereby release and will indemnify the airline, its representatives, and agents from all claims for compensation or damages sustained in connection with the deterioration of my illness as a result of I am being accepted for transportation by air. In case of legal dispute, the undersigned will have to prove that any such damage sustained has not been caused wholly or in part by my physical, mental, or medical condition. The undersigned further agrees to pay all additional costs and will be responsible for all damages and expenses incurred by the airline or third parties through this transportation. The undersigned also agrees and undertakes that the airline is not obliged in any way to accept me for my subsequent or return journey based on this declaration and the airline's Condition of Carriage will apply separately to each such journey.			
		Place:	Dae:	Signature:	
Fly91/MED/AO&CS/013/Issue01/Rev00			For any queries or clarifications, contact: Fly91 Medical Department		



MEDIF (PART -2)

Information Sheet for Passengers Requiring Medical Clearance (to be completed or obtained from the attending physician)

1. Patient's name.

Age..... Gender..... Height..... Weight.....

2. Attending physician

E-mail

Telephone (mobile preferred), indicate country and area code Fax

3. Diagnosis (including date of onset of 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 meters (8000 feet) above sea level)

Yes No Not sure

6. Additional clinical information

- a. Anaemia Yes No If yes, give recent result in grams of haemoglobin
- b. Psychiatric and seizure disorder Yes No If yes, see Part 2
- c. Cardiac condition Yes No If yes, see Part 2
- d. Normal bladder 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 2 LPM 4 LPM Other

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? 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 to aircraft to seat

9. Medication list

Any special treatment required during flight.

Is passenger carrying any battery-operated medical equipment on board. Specify

10. Other medical information vital parameters (Pulse, BP, Temperature, Respiratory Rate, Level of consciousness)

Normal _____ Abnormal _____ Please specify _____



MEDIF (PART- 3)

Information Sheet for Passengers Requiring Medical Clearance (to be completed or obtained from the attending physician)

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 meters 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 details

• Stress EKG done? _____ Yes _____ No If yes, what was the result?.....Metz

• If angioplasty or coronary bypass,

can the patient walk 100 meters at 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

_____ Yes _____ No

a. Has the patient had recent arterial gases? _____ Yes _____ No

b. Blood gases were taken on: _____ Room air _____ OxygenLPM

If yes, what were the resultspCO2pO2

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 meters 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 conditions? _____ Yes _____ No

• If yes

when?.....

• Did the patient have any

problems?.....

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 seizures?

b. Frequency of the seizure.....

c. When was the last seizure?.....

d. Are the seizures controlled by medication? _____ Yes _____ No

5. Prognosis for the trip _____ Yes _____ No Good / Average / Poor

The above-mentioned medical details are completely correct to the best of my knowledge and have been provided after getting due consent from my patient. He/she can travel.as A) Sitting case B) Requiring oxygen C) Wheelchair case.

Passenger Declared Fit to fly.

Physician Signature (Stamp)..... Date

Physicians name _____ Qualification _____ Registration No. _____

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.



MEDIF (PART- 4)

Important Note

- 1-Limited number of Oxygen cylinders are available in the Aircraft, for **Emergency use only**. Additional therapeutic Oxygen can be provided on request only if 48 hours advance information is provided to Fly91.
- 2- On our ATR 72-600 Aircrafts we carry oxygen cylinders that can deliver continuous oxygen output only at fixed flow rates of 2 or 4 liters/ minute.
- 3-In view of the flight safety reasons, personal oxygen cylinders are not permitted to be carried on board the Aircraft.
- 4-Medical cases requiring oxygen should be escorted by a person who is familiar with the procedure of administering oxygen, or by a qualified Doctor or Nurse.
- 5-Medical cases requiring stretcher transportation is not available on Fly91 due to the limitations on ATR 72-600.
- 6-The escort/ attendant should ensure that all items / medical equipment brought on board the Aircraft by the patient are carried out at the time of disembarkation at destination.
- 7-Cabin crew are trained in to provide first aid and are not expected to render special nursing care to critically ill cases. First aid kits available on board are does not contain syringes, special drugs, or equipment's. Cabin crew are not permitted to administer injections or open medical kits which contain standard life saving drugs / equipment's and these can be opened only under the advice of registered medical practitioner.
- 8-Any fee for completion of this MEDIF form or further medical examination requested by Fly91 doctors for the purpose of certification shall be borne by the passenger.
- 9-Physicians should give a certificate stating that battery used in equipment should be dry, non-spillable and fully charged. The medical equipment must not emit any electromagnetic radiation, which interferes with the communication / navigation systems of the aircraft (A/C) / A/C equipment. Please note that there no facilities for charging batteries during the flight. All manufacturing details should be forwarded to the medical dept. at earliest as it needs to be cleared by Fly91 Engineering and Security before it can be carried on board the aircraft. Passenger should carry the fully charged batteries sufficient for 150% of the flight duration and batteries must be packed as per (IATA DGR)
- 10-All medical details mentioned in the MEDIF form to be completed by treating doctor and forwarded to the medical department of Fly91, 48 hours prior to the departure of the intended flight. Treating doctor should be available on the phone if required for any clarification by Fly91 medical team.(All details to be filled in ink and should be legible)
- 11-Fly91 doctor's decision regarding fitness of the passengers to fly or the requirement of medical escort will be final. If at time of embarkation the condition of the passenger is deteriorate than the details provided, carriage may be refused. Any case which Fly91r feels might jeopardize the safety or operation of the aircraft will not be accepted.
- 12-Please note that our aircraft oxygen cylinders are compatible only with the bayonet fitting of the oxygen mask and not with any other equipment.
- 13-It is the sole responsibility of the passenger / passengers accompanying physician to carry the requisite medical equipment, including any attachments / interfaces / connectors that may be required to connect the guest's equipment / tracheostomy, to aircraft oxygen cylinders. Fly91 shall not be responsible and/or liable for malfunction of any of the passenger's medical equipment either on its own or when coupled with the aircraft oxygen cylinders. Further, Fly91 shall not be responsible and/or liable for any non-supply of oxygen to the guest due to incorrect or absent interfaces /connectors brought in by the passenger or his/her accompanying physician.
- 14- WCHC (Wheelchair required up to cabin/seat) / WCHS (Wheelchair required up to steps of the Aircraft)

GUIDELINES FOR ASSESING PATIENT'S FITNESS FOR TRAVEL ON FLY91.

When assessing a patient's fitness for air travel, the effects of reduced atmospheric pressure and consequent reduction in oxygen tension must be considered. Even in pressurized aircraft the cabin pressure will be equivalent to an altitude of 5000 – 8000 feet. Although each case will be considered on its merit, the following guidelines are laid down for the treating physician's reference**

- (1) Critical heart and respiratory conditions (e.g. decompensated cardiac patients / patients with severe valvular disease / unstable angina / significant cardiac arrhythmias/severe asthma) are usually not permitted to fly. Patients with recent coronary occlusion with myocardial infarction are normally not permitted to fly within 10 days if uncomplicated. Patients who have undergone angioplasties are usually allowed to fly only after 4 days if asymptomatic. Cases of uncontrolled severe hypertension are not allowed to fly. Patients with severe bronchitis, emphysema, other conditions where respiratory exchange is compromised or may be affected by the hypoxia are permitted to fly only if arrangements are made for supplemental oxygen for use in flight and are accompanied by a medical escort. Patients with active open tuberculosis / untreated pneumothorax are not permitted to fly. Cases with tracheostomies are permitted to fly only if accompanied by medical escort and suitable equipment.
- (2) Introduction of air into body cavities for diagnostic / therapeutic purposes are allowed to fly only after 5 days of uncomplicated recovery following the procedure.
- (3) Cases of acute, major psychiatric disorder permitted to fly only if sedated and accompanied by medical escort.
- (4) CVA/Head Injury - Permitted only after 5-14 days if stable or improving along with nursing escort.
- (5) Severe cases of acute otitis media / sinusitis / post middle ear surgery permitted to fly only with ENT specialist's fitness certificate.
- (6) Patients with acute contagious / communicable diseases are not permitted to fly.
- (7) Patients with fractures of the mandible with fixed wiring of the jaws are not allowed to fly.
- (8) POP casts should be bivalved in case flying is required within the first 48 hours of their application.
- (9) Peptic ulceration with haemorrhage - Not permitted within 10 days of onset, except when permitted by the treating consultant. Flying may be permitted after 5 days of a MINOR laparoscopic procedure if uncomplicated recovery. Investigative laparoscopy may be accepted >24hrs provided gas is absorbed.
- (10) Post - Operative cases are usually not permitted to fly within
 - : (i) 10 days of abdominal operations
 - (ii) 10 days of chest surgery
 - (iii) 10 days of head surgery
- (11) Guidelines for expectant mother- Refer appropriate section on website (Fly91.in)
- (12) Passengers are allowed to fly after 48 hours of normal delivery provided, they have medical clearance. Newborns are not allowed to fly in the first 7 days of life unless they are medically cleared by the treating neonatologist and accompanied by at least an MBBS doctor.
- (13) Patients with deep vein thrombosis should not fly till patient is stabilized on anticoagulant therapy and there are no pulmonary complications.
- (14) Patient with severe anaemia (Hb<9.5gm/dl) are not permitted to fly. However, in exceptional cases, they may be permitted to fly with specialist's certificate.
- (15). Patients with uncontrolled diabetes mellitus are not permitted to fly.
- (16) Patients with impaired mobility should be provided with diapers / Condom / indwelling catheters
- (17) Flying is not permitted for 3 - 6 weeks following surgery for retinal detachment.



**INDEMNITY BOND FOR CARRIAGE OF SPECIAL NEEDS
PASSENGER AND ACCOMPANYING GUEST**

Passenger Name:

Permanent Address:

Telephone Number:

I, the undersigned, _____
son/wife/daughter _____ of _____

and residing at _____

Hereby agree and undertake, at all times, to indemnify, protect, defend, and hold harmless FLY91 and its employees, directors and agents from and against all the liabilities arising out of any bodily injury and/or death, damage or loss that may occur and from any damages, payments, expenses, fees and cost which FLY91, its employees, directors or agents may suffer or incur directly or indirectly as result of accepting:

Passenger Name:

Flight Number:

Date:

From:

To:

including without limitation, from any delay in the scheduled departure or arrival time of the flight, cancellation and/or diversion of the flight due to any reason whatsoever.

If the flight is rerouted on my account, the entire handling cost will be borne by me wherever applicable. This bond shall be governed and construed in accordance with Indian laws.

Passenger Name:

Date:

Address:

Telephone Number:

Note: In the event of flight cancellation/Indefinite Delay/Disruption, Fly91 ensures to do all possible steps to accommodate the passenger on the next available Fly91 flight subject to availability.

The Courts of Goa shall have jurisdiction to settle any dispute arising out of or in connection with this form.

Passengers Signature _____

The Form of Indemnity should be available in Triplicate.

1- Departure station copy 2- Crew copy 3- Arrival station copy