

## MEDIF-MEDICAL INFORMATION FOR FITNESS TO TRAVEL OR SPECIAL ASSISTANCE PART- A (To be read and understood before filling MEDIF PART-B & PART-C)

All sections must be completed clearly. Use **Block letters**. Any MEDIF should be submitted along with the **latest diagnosis report** from the treating physician at least **72 hours** before departure of the flight.

**MEDIF Part B – To be filled by the guest or travel agent**

**MEDIF Part C – To be filled by the treating or attending physician**

**Guidance for Physicians to fill up the form:**

**The Principal factors to be considered when assessing a patient's fitness for air travel are:**

- Reduced atmospheric pressure. (Cabin air pressure changes greatly during 15-30 minutes after takeoff and before landing and gas expansion and contraction can cause pain and pressure effects)
- Reduction in oxygen tension. (The cabin is at a pressure equivalent to an altitude of 6,000 to 8,000 feet and oxygen partial pressure is approximately 20% less than on the ground).

### Conditions that require Medical Clearance

Guests with the below listed disabilities require Medical Approval from Etihad Airways:

- Who require a **stretcher**.
- Who request Etihad Airways to provide in-flight **oxygen** at a pre-determined level, or who are using their own Portable Oxygen Concentrator (POC) or ventilator/respirator.
- Who have a **communicable disease**, infection or condition that poses a direct threat to the health or safety of others on the flight.
- Whose medical condition is such that reasonable doubt exists that they can complete the flight safely without **requiring extraordinary medical assistance**; this includes but is not limited to Guests who:
  - Suffer from unstable Medical conditions (physical or psychological)
  - Suffered from a recent major medical incident (heart attack, heart failure, stroke, respiratory failure)
  - Requires the use of battery powered medical equipment or need to undertake any medical procedure during the flight e.g.:administering injections
  - Suffers from thrombophlebitis
  - Has a complicated pregnancy
  - Are travelling with an infant aged 7 days or less or a premature infant (who does not require an incubator) or an infant with medical condition
  - An Unaccompanied Minor with a medical condition

**Therapeutic Oxygen:** Etihad Airways provides Oxygen service and is available on all our aircrafts. This service must be requested at least **72 hours** prior to departure. Etihad uses the “**Zero 2 Plus**” oxygen cylinder which is compatible with other medical equipment. For details/specifications please refer to the website <http://www.aeromedicgroup.com>

**Medical Assistive Devices:** FAA approved personal electronic respiratory assistive devices such as ventilators, respirators, continuous positive airway pressure machines and portable oxygen concentrators are allowed to be carried and used in the cabin. Guests shall ensure the assistive devices have sufficient **battery supply to last for 1.5 times** the flight duration.

**Processing MEDIFS:** The MEDIF and the diagnosis report must be received at the Ticketing Office at the latest 72hours before the travel is due to commence. Further investigation reports might be required by the Etihad Airways Medical Centre. The MEDIF should be completed based on guest's conditions within 10days from the date of commencement of air travel. ETIHAD must be notified immediately of any change in the patient's condition prior to travel. In the event of sudden change in the guest's condition **during the trip**, we shall ask the guest to obtain another medical information form to confirm the fitness to continue further air travel.

**Medical Certificate:** Etihad Airways Medical Centre (EAMC) issues a Medical Certificate with approval which is handed over to the guest through the respective Ticketing Office. Guests may be requested to show the certificate at any time during their trip and so are requested to keep this easily available. A separate clearance might be required for the return journey (shall be advised by EAMC).

For more details please check our website [www.etihadairways.com](http://www.etihadairways.com) → Plan Your Trip → Special Assistance

**MEDIF-MEDICAL INFORMATION FOR FITNESS TO TRAVEL OR SPECIAL ASSISTANCE PART- B**  
(To be completed by Guest or Travel Agent/Airline Office in block letters)

**1. GUEST DETAILS:**

<b>Name(as per PNR)</b>	
<b>Telephone No</b>	

**2. FLIGHT DETAILS:****2.1. OUTBOUND:**

PNR	Flight No	Date	From	To	Class	Status

**2.2. INBOUND (RETURN):**

PNR	Flight No	Date	From	To	Class	Status

**3. NATURE OF INCAPACITATION:**

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**4. ASSISTANCE REQUIRED (Tick ✓ against relevant):**

STRETCHER	
OXYGEN	
WHEELCHAIR (Specify WCHR, WCHS or WCHC)	
SPECIAL MEAL (Ref meal types listed on EY Website)	
APPROVAL FOR CARRIAGE OF MEDICAL EQUIPMENTS	
NO ASSISTANCE REQUIRED	

**5. ESCORT DETAILS (Tick ✓ against relevant):**

NOT REQUIRED       PERSONAL ESCORT       NURSE       DOCTOR

Name of the Escort	PNR

**6. PASSENGER'S DECLARATION:**

I hereby authorize .....(name of nominated physician) to complete **Part C** for the purpose as indicated overleaf and in consideration there of, 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(s) concerned and that the carrier(s) do not assume any special liability exceeding those conditions/tariffs. I am prepared at my own risk to bear any consequences which carriage by air may have for my state of health and I release the carrier, its employees, servants and agents from liability for such consequences. I agree to reimburse the carrier upon demand for any special expenditures or costs in connection with my carriage. I have read and understood MEDIF Part-A.

<b>Passenger or Agent's Signature</b>	
<b>Date</b>	

**MEDIF-MEDICAL INFORMATION FOR FITNESS TO TRAVEL OR SPECIAL ASSISTANCE PART- C**

(To be completed by the treating physician in block letters- all sections are mandatory)

**NAME OF THE GUEST:** \_\_\_\_\_ **PNR:** \_\_\_\_\_**Section 1: DECLARATION OF ILLNESS, ACCIDENT AND/OR TREATMENT**

- a) Diagnosis and date of onset: \_\_\_\_\_
- b) Nature and date of any Surgery (if applicable): \_\_\_\_\_
- c) Prognosis for a safe trip:  Good  Guarded  Poor (Guarded or Poor requires a medical escort)
- d) Contagious and Communicable disease (if yes, specify):  No  Yes \_\_\_\_\_
- e) Intellectual Disability (if yes, specify):  No  Yes \_\_\_\_\_
- f) Vital Signs: BP: \_\_\_\_\_ TEMP: \_\_\_\_\_ PULSE: \_\_\_\_\_ RESP: \_\_\_\_\_
- g) Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

**Section 2: SEATING REQUIREMENTS**

- Upright  Stretcher  Baby cot (can accommodate a baby of maximum 10kgs and 10months)

**Section 3: TRAVELLING WITH OXYGEN****Option 1** – Etihad Airways provides oxygen onboard in pulsed mode. Tick ✓ on the required flow rate.

- 1LPM  1.5LPM  2LPM  2.5LPM  3LPM  4LPM  5LPM  6LPM

**Option 2** - Personal Oxygen Concentrator - Type: \_\_\_\_\_ (Only FAA approved)**Section 4: REQUIREMENT OF ESCORT**

- Option 1** – No assistance required
- Option 2** - The patient needs a private escort to take care of his/her needs on board including meals, visiting the toilet, administering medication, etc. If yes, tick ✓ against relevant:  Doctor  Nurse  Other

**Section 5: OTHER ARRANGEMENTS****1) Wheel Chair Requirement** (Tick ✓ on the required one):

- To the aircraft (WCHR)  Unable to climb steps (WCHS)
- Inside the cabin (WCHC)  Own wheelchair (Dry cell operated only)

**2) Hospitalization/Ambulance Requirement:**  No  Yes (if yes, provide telephone details below):

(Note: All hospital and ambulance arrangements should be made by the guest)

a) Origin: \_\_\_\_\_ b) Destination: \_\_\_\_\_

**3) Medication Requirement Onboard:**  No  Yes (if yes, please specify below)

\_\_\_\_\_

**4) Other Medical Information/Request** \_\_\_\_\_

Name of the Treating/Attending Physician: \_\_\_\_\_

Name of the Hospital/Tel: \_\_\_\_\_

Signature, Stamp and Date: \_\_\_\_\_