

PART 2		MEDICAL INFORMATION - PART 2				(for official use only)	
To be completed by ATTENDING PHYSICIAN		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 I 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 incapacitated passenger 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 (Carriers Designated Office)	
COMPLETING OF THE FORM IN BLOCK LETTERS OR BY TYPEWRITER WILL BE APPRECIATED							
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 I/E hereof satisfactory for you?	No		Yes		If not, type of escort proposed by YOU:	
MEDA 10	Does the patient need OXYGEN** equipment in flight? (If yes, state the rate of flow)	No		Litres per minute		Continuous?	
		Yes					No
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:			