



**INFORMATION SHEET FOR PASSENGERS
REQUIRING MEDICAL CLEARANCE**

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

PART 1
To be completed
by passenger (or
representative)

A NAME: _____ MALE/FEMALE _____

CONTACT: Email _____ Telephone: _____

B PROPOSED ITINERARY _____
(flight number, date _____
or booking reference) _____

C NATURE OF INCAPACITATION :

D INTENDED ESCORT (Dr/Nurse)
OR TRAVEL COMPANION (specify):

E WHEELCHAIR NEEDED?
No Yes Wheelchair category

Own Wheelchair?	Collapsible ?	Power Driven?	Battery Type (spillable)	Weight
NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	_____
YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	

Categories are:
WCHR – can climb steps/walk cabin
WCHS – unable steps/can walk cabin
WCHC – immobile

F SPECIAL IN-FLIGHT ARRANGEMENTS:
e.g. oxygen, seating, meals

G MEDICAL EQUIPMENT:
Are you carrying any medical equipment into the cabin? NO YES
If yes, do you need to use during your flight? NO YES

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? NO YES
(inseat power cannot be guaranteed)

H Ambulance transfers required? NO YES
Please specify name of ambulance booked at all airports: _____

I HOSPITALISATION
Have you been admitted to hospital within last 4 weeks? NO YES
Date of admission: _____ Date of discharge: _____
IS HOSPITALISATION REQUIRED UPON ARRIVAL? NO YES
If yes, please specify name of hospital and contact _____

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)

PART 2	MEDIF (Medical Information Sheet)	CONFIDENTIAL			
Return this form to British Airways plc Passenger Medical Clearance Unit Health Services (HMAG) Waterside PO Box 365 Harmondsworth UB7 0GB	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 <ul style="list-style-type: none"> • 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 ENSURE ALL QUESTIONS ARE ANSWERED	British Airways Health Services Tel. +44 (0) 208 738 5444 Fax: +44 (0) 208 738 9644 Email: pmcu.pmcu@ba.com			
MEDA 01	Patient's name:	Age			
MEDA 02	Treating Doctor: Name and Address: _____ _____ Contact Tel: _____ Email: _____				
MEDA 03	Medical Information (diagnosis in detail; include vital signs, Hb level)				
MEDA 04	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Date of symptoms:</td> <td style="width: 33%;">Date of diagnosis:</td> <td style="width: 33%;">Date of surgery:</td> </tr> </table>		Date of symptoms:	Date of diagnosis:	Date of surgery:
Date of symptoms:	Date of diagnosis:	Date of surgery:			
MEDA 05	Is condition: Resolved <input type="checkbox"/> Stable and controlled <input type="checkbox"/> Following surgery: Uncomplicated recovery? <input type="checkbox"/> Hb level (fractured hip/pelvis) ____				
MEDA 06	Prognosis for the flight: (e.g. good/fair/poor)				
MEDA 07	Contagious and communicable disease? NO <input type="checkbox"/> YES <input type="checkbox"/>				
MEDA 08	Can patient use normal aircraft seat with seat placed in the upright position as required? (including Business/First Class cabins) NO <input type="checkbox"/> YES <input type="checkbox"/> Can patient bend leg at the knee? NO <input type="checkbox"/> YES <input type="checkbox"/>				
MEDA 09	Can patient take care of their own needs onboard unassisted (including meals, visit to toilet etc)? NO <input type="checkbox"/> YES <input type="checkbox"/>				
MEDA 10	Does patient need supplementary oxygen in-flight ? NO <input type="checkbox"/> YES <input type="checkbox"/> If yes, specify flow rate 2L/m or 4L/m Flow rate: 2L/m <input type="checkbox"/> 4L/m <input type="checkbox"/> (Guidance: supplementary oxygen is not generally required unless dyspnoeic after walking 50 metres) Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> On some of our longhaul aircraft (B747) oxygen is available at a flow rate of 4L/m <u>only</u> . Is an oxygen flow rate of 4L/m acceptable? NO <input type="checkbox"/> YES <input type="checkbox"/> Can patient tolerate pulsed oxygen? NO <input type="checkbox"/> YES <input type="checkbox"/> Does patient prefer to use their POC inflight? NO <input type="checkbox"/> YES <input type="checkbox"/> Ground Oxygen: British Airways <u>do not</u> provide airport oxygen. If oxygen is needed whilst transiting through the airport, patients must make their own arrangements. Is ground oxygen required? NO <input type="checkbox"/> YES <input type="checkbox"/> If yes, what arrangements has patient made to provide this e.g. POC? _____				
MEDA 10	Other remarks or information in the interest of your patient's smooth and comfortable transportation?				
Date:	Place:	Signed:			