

**APPLICATION FOR THE CARRIAGE OF THE MEDICAL PASSENGER  
(MEDA CASES)**

(Sitting case / Wheelchair\*/ Incubator / Ventilator)

\* Some medical conditions may not require medical clearance, when only routine assistance for mobility is required. For details and for illustrative list of such medical conditions refer to 'Guidelines for Air Travel Medical Clearance' document available on FLY91 website (in 'Special assistance' section)

<p><b>'FLY91'</b></p> <p><b>APPLICATION DATE:</b> _____</p> <p><b>DATE OF TRAVEL:</b> _____</p>
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**CAREFULLY READ FOLLOWING INSTRUCTIONS BEFORE COMPLETING THIS MEDIF FORM**

- All questions must be answered in full and in legible handwriting. Do not leave any column of this form blank. If any point is not relevant, please mention 'Not Applicable' in the respective column. Incomplete form will not be accepted and may cause delay in medical clearance process.
- Use BLOCK/CAPITAL letters while completing this form.
- Use a cross (X) in 'Yes' or 'No' boxes to indicate appropriate preference.
- **INFORMATION IN -**
- **MEDIF-PART-1 - To be completed by customer or their representative or an authorized travel agent or by 'FLY91' Sales/Reservations staff.**
- **MEDIF-PART-2 and PART-3 – To be completed by passenger's attending/treating doctor.**
- **MEDIF-PART-4 – Guidelines for doctors for issuing medical clearance.**
- In part-2 of MEDIF form clearly mention requirement of escort/attendant and type of escort/attendant. Attendant/escort will have to be arranged and cost to be borne by the customer. Based on medical facts presented in MEDIF form and medical parameters from case-to-case basis; FLY91 medical services may also recommend escort/attendant requirement and in such cases decision of FLY91 medical services will be final regarding any medical/nonmedical/paramedic escort/attendant requirements.
- If customer wishes to carry any medical equipment on board (inside the cabin) then they will have to preferably fill 'Physician's Statement for Medical Equipment Form' along with this MEDIF form and submit.
- Notes for the guidance of passenger's treating doctor are mentioned in MEDIF-PART-4.
- MEDA /medical clearance will be granted for one journey only. For multiple journeys/return journeys separate MEDIF form to be filled for the other journeys as per the timeline mentioned below.
- Cabin attendants are not authorized to give special sanitary assistance to particular passengers, to the detriment of their services to other passengers; as they are authorized food handlers. Additionally, they are trained only in First Aid and are not permitted to administer any injections, or to give medication from medical kit.
- On completion, this form should be returned to any of 'FLY91' Sales/Reservations office or Travel agent for onward submission or send scanned copy of completed MEDIF form by email on [MEDA@FLY91.in](mailto:MEDA@FLY91.in) MEDIF form, completed and signed by passenger's treating doctor, should be submitted not more than 10 days before actual travel date.
- Minimum of 48 hours are required to complete 'MEDA Clearance' formalities (this also includes time for processing MEDA– Stretcher cases) from the time MEDIF form complete in all aspects is received. If incompletely filled MEDIF form is received, there may be delays in issuance of final medical clearance. 48 hour time limit is applicable from the time MEDIF form complete in ALL aspects (medical as well as clerical details) is received. Hence when MEDA clearance is required, you will need to plan your travel dates accordingly.
- Any oxygen requirement while on ground (before boarding/after deplaning will have to be arranged by the customer by contacting airport emergency service provider and any associated charges will have to be borne by the customer.
- If passenger requires therapeutic oxygen/stretchers on aircraft due to certain pre-existing medical conditions as planned requirement – Then please note, currently on FLY91 aircraft medical oxygen/stretchers cannot be provided and hence such cases cannot be accepted for air travel.
- Attendant shall ensure that all items/medical equipment brought inside the aircraft for the MEDA passenger, are removed at the time the passenger is disembarked from the aircraft.
- Particular attention is drawn to the fact that the medical details required to be filled in this form must be accurately completed. In rare case situation if at the time of embarkation/boarding the condition of the passenger becomes suddenly worse/serious than the details given in this form, then the carriage may have to be refused depending on the severity of the situation.
- Decision of "FLY91" Medical Department will be final in all cases of medical clearances/approvals and also regarding requirement of attendants/escort. Arrangement and cost associated with attendant/escort will have to be borne by the customer.

**Contact:**  
**Email: [MEDA@fly91.in](mailto:MEDA@fly91.in)**



**MEDICAL INFORMATION FORM**  
**(MEDIF FORM)**

**CONFIDENTIAL**

Doc. No. FLY91/FS/MED/005

Issue: 01

Rev. 00

Date: 05 MAR 2024

To be completed by 'FLY91' RESERVATION/SALES EMPLOYEE OR BY AUTHORIZED TRAVEL AGENT OR BY CUSTOMER OR THEIR REPRESENTATIVE IN ENGLISH LANGUAGE AND IN BLOCK LETTERS  
**PASSENGER MEDICAL INFORMATION FORM (MEDIF) – PART 1**

<b>A</b>	Name of the Passenger: _____ Age: _____ Sex: _____ Nationality: _____										
<b>B</b>	Proposed/booked Itinerary (Airline, flight number(s) _____ class(es), date(s) and _____ booking reference/PNR No.) _____  Booking reference (PNR) _____										
<b>C</b>	Nature of Incapacitation/illness/medical condition: _____										
<b>D</b>	Reservation information for accompanying attendant/escort (Attendant/escort to be arranged by the passenger) Doctor <input type="checkbox"/> PNR _____ Qualified nurse <input type="checkbox"/> PNR _____ Medical Team <input type="checkbox"/> PNR _____ Non-Medical <input type="checkbox"/> PNR _____ Family <input type="checkbox"/> PNR _____										
<b>E</b>	Special in-flight arrangements needed, such as: escort, special seating, leg rest, extra seat(s), special eqpt. etc.? NO <input type="checkbox"/> YES <input type="checkbox"/> → 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 <b>special equipment such as oxygen</b> etc. always requires completion of <b>Part-2 and Part-3 of MEDIF form overleaf</b> . Medical equipment to be carried on-board will also require 'Physician's Statement for Medical Equipment' form to be filled.  Describe <table border="1" style="width:100%; height: 30px; margin-top: 5px;"></table>										
<b>F</b>	Wheelchair Needed: <input type="checkbox"/> NO <input type="checkbox"/> YES → <b>WCHR / WCHS / WCHC</b> Will passenger use 'Own Wheelchair' ----- <input type="checkbox"/> NO <input type="checkbox"/> YES If Own Wheelchair, then provide details: 1] Collapsible wheelchair --- <input type="checkbox"/> NO <input type="checkbox"/> YES 2] Power Driven ----- <input type="checkbox"/> NO <input type="checkbox"/> YES 3] Battery type (Spillable) -- <input type="checkbox"/> NO <input type="checkbox"/> YES										
<b>G</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;">           a) Ambulance needed at origin?(To be arranged by passenger) NO <input type="checkbox"/> YES <input type="checkbox"/> ↓ To be arranged by passenger  <table border="1" style="width:100%; margin-top: 5px;"> <tr><td style="text-align:center;">Ambulance / Hospital / Origin</td></tr> <tr><td>Name: _____</td></tr> <tr><td>Tel: _____</td></tr> <tr><td>Address: _____</td></tr> </table> </td> <td style="width:50%; vertical-align: top;">           b) Ambulance needed at destination?(To be arranged by passenger) NO <input type="checkbox"/> YES <input type="checkbox"/> ↓ To be arranged by passenger  <table border="1" style="width:100%; margin-top: 5px;"> <tr><td style="text-align:center;">Ambulance / Hospital / Destination</td></tr> <tr><td>Name: _____</td></tr> <tr><td>Tel: _____</td></tr> <tr><td>Address: _____</td></tr> </table> </td> </tr> </table>	a) Ambulance needed at origin?(To be arranged by passenger) NO <input type="checkbox"/> YES <input type="checkbox"/> ↓ To be arranged by passenger <table border="1" style="width:100%; margin-top: 5px;"> <tr><td style="text-align:center;">Ambulance / Hospital / Origin</td></tr> <tr><td>Name: _____</td></tr> <tr><td>Tel: _____</td></tr> <tr><td>Address: _____</td></tr> </table>	Ambulance / Hospital / Origin	Name: _____	Tel: _____	Address: _____	b) Ambulance needed at destination?(To be arranged by passenger) NO <input type="checkbox"/> YES <input type="checkbox"/> ↓ To be arranged by passenger <table border="1" style="width:100%; margin-top: 5px;"> <tr><td style="text-align:center;">Ambulance / Hospital / Destination</td></tr> <tr><td>Name: _____</td></tr> <tr><td>Tel: _____</td></tr> <tr><td>Address: _____</td></tr> </table>	Ambulance / Hospital / Destination	Name: _____	Tel: _____	Address: _____
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Ambulance / Hospital / Origin											
Name: _____											
Tel: _____											
Address: _____											
Ambulance / Hospital / Destination											
Name: _____											
Tel: _____											
Address: _____											
<b>H</b>	Additional passenger information: _____										
<b>I</b>	FREMEC Card issued?: <input type="checkbox"/> NO <input type="checkbox"/> YES If 'Yes', details of FREMEC card: _____										

Passenger's Declaration

"I hereby authorize \_\_\_\_\_ (Name of nominated physician) to provide the airlines with the information required by those airline's medical department for the purpose of determining my fitness for carriage by air and in consideration thereof I hereby relieve 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 also agree to pay for physician's fees, charges for medical tests if it has been additionally advised by FLY91 medical department for deciding my fitness for undertaking a flight. 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 codes does not assume any special liability exceeding those conditions/tariffs". I will inform FLY91 medical department about deterioration in my medical condition, if any, after obtaining MEDA approval, and on failing to do so I am completely aware that I may be denied boarding/rescheduled based on assessed severity of my medical condition at the time of boarding. I had been explained about unforeseen events which may pose special problems due to my pre-existing medical conditions viz. turbulence, hard landings, diversion/delays of flight, incidents/accidents; as these events are beyond the control of airline and it's operating crew members and employees, I will not hold FLY91 and its employees directly or indirectly responsible for the same, in case, such rare events take place, which are beyond control of an airline. **(Where needed, to be read by / to the passenger, dated and signed by him/her or on his/her behalf)**

Place: \_\_\_\_\_ Date: \_\_\_\_\_ Passenger's/Authorised Representative's Name and Signature \_\_\_\_\_



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**PASSENGER MEDICAL INFORMATION FORM (MEDIF) – PART 2**

To be completed by PASSENGER'S TREATING DOCTOR IN ENGLISH LANGUAGE AND IN BLOCK LETTERS\*\*

This form is intended to provide CONFIDENTIAL information to enable the 'FLY91' Medical Department to assess the fitness of the passenger to travel as indicated in Part-1 of MEDIF form. If the passenger is granted medical approval, this information will permit the issuance of the necessary instructions designed to provide for the passenger's safe and comfortable travel.  
The ATTENDING DOCTOR of the incapacitated passenger is requested to ANSWER ALL QUESTIONS.  
(Enter a cross 'X' in the appropriate 'yes' or 'no' boxes, and/or give clear and concise answers).  
Please also complete the relevant section of Part-3 of this MEDIF form if the passenger has any of the following: Cardiac conditions, Pulmonary conditions, Psychiatric conditions, Seizures, Fractures.

**KINDLY COMPLETE THE FORM IN LEGIBLE HANDWRITING IN BLOCK LETTERS.**

<b>MEDA 01</b>	Passenger's Name: _____ Sex: _____ Age: _____ Contact no. Mobile/Landline: _____	
<b>MEDA 02</b>	Attending Doctor's Name and Registration number: _____ Address _____ Telephone No. (Clinic) _____ (Home/Mobile) _____ Email: _____	
<b>MEDA 03</b>	Medical Diagnosis: _____ Details of current medical conditions (including vital signs) : _____ _____ Date of first symptoms: _____ Date of diagnosis: _____ Date of operation: _____	
<b>MEDA 04</b>	Prognosis for the planned journey: _____ Good <input type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Poor <input type="checkbox"/>	
<b>MEDA 05</b>	Does the passenger have any contagious OR communicable disease? If yes, please specify: _____	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>MEDA 06</b>	Is there a possibility that the passenger will become agitated during the flight?	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>MEDA 07</b>	Can the passenger use normal aircraft seat with seatback placed in the UPRIGHT position? Can the passenger use normal aircraft seat with both KNEES BENT?	No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>MEDA 08</b>	Can the passenger take care of his/her own needs on board UNASSISTED* (including meals, visit to toilet, administering of medications etc.)? If not, type of help needed: _____	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>MEDA 09</b>	If to be ESCORTED, is the arrangement proposed in PART-1/E satisfactory? If not, type of escort/attendant arranged by YOU (i.e. doctor etc.): <b>Medical escort / Qualified Nurse / Resp. therapist / Non-medical escort</b> - (All arrangements to be done and cost to be borne by the customer)	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>MEDA 10</b>	Does the passenger need OXYGEN** ('FLY91' does not provide onboard oxygen and hence such requirement will lead to denial of MEDA clearance)	(a) On the GROUND (To be arranged by the passenger with airport emergency services): No <input type="checkbox"/> Yes <input type="checkbox"/> (b) On board the AIRCRAFT: No <input type="checkbox"/> Yes <input type="checkbox"/> Select flow rate required: <input type="checkbox"/> 2 litres per minute <input type="checkbox"/> 4 litres per minute
<b>MEDA 11</b>	Does the passenger need any MEDICATION* other than those self-administered? (Passenger to make relevant arrangements for medications and its administration)	(a) On the GROUND while at the airport(s): No <input type="checkbox"/> Yes <input type="checkbox"/> (b) On board of the AIRCRAFT: No <input type="checkbox"/> Yes <input type="checkbox"/> Specify: _____ Specify: _____
<b>MEDA 12</b>	Does the passenger need any medical devices such as POC***, CPAP***, BiPAP*** suction***, respirator***, etc.? (Note all medical equipment on board must be battery operated and customer to carry spare batteries to cover anticipated delays)	(a) On the GROUND while at the airport(s): No <input type="checkbox"/> Yes <input type="checkbox"/> (b) On board of the AIRCRAFT: No <input type="checkbox"/> Yes <input type="checkbox"/> (c) Emits electromagnetic radiation, interferes with radio communications: No <input type="checkbox"/> Yes <input type="checkbox"/> Specify: _____ Specify: _____
<b>MEDA 13</b>	Does the passenger need HOSPITALISATION upon arrival or during layover/? (If yes, indicate arrangements made) <b>NOTE: The passenger is responsible for all arrangements.</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> Mention Action/Arrangements Made: _____ _____ _____
<b>MEDA 14</b>	Specify other information in the interest of the passenger's safe, smooth and comfortable transportation**: _____ _____	
<b>MEDA 15</b>	Specify other arrangements made by the attending doctor: _____ _____	

**Note:** (\*)While our cabin crew will do everything possible to provide assistance to passengers during the flight, please note that we are unable to provide passengers with any assistance for personal care needs such as feeding, elimination functions including assistance inside the lavatory or other personal care needs. Additionally, cabin crew are trained only in FIRST AID and are NOT PERMITTED to administer any injection or controlled medications from 'Medical Kit'.  
(\*\*) **IMPORTANT** - Fees, if any, relevant to the completion of this form and/or for the provisions of medical devices, oxygen arrangement on ground and ambulance arrangement at airport will be the responsibility of the passenger concerned.  
(\*\*\*) Portable Oxygen Concentrator (POC), CPAP, Bi-PAP or other medical equipment – Along with this form, please submit "Physician's Statement for Medical Equipment" form completed and signed by the passengers treating doctor.

<b>Date:</b>	<b>Doctor's Name and Reg. No.:</b>	<b>Doctor's Signature and Stamp:</b>
<b>Place:</b>		

**PASSENGER MEDICAL INFORMATION FORM (MEDIF) – PART 3**

To be completed by PASSENGER's TREATING DOCTOR IN LEGIBLE BLOCK LETTERS

For faster medical clearance, please provide the additional information if the passenger suffers from one of the conditions mentioned below,

<b>MEDA 16</b>	<b>CARDIAC CONDITIONS</b>		
1.	<b>Angina</b> 1. Date of last episode: _____ 2. Is the condition stable? 3. Functional class of the passenger? <input type="checkbox"/> No symptoms <input type="checkbox"/> Angina with significant efforts <input type="checkbox"/> Angina with light efforts <input type="checkbox"/> Angina at rest 4. Can the patient walk 100m at a normal pace or climb 10-12 stairs without symptoms? Pulse Oximeter SpO2-Saturation: _____	No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
2.	<b>Myocardial Infarction</b> 1. Date: _____ 2. Complications? If yes, give details: _____ 3. Did the passenger have any heart failure? 4. Is the passenger's heart size larger than normal? 5. Did the passenger have any chest pain after the first 24 hours? 6. Did the passenger have any arrhythmia requiring treatment after the first 24 hours? 7. Did the passenger have any pre-attack angina? 8. Stress ECG done? If yes, indicate date and results: _____ 9. If angioplasty or coronary bypass, can the passenger walk 100m at a normal pace or climb 10-12 stairs without symptoms? Pulse oximeter - SpO2-Saturation: _____	No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
3.	<b>Heart Failure</b> 1. When was the last episode: _____ 2. Is the passenger's condition controlled with medication? If yes, give details: _____ 3. Functional class of the passenger: SpO2-Saturation _____ <input type="checkbox"/> No symptoms <input type="checkbox"/> Dyspnoea with significant effort <input type="checkbox"/> Dyspnoea with light effort <input type="checkbox"/> Dyspnoea at rest	No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
<b>MEDA 17</b>	<b>CHRONIC PULMONARY CONDITIONS</b> 1. Has the patient had recent arterial gases done? Blood gases were taken on: <input type="checkbox"/> Room air <input type="checkbox"/> Oxygen at _____ Litres Per Minute What were the results? - pCO2 _____ pO2 _____ SpO2-Saturation _____ Date of test: _____ 2. Does the patient retain CO2? 3. Has his/her condition deteriorated recently? 4. Can the passenger walk 100m at a normal pace or climb 10-12 stairs without symptoms? 5. Has the passenger ever taken a commercial flight in these same conditions? If yes, when: _____ Did the passenger have any problems? _____	No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
<b>MEDA 18</b>	<b>PSYCHIATRIC CONDITIONS (Please also submit a comprehensive psychiatric report)</b> Diagnosis: _____ 1. Is there a possibility that the passenger will become agitated during the flight? 2. Has the passenger taken a commercial flight after the diagnosis was made? If yes, date of travel: _____ Did the passenger travel - <input type="checkbox"/> Alone <input type="checkbox"/> Escorted	No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
<b>MEDA 19</b>	<b>SEIZURES</b> 1. What type of seizures? _____ 2. Frequency/duration of seizures: _____ 3. Date of last seizure: _____ 4. Are the seizures controlled by medication?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
<b>MEDA 20</b>	<b>FRACTURES</b> 1. Type and Date of the fracture? _____ 2. <b>Pelvic fracture:</b> a) Is it stable? 3. <b>Lower limb fracture:</b> a) Is the passenger able to sit upright for take-off and landing with the knees bent? If no, stretcher may be required. b) Is the plaster cast split? 4. <b>Upper limb fracture:</b> a) Is the plaster cast split? 5. <b>Skull fracture:</b> a) Is there any air in the cranial cavity? 6. <b>Rib fracture:</b> a) Is/Was there a pneumothorax?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
<b>MEDA 21</b>	Can the passenger self-administer his/her own medications or are their travel companions may help administer the medications, should the need arise?	No <input type="checkbox"/>	Yes <input type="checkbox"/>

Date:	Doctor's Name and Reg. No.:	Doctor's Signature and Stamp:
Place:		

**PASSENGER MEDICAL INFORMATION FORM (MEDIF) – PART 4**

**NOTES FOR THE GUIDANCE OF PASSENGERS AND PASSENGER’S ATTENDING MEDICAL PRACTITIONERS**

The principle factors to be considered when assessing a patient’s fitness for air travel are the effects of reduced atmospheric pressure and consequent reduction in alveolar and arterial oxygen tension. Even in modern pressurized aircraft, the cabin may be at a pressure equivalent to an altitude of 5,000 to 8,000 feet.

In cases of doubt or for further information, Medical Practitioners should consult the ‘FLY91’ medical department or can refer to ‘Guidelines for Air Travel Medical Clearance’, document issued by ‘FLY91’. The relevant contact details can be obtained from any ‘FLY91’ office.

Currently on FLY91 aircraft medical oxygen and stretcher cannot be provided due to technical limitations and hence such cases cannot be accepted for air travel MEDA clearance.

Due to security reasons, personal oxygen cylinders are not permitted to be carried on-board the aircraft.

Any information given by ‘FLY91’ medical department is strictly for the purpose of clarifying the conditions on board the pressurized Aircraft. Any and all clarifications that have been communicated do not affect the attending physician’s independent prognosis and/or assessment of the patient’s medical fitness to travel.

Wheelchairs can be provided at most airports. For avoiding last minute hassles, we recommend to give advance notice to the airline.

If deemed necessary, any electronic/electrical medical equipment might also (with few exception) have to be cleared by Engg. and/or Security and/or DGR (Dangerous Goods Regulations) before it is carried on board the aircraft, if required. In such cases passenger should get ‘Physician's Statement for Medical Equipment’, form filled by his treating doctor to validate purpose of use and carriage of relevant medical equipment on-board aircraft. There is no provision of power supply on aircraft. Hence all medical equipment should be battery operated and passenger should make provision to carry extra spare batteries to cover flight duration and unexpected delays and diversions.

If passenger cannot even sit with seatback upright, at least for take-off, landing period and whenever seatbelt sign is switched-on or if passenger cannot utilise normal aircraft seat to sit at all then they cannot be accepted for air travel. While being seated, lower limb cannot be placed in the aircraft aisle due to cabin safety regulations.

In any case if “FLY91” considers that particular medical condition might jeopardize the safe operation of the aircraft, then same will not be accepted for air travel.

Particular attention is drawn to the fact that the medical details given at this this form must be accurately filled and completed. If at time of embarkation/boarding the condition of the passenger is worsens than as per the details given earlier, the carriage of the passenger may have to be denied.

...END.....