



ADDITIONAL INFORMATION TO THE MEDIF

In order to facilitate a more speedy medical clearance, please provide the following information in addition to the medif. Many Thanks.

1. REQUEST FOR WHEELCHAIR FOR IMMOBILE PASSENGER (WCHC):

- a) Can the passenger transfer him/herself unassisted, using own upper body power from seat to wheelchair and vice versa? **YES / NO**
- b) If the passenger is immobile/requires lifting to the seat, please clarify why?

(IT IS MOST IMPORTANT THAT THE FOLLOWING QUESTIONS ARE ANSWERED IN ALL CASES).

2. DIAGNOSIS:

- a) Is the medical condition resolved (e.g. pneumothorax) **YES / NO**
- b) Is the medical condition now stable and controlled (e.g. angina) **YES / NO**
- c) Has the passenger had an uncomplicated recovery (e.g. surgery) **YES / NO**
- d) Has there been any Fractures **YES / NO** - treatment **PINNED / PLASTER**
- e) Fractured Hip HB _____ DATE TAKEN _____

3. STRETCHER:

Name of ambulance company arranged to meet the passenger at destination (sorry - NAPAS/ATLAS/PIS is not sufficient)

4. HOSPITALISATION:

- a) DATE OF ADMISSION _____
- b) DATE OF DISCHARGE _____

5. OXYGEN: (4 litres per min. only available on 747 aircrafts on BA route AUST/LON or vv)

- a) To confirm, is the passenger in need of oxygen in flight? **YES / NO**
- b) If so, how much _____ litres per minute - 2 or 4 litres?
- c) How often **CONTINUOUS / INTERMITTENT**
- d) Is the passenger in need of oxygen on the ground? **YES / NO**
- e) If your answer to **question d) is yes**, it is the passenger is responsibility to provide their own Oxygen for use on the ground during transits which can be secured if necessary in the overhead locker of the aircraft. The oxygen will need to be authorised for carriage by our London Medical Clearance Unit.
- f) If your answer to **question d) is no** please answer the following question.
If there is a need for continuous oxygen in flight why is **oxygen not required** on the ground?

Answer all questions. Put a cross (X) in 'Yes' or 'No' boxes.
 Use block letters or typewriter when completing this form

To be completed by
 Sales Office/Agent

A	Name/Initials/Title														
B	Proposed itinerary (airline(s), flight number(s), class(es), date(s), segment(s), reservation status of continuous air journey)	Transfer from one flight to another often requires longer connecting time													
C	Nature of incapacitation	Medical clearance required?	No <input type="checkbox"/> Yes <input type="checkbox"/>												
D	Is stretcher needed on board? (all stretcher cases must be escorted)	No <input type="checkbox"/> Yes <input type="checkbox"/>	Request rate if unknown												
E	Intended escort (Name, sex, age, professional qualification, segments, if different from passenger). If untrained, state 'Travel companion'	For blind and/or deaf state if escorted by trained dog													
F	Wheelchair needed? No <input type="checkbox"/> Yes <input type="checkbox"/> Wheelchair category _____ Categories are WCHR - can climb steps/walk cabin WCHS - unable steps/can walk cabin WCHC - immobile	<table border="1" style="font-size: small;"> <tr> <td>Own wheelchair?</td> <td>Collapsible?</td> <td>Power Driven?</td> <td>Battery type (spillable)?</td> </tr> <tr> <td>No <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>Yes <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> </tr> </table>	Own wheelchair?	Collapsible?	Power Driven?	Battery type (spillable)?	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"/>	Wheelchairs with spillable batteries are 'restricted articles'
Own wheelchair?	Collapsible?	Power Driven?	Battery type (spillable)?												
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"/>												
G	Ambulance needed? No <input type="checkbox"/> Yes <input type="checkbox"/> To be arranged by airline No <input type="checkbox"/> specify Ambul Company contact _____ Yes <input type="checkbox"/> specify destination address _____	Request rate(s) if unknown													
H	Other ground arrangements needed? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, specify below and indicate for each item, (a) the arranging airline or other organisation, (b) at whose expense, and (c) contact addresses/phones where appropriate, or whenever specific persons are designated to meet/assist the passenger.														
	1 Arrangements for delivery at airport of departure	No <input type="checkbox"/> Yes <input type="checkbox"/> specify _____													
	2 Arrangements for assistance at connecting points	No <input type="checkbox"/> Yes <input type="checkbox"/> specify _____													
	3 Arrangements for meeting at airport of arrival	No <input type="checkbox"/> Yes <input type="checkbox"/> specify _____													
	4 Other requirements or relevant information	No <input type="checkbox"/> Yes <input type="checkbox"/> specify _____													
K	Special in-flight arrangements needed, such as: special meals, special seating, leg rest, extra seat(s), special equipment etc. No <input type="checkbox"/> Yes <input type="checkbox"/> (See 'Note(*)' at the end of Part 2 overleaf)	If yes, describe and indicate for each item, (a) segment(s) on which required, (b) airline arranged or arranging third party, and (c) at whose expense. Provision of special equipment such as oxygen etc. always requires completion of Part 2 overleaf.													
L	Does passenger hold a 'Frequent traveller's medical card' valid for this trip? (FREMEC) No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, add below FREMEC data to your reservation requests. If no, (or if additional data needed by carrying airline(s)), have physician in attendance complete Part 2 overleaf.														
	FREMEC _____ (FREMEC Nr) _____ (issued by) _____ (valid until) _____ (sex) _____ (age) _____ (incapacitation) _____ (Incapacit. contd.) _____ (Limitations)														
Passenger's declaration I hereby authorize _____ (name of nominated physician) to complete Part 2 for the purpose as indicated overleaf and in consideration thereof 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.															
Date:		Passenger's signature or Agent													

Return this form to:
 British Airways plc
 Passenger Medical
 Clearance Unit
 Health Services (HMAG)
 Waterside
 P.O. Box 365
 Harmondsworth UB7 OGB
 Carrier's designated office

This form is intended to provide confidential information to enable the airlines' medical departments to provide for the passenger's special needs.

To be completed by attending physician

- * when fitness to travel is in doubt as evidenced by recent illness, hospitalisation, injury, surgery or instability
- * when special services are required, i.e. oxygen, stretcher, authority to carry accompanying medical equipment.

Completion of the form in block letters or by typewriter will be appreciated.

British Airways Health Service



Telephone: 0181 738 5444
 24 Hours
 Fax: 0181 738 9644

Airline message address LHRKHBA

Airlines' ref code MEDA01	Patient's name, initial(s), sex			Age
MEDA02	Attending physician Name and address			
	Telephone contact	Business:	Home:	
MEDA03	Medical data: Diagnosis in details (including vital signs)			
	Day/month/year of first symptoms:	Date of diagnosis/injury	Date of operation	
MEDA04	Prognosis for the flight:			
MEDA05	Contagious and communicable disease?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Specify
MEDA06	Would the physical and/or mental condition of the patient be likely to cause distress or discomfort to other passengers?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Specify
MEDA07	Can patient use normal aircraft seat with seatback placed in the upright position when so required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
MEDA08	Can patient take care of his own needs on board unassisted* (including meals, visit to toilet, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
		If not, type of help needed		
MEDA09	If to be escorted, is the arrangement proposed in Part 1/E overleaf satisfactory for you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
		If not, type of escort proposed by you		
MEDA10	Does patient need supplementary oxygen** equipment in flight? (if yes, state rate of flow, 2 or 4L/M). Guidance: supplementary oxygen is not generally required unless dyspnoeic after walking 50 metres. (Change £100 per journey)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Litres per minute <input type="text"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/>
MEDA11	Does 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 <input type="checkbox"/>	Yes <input type="checkbox"/>	Specify
MEDA12		(b) on board the aircraft		
		No <input type="checkbox"/>	Yes <input type="checkbox"/>	Specify
MEDA13	Does patient need hospitalisation? (If yes, indicate arrangements made or, if none were made indicate 'No action taken')	(a) during long layover or nightstop at connecting points en route		
		No <input type="checkbox"/>	Yes <input type="checkbox"/>	Action
MEDA14		(b) upon arrival at destination		
		No <input type="checkbox"/>	Yes <input type="checkbox"/>	Action
MEDA15	Other remarks or information in the interest of your patient's smooth and comfortable transportation:	None <input type="checkbox"/> Specify if any**		
MEDA16	Other arrangements made by the attending physician			

Note (*): Cabin attendants are not authorized 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 to give medication.

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.

Date: _____ Place: _____ Attending Physician's signature _____