

**Medical information sheet - MEDIF**  
(IATA Resolution 700 Attachment B) – to be completed by attending physician



This form is intended to provide CONFIDENTIAL information to enable the airlines' relevant 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 is requested to answer all questions.

Passenger's full name:	Age:
Attending physician's full name, address and e-mail/phone contact:	
Diagnosis in details (dates of last treatment and onset of illness or information concerning pregnancy)	
Nature and date of any recent and/or relevant surgery:	
Prognosis for the flight:	
Does patient has any contagious and communicable disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No    Specify:
Would the physical and/or mental condition of the patient be likely to cause distress or discomfort to other passengers?	<input type="checkbox"/> Yes <input type="checkbox"/> No    Specify:
Can patient use normal aircraft seat with seatback placed in the UPRIGHT position when so required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can patient take care of his own needs on board UNASSISTED* (including meals, visit to toilet, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No If NOT, type of help needed:
Is the patient fit to travel unaccompanied? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, specify who should escort the passenger (medical qualifications: physician, nurse)? _____ If not medically qualified, is the accompanying person fully capable of providing all support?    Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does patient need to use other medical equipment, eg. ventilator,oxygen? At the airport: <input type="checkbox"/> Yes <input type="checkbox"/> No On board: <input type="checkbox"/> Yes <input type="checkbox"/> No If YES please specify: Type of device:  Number of batteries: _____ Parameters of each battery in Wh: _____  In case needed, remember that you must use your own portable oxygen concentrator (POC) during the flight. As the POC cannot be powered on board, I confirm that I have extra batteries that will last 150% of the flight time. <b>Please note that service of carrying or providing an oxygen cylinder on board is not available.</b>	Batteries are "dangerous goods" and are permitted on ETF Airways aircraft only under certain conditions and need special Approval of carriage from the Operator requested 72h before flight latest.
Does patient need any MEDICATION other than those taken independently? At the airport: <input type="checkbox"/> Yes <input type="checkbox"/> No On board: <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, the patient must travel with accompanying person as Cabin attendants are NOT authorized 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 to give medication or lift or carry passengers.	

**Medical information sheet - MEDIF**  
(IATA Resolution 700 Attachment B) – to be completed by attending physician



Does patient need HOSPITALISATION upon arrival at destination?  Yes  No  
If YES please indicate arrangements made:

Is patient PREGNANT?  Yes  No  
If YES please specify:  
Single pregnancy  Multiple pregnancy   
Pregnancy week: \_\_\_\_\_

I hereby confirm that the patient or child does not have any known complications contraindicating the flight.

Other remarks or information in the interest of your patient's smooth and comfortable transportation:

Other arrangements made by the attending physician:

What is the patient's health condition before the journey?  Good  Poor

Patient is FIT TO FLY  Yes  No

Date and place:

Attending Physician's signature and stamp:

**PASSENGER'S DECLARATION – to be completed by passenger/patient**

I hereby authorize: \_\_\_\_\_  
(name of nominated physician)

to provide the airlines with the information required by those airlines' relevant departments for the purpose of determining my fitness for 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 expenditures or costs in connection with my carriage.

Passenger's signature

Place and Date

Passenger's contact person/s in case of emergency:

This form is valid for 7 days from the date of issuance.