Appendix 'E'

MEDIF

RESOLUTION 700 ATTACHMENT A

Information Sheet for Passengers Requiring Special Assistance

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 onboard? ____ Yes ____ No
6. Intended escorts ____ Yes ____ No
   Name..... Title ..... Age .....
   PNR if different .....
   Medical qualification ____ Yes ____ No Language spoken .....
7. Wheelchair needed ____ Yes ____ No
   Wheelchair categories ____ WCHR ____ WCHS ____ WCHC Own wheelchair ____ Yes ____ No
   Collapsible WCOB ____ Yes ____ No Wheelchair type ___ WCBD ___ WCBW ___ WCMP
8. Ambulance needed (to be arranged by the Airline) ____ Yes ____ No
   If yes, specify destination address .....
   If no, specify ambulance company contact .....
9. Meet and assist ____ Yes ____ No
   If designated person, specify contact .....
10. Other ground arrangements needed ____ Yes ____ No
    If yes, specify .....
    Departure airport .....
    Transit airport .....
    Arrival airport .....
11. Special inflight arrangements needed ____ Yes ____ No
    If yes, specify type of arrangements (special meal, extra seat, leg rest, special seating) .....
    Specify equipment (respirator, incubator, oxygen, etc) .....
    Specify arranging company and at whose expense .....
12. Frequent traveller medical card (FREMEC) ____ Yes ____ No
    If yes, specify FREMEC number, issued by, expiry date .....

RESOLUTION 700 ATTACHMENT B PART ONE

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

1. Patient's name .....

   Date of Birth ..... Sex ..... 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 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 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 .....

10. Other medical information .....

RESOLUTION 700 ATTACHMENT B PART TWO

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 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 details .....
      • Stress EKG done? ____ Yes ____ No If yes, what was the result? ..... Metz
      • If angioplasty or coronary bypass,
      can the patient walk 100 metres 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 ____ Oxygen .....LPM
      If yes, what were the results ..... pCO_2 ..... pO_2
      Saturation ..... Date of exam.....
   c. Does the patient retain CO_2? ____ 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 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 seizures.....
   c. When was the last seizure? .....
   d. Are the seizures controlled by medication? ____ Yes ____ No
5. Prognosis for the trip ____ Yes ____ No

Physician Signature ..... Date .....

Note: Cabin attendants are not authorised 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.

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.