**INFORMATION SHEET FOR PASSENGERS REQUIRING MEDICAL CLEARANCE**

Answer all questions. Put a cross (X) in ‘NO’ ‘YES’ boxes.

<table>
<thead>
<tr>
<th>PART 1</th>
<th>To be completed by passenger (or representative)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>A</th>
<th>NAME:</th>
<th>MALE/FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CONTACT: Email Telephone:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B</th>
<th>PROPOSED ITINERARY</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(flight number, date</td>
<td></td>
</tr>
<tr>
<td></td>
<td>or booking reference)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C</th>
<th>NATURE OF INCAPACITATION:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>D</th>
<th>INTENDED ESCORT (Dr/Nurse) OR TRAVEL COMPANION (specify):</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>E</th>
<th>WHEELCHAIR NEEDED?</th>
<th>Wheelchair category</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No ☐</td>
<td>Yes ☐</td>
<td>Own Wheelchair?</td>
<td>Collapsible?</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>NO ☐</td>
<td>NO ☐</td>
</tr>
<tr>
<td>YES ☐</td>
<td>YES ☐</td>
<td>YES ☐</td>
<td>YES ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>F</th>
<th>SPECIAL IN-FLIGHT ARRANGEMENTS:</th>
<th>e.g. oxygen, seating, meals</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>G</th>
<th>MEDICAL EQUIPMENT:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you carrying any medical equipment into the cabin?</td>
<td>NO ☐</td>
<td>YES ☐</td>
</tr>
<tr>
<td>If yes, do you need to use during your flight?</td>
<td>NO ☐</td>
<td>YES ☐</td>
</tr>
</tbody>
</table>

Please specify type of equipment (make/model): __________________________________________________________

e.g. CPAP, ventilator, nebuliser, portable oxygen concentrator, etc.

Equipment must be battery powered for continuous use inflight

Is the equipment battery powered? NO ☐ YES ☐ Battery Type ________________________________

Can the equipment be switched off during takeoff/landing? NO ☐ YES ☐

Do you have sufficient batteries for duration of flight? (inseat power cannot be guaranteed) NO ☐ YES ☐

<table>
<thead>
<tr>
<th>H</th>
<th>AMBULANCE TRANSFERS REQUIRED?</th>
<th></th>
</tr>
</thead>
</table>

Please specify name of ambulance booked at all airports: __________________________________________________________

<table>
<thead>
<tr>
<th>I</th>
<th>HOSPITALISATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you been admitted to hospital within last 4 weeks?</td>
<td>NO ☐ YES ☐</td>
<td></td>
</tr>
</tbody>
</table>

Date of admission: _______________________________ Date of discharge: _______________________________

Is hospitalisation required upon arrival? NO ☐ YES ☐

If yes, please specify name of hospital and contact ________________________________________________

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**Passenger’s declaration**

I hereby authorise ________________________________ (name of nominated physician) to provide the required medical information and I agree to pay any associated fees.

Date: ____________________________ Passenger’s signature ____________________________

(or representative)
<table>
<thead>
<tr>
<th>PART 2</th>
<th>MEDIF (Medical Information Sheet)</th>
<th>CONFIDENTIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Return this form to British Airways plc Passenger Medical Clearance Unit Health Services (HMAG) Waterside PO Box 365 Harmondsworth UB7 0GB</td>
<td>This form is intended to provide confidential information to enable the airlines medical department to provide for the passenger’s specific needs. To be completed by attending physician • When fitness to travel is in doubt as evidenced by recent illness, hospitalisation, injury, surgery or instability • Where special services are required i.e. oxygen, authority to carry accompanying medical equipment</td>
<td>British Airways Health Services Tel: +44 (0) 208 738 5444 Fax: +44 (0) 208 738 9644 Email: <a href="mailto:pmcu.pmcu@ba.com">pmcu.pmcu@ba.com</a></td>
</tr>
<tr>
<td><strong>ENSURE ALL QUESTIONS ARE ANSWERED</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MEDA 01</strong></td>
<td>Patient’s name:</td>
<td>Age</td>
</tr>
<tr>
<td><strong>MEDA 02</strong></td>
<td>Treating Doctor: Name and Address:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Contact Tel: __________________________ Email: ______________________________________</td>
<td></td>
</tr>
<tr>
<td><strong>MEDA 03</strong></td>
<td>Medical Information (diagnosis in detail; include vital signs, Hb level)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Date of symptoms:</td>
<td>Date of diagnosis:</td>
</tr>
<tr>
<td><strong>MEDA 04</strong></td>
<td>Is condition:</td>
<td>Resolved ☐</td>
</tr>
<tr>
<td></td>
<td>Following surgery:</td>
<td>Uncomplicated recovery? ☐</td>
</tr>
<tr>
<td><strong>MEDA 05</strong></td>
<td>Prognosis for the flight: (e.g. good/fair/poor)</td>
<td></td>
</tr>
<tr>
<td><strong>MEDA 06</strong></td>
<td>Contagious and communicable disease?</td>
<td>NO ☐</td>
</tr>
<tr>
<td><strong>MEDA 07</strong></td>
<td>Can patient use normal aircraft seat with seat placed in the upright position as required? (including Business/First Class cabins)</td>
<td>NO ☐</td>
</tr>
<tr>
<td></td>
<td>Can patient bend leg at the knee?</td>
<td>NO ☐</td>
</tr>
<tr>
<td><strong>MEDA 08</strong></td>
<td>Can patient take care of their own needs onboard unassisted (including meals, visit to toilet etc)?</td>
<td>NO ☐</td>
</tr>
<tr>
<td><strong>MEDA 09</strong></td>
<td>Does patient need supplementary oxygen in-flight?</td>
<td>NO ☐</td>
</tr>
<tr>
<td></td>
<td>If yes, specify flow rate 2L/m or 4L/m (Guidance: supplementary oxygen is not generally required unless dyspnoeic after walking 50 metres)</td>
<td>Flow rate: 2L/m ☐ 4L/m ☑</td>
</tr>
<tr>
<td></td>
<td>On some of our longhaul aircraft (B747) oxygen is available at a flow rate of 4L/m only. Is an oxygen flow rate of 4L/m acceptable?</td>
<td>NO ☐</td>
</tr>
<tr>
<td></td>
<td>Can patient tolerate pulsed oxygen?</td>
<td>NO ☐</td>
</tr>
<tr>
<td></td>
<td>Does patient prefer to use their POC inflight?</td>
<td>NO ☐</td>
</tr>
<tr>
<td><strong>Ground Oxygen:</strong></td>
<td>British Airways do not provide airport oxygen. If oxygen is needed whilst transiting through the airport, patients must make their own arrangements.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Is ground oxygen required?</td>
<td>NO ☐</td>
</tr>
<tr>
<td></td>
<td>If yes, what arrangements has patient made to provide this e.g. POC?</td>
<td></td>
</tr>
<tr>
<td><strong>MEDA 10</strong></td>
<td>Other remarks or information in the interest of your patient’s smooth and comfortable transportation?</td>
<td></td>
</tr>
<tr>
<td><strong>Date:</strong></td>
<td><strong>Place:</strong></td>
<td><strong>Signed:</strong></td>
</tr>
</tbody>
</table>