

Filled in by passenger

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***Procedure for Reservation and Issuance of Traffic Documents for
Flights Operated by Charlie Airlines Ltd for Disabled Passengers, Other Persons with
Disabilities, and Pregnant Women***



| | | |
|----------------------------|-------|-------|
| | | |
| 10. Additional information | | |
| 11. | | |
| _____ | _____ | _____ |
| signature | name | date |

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Appendix 3

| MEDICAL INFORMATION SHEET (MEDIF) | | | |
|---|---|--|--|
| To be completed by ATTENDING PHYSICIAN | The PHYSICIAN ATTENDING the disabled passenger is requested to ANSWER ALL QUESTIONS. Enter a cross "x" in the appropriate "yes" or "no" boxes, and/or give precise concise answers) COMPLETING OF THE FORM IN BLOCK LETTERS OR BY TYPEWRITER WILL BE APPRECIATED. | | |
| <p>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.</p> <p>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.</p> <p>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</p> | | | |
| MEDA1 | PATIENT'S NAME | Sex | Age |
| MEDA2 | ATTENDING PHYSICIAN Name Address Name of hospital or clinic & speciality Telephone: _____ E-mail _____ | | |
| MEDA3 | MEDICAL DATA: DIAGNOSIS in details (including vital signs) | | |
| | Day/month/year of first symptoms | Date of operation | Date of diagnosis |
| MEDA4 | PROGNOSIS for the flight(s): (Please consider the itinerary and its potential effect on the patient's state of health) <input type="checkbox"/> Fit <input type="checkbox"/> Not fit | | |
| MEDA5 | Contagious AND communicable disease | <input type="checkbox"/> No <input type="checkbox"/> Yes | Specify _____ |
| MEDA6 | Would the physical and/or mental condition of the patient be likely to cause distress or discomfort to other passengers? | <input type="checkbox"/> No <input type="checkbox"/> Yes | Specify _____ |
| MEDA7 | Can the patient use normal aircraft seat with a seatback placed in the UPRIGHT position when so required? <input type="checkbox"/> Yes <input type="checkbox"/> No If «No», the patient will need a stretcher on board | | |
| MEDA8 | Can the 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: _____ |
| MEDA9 | If to be ESCORTED, is the arrangement satisfactory to you? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If not, type of escort proposed by YOU _____ |
| MEDA10 | Does the patient need OXYGEN equipment during the flight? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| MEDA11 | Does the patient need any MEDICATION other than self-administered, and/or the use of special apparatus such as respirator, incubator, etc.? | a) at the airport <input type="checkbox"/> Yes <input type="checkbox"/> No | Specify: _____ |
| MEDA12 | *To prevent interference to the flight operation, all electronic apparatus specification must be verified by the airline for use on board | b) on board <input type="checkbox"/> Yes <input type="checkbox"/> No | Specify: _____ |
| MEDA13 | Does the patient need HOSPITALISATION? | a) at CONNECTING POINTS en route <input type="checkbox"/> Yes <input type="checkbox"/> No | Specify: _____ |
| MEDA14 | (If yes, indicate arrangements made or, if none were made, indicate "NO ACTION TAKEN") | b) upon arrival at DESTINATION <input type="checkbox"/> Yes <input type="checkbox"/> No | Specify: _____ |
| MEDA15 | Other remarks or information in the interest of your patient's smooth and comfortable transportation: | | |
| MEDA16 | Other arrangements made by the attending physician: | | |
| We would appreciate any general comment about the patient's condition and suggestion for the proposed air travel. | | | |
| Date | ATTENDING PHYSICIAN | | Signature |