

PART 2		MEDICAL INFORMATION - PART 2				(for official use only)	
To be typed or completed in block letters by ATTENDING PHYSICIAN (IN ENGLISH)		This form is intended to provide CONFIDENTIAL information to enable the airlines MEDICAL Department to assess the fitness of the passenger to travel as indicated in PART 1 hereof if the passenger is acceptable. This information will permit the insurance of the necessary directives designed to provide for the passengers welfare and comfort.					
		The PHYSICIAN attending the passenger with special medical needs is requested to ANSWER ALL QUESTIONS (Enter a cross 'X' in the appropriate "yes" or "no" boxes and or give precise concise answers)				This form must be returned to (Carriers Designated Office)	
Airlines Ref Code MEDA 01	PATIENTS NAME (INITIALS) , SEX, AGE						
MEDA 02	ATTENDING PHYSICIAN -Name & Address -Telephone Contact						
	Business:			Home:			
MEDA 03	MEDICAL DATA DIAGNOSIS in details (including vital signs)						
	Day/month/year of first symptoms:-			Date of diagnosis:			
MEDA 04	PROGNOSIS for the trip:						
MEDA 05	Contagious AND communicable disease	No	Yes	Specify:			
MEDA06	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 normal aircraft seat with seatback placed in the UPRIGHT position when so required?	No	Yes				
MEDA 08	Can the patient take care of his/her own needs on board UNASSISTED* (including meals visit to toilet etc) ?	No	Yes	If not, type of escort proposed by:			
MEDA 09	If to be ESCORTED is the arrangement proposed in PART 1/E hereof satisfactory for you?	No	Yes	If not, type of escort proposed by YOU:			
MEDA 10	Does the patient need OXYGEN**	(a) on the GROUND	No	Litres per minute	Continuous?	No	
		Yes		2		Yes	
		(b) Inflight	No	Litres per minute			
		Yes		2			
MEDA 11	Does the 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 the airport(s) -	No	Specify:			
Yes							
MEDA 12	(b) on board of the AIRCRAFT -	No	Specify:				
Yes							
MEDA 13	Does the patient need HOSPITALISATION? (If yes, indicate arrangements made or if none were made, indicate "NO ACTION TAKEN")	(a) during the layover or nightstop at CONNECTING POINTS en route:	No	Action:			
Yes							
MEDA 14	(b) upon arrival at DESTINATION:	No	Action:				
Yes							
MEDA 15	Other remarks or information in the interest of your patients smooth and comfortable transportation:-		Specify if any* None				
MEDA 16	Other arrangements made by the attending physician:						
NOTE: (*) Cabin attendants are NOT authorised to give special assistance 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 give medication.				IMPORTANT - FEES IF ANY, RELEVANT TO THE PROVISION OF THE ABOVE INFORMATION AND OR FOR THE CARRIER TO PROVIDE SPECIAL EQUIPMENT (**) ARE TO BE PAID BY THE PASSENGER CONCERNED.			
Date:		Place:		Attending Physician's Signature:			