SOUTH AFRICAN AIRWAYS

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MEDICAL INFORMATION SHEET - (MEDIF)

(for official use only)

To be completed by ATTENDING PHYSICIAN

This form is intended to provide CONFIDENTIAL information to enable the airlines' MEDICAL departments to assess the fitness of the passenger to travel. If the passenger is acceptable this information will permit the issuance of the necessary directives designed to provide for the passenger's welfare and comfort

The PHYSICIAN ATTENDING the incapacitated passenger is requested to ANSWER ALL QUESTIONS. Enter a cross "x" in the appropriate "yes" of "no" boxes, and/or give precise concise answers.

COMPLETE THE FORM IN BLOCK LETTERS

Flight Details:

SA:	DATE:

Airlines' Ref. Code MEDA01	**PATIENTS NAME, INITIAL(S), SEX, AGE:**				
MEDA 02	**ATTENDING PHYSICIAN** - **Name & Address:**				
	- **Telephone Contact:**	**Business:**	**Home:**	**Mobile:**	
MEDA 03	**MEDICAL DATA:** - **DIAGNOSIS in detail (including vital signs)**				
	- **Day/month/year of first symptoms:**	**Date of operation:**	**Date of diagnosis:**		
MEDA 04	- **PROGNOSIS for the flight (s)**				
MEDA 05	- **Contagious AND communicable disease?**	**No** ☐	**Yes** ☐	**Specify:**	
MEDA 06	- **Would the physical and/or mental condition of the patient be likely to cause distress or discomfort to other passengers?**	**No** ☐	**Yes** ☐	**Specify:**	
MEDA 07	- **Can the patient use a normal aircraft seat with seatback placed in the UPRIGHT position when so required?**	**No** ☐	**Yes** ☐		
MEDA 08	- **Can patient take care of his/her own needs on board UNASSISTED (including meals, visit to toilet, etc.)?**	**No** ☐	**Yes** ☐	If not, type of help needed:	
MEDA 09	- **If to be ESCORTED, is the arrangements satisfactory to you?**	**No** ☐	**Yes** ☐	If not, type of escort proposed by YOU:	
MEDA 10	- **Does the passenger need OXYGEN** equipment in flight? (if yes, state rate of flow)**	**No** ☐	**Yes** ☐	☐ Litres per Minute	**No** ☐ **Yes** ☐ Continues?
MEDA 11	- **Does patient need any MEDICATION* other than self-administered, and/or the use of special apparatus such as respirator, incubator, etc **?**	**(a) on the GROUND while at airport (s)**			
		No ☐	**Yes** ☐	**Specify:**	
MEDA 12		**(b) on board of the Aircraft?**			
		No ☐	**Yes** ☐	**Specify:**	
MEDA 13	- **Does patient need HOSPITALISATION? (if yes, indicate arrangements made or if none were made, indicate "No Action Taken")**	**(a) during long layover or nightstop at CONNECTING POINTS en route**			
		No ☐	**Yes** ☐	**Action:**	
MEDA 14		**(b) upon arrival at DESTINATION?**			
		No ☐	**Yes** ☐	**Action:**	
MEDA 15	- **Other remarks or information in the interest of your patient's smooth and comfortable transportation**	**None** ☐		**Specify if any:**	
MEDA 16	- **Other arrangements made by the attending physician**				

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 medicine

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.

Date:	**Place:**	**Attending Physicians Signature:**

PASSENGERS SIGNATURE
"I HEREBY AUTHORISE .....
(Name of nominated physician)

to provided the airlines with the information required by those airlines' medical departments for the purpose of determining my fitness of carriage by air and in consideration thereof 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.

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 does not assume any special liability exceeding those conditions/tariffs.

I agree to reimburse the carrier upon demand for any special expenditure or costs in connection with my carriage"

(Where needed, to be read by/to the passenger, dated and signed by him/her or on his/her behalf)

Date:	**Place:**	**Passenger's Signature:**