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  PASSENGER’S NAME:  MALE/FEMALE

Email:  Telephone:

B  INTENDED ITINERARY (flight number, date and BOOKING REFERENCE)
Booking Ref:

C  NATURE OF INCAPACITATION:

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

E  WHEELCHAIR NEEDED?  Wheelchair Weight/Dimensions

Categories are:
WCHR – can climb steps/walk cabin
WCHS – unable steps/can walk cabin
WCHC – immobile
(if WCHC and travelling alone, must be self-reliant)

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

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

Please specify type of equipment e.g. Portable Oxygen Concentrator, Nebuliser, CPAP Device, Ventilator etc.

Equipment Make and Model:

Equipment must be battery powered for continuous use inflight
Is the equipment battery powered?  NO  YES

Battery Type (including watt-hour rating) __________________________

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

Do you have sufficient batteries for duration of flight?  NO  YES
(in-seat power cannot be guaranteed)

H  Ambulance transfers required?  From aircraft?

Please specify name and telephone number of ambulance booked at all airports:

I  HOSPITALISATION
Have you been admitted to hospital within last four weeks?  NO  YES

Date of admission:  Date of discharge:

Reason for admission:

IS HOSPITALISATION REQUIRED UPON ARRIVAL?  NO  YES

If yes, please specify name of hospital and contact
DATA PROTECTION
The personal and medical details you provide will be used by British Airways to handle your request for medical clearance and to arrange the necessary travel assistance. British Airways Plc is the ‘data controller’ of your personal information under European Union and UK data protection law. In order to assess and manage your request it may be necessary for British Airways to disclose information relating to your health to third parties such as medical professionals, airport staff, the Civil Aviation Authority and border control. In cases where you request mobility assistance we will need to provide your information to the relevant airport operator.

British Airways will retain the information for a period of 13 months after which it will be destroyed.

If you have any questions about the way we use your information, please contact us by writing to: Data Protection Officer, British Airways Plc, Waterside (HCB3), PO Box 365, Harmondsworth UB7 0GB, England or alternatively, refer to our online Private Policy at www.ba.com.

Passenger’s declaration

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

<table>
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<th>Date:</th>
<th>Passenger’s signature (or representative)</th>
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**PART 2**

**MEDIF (Medical Information Sheet)**

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

**ENSURE ALL QUESTIONS ARE ANSWERED**

**MEDA 01**

Patient’s Name: ____________________________

Age: ____________________________

**MEDA 02**

Treating Doctor: ____________________________

Name and Address of Hospital or Practice:

_________________________________________________________________________________

_________________________________________________________________________________

Telephone: ____________________________

**Email:** ____________________________

**MEDA 03**

It is essential full information is provided in this section, otherwise we are unable to assess your patient’s fitness to fly.

Diagnosis in detail (please provide as much medical information as possible)

_________________________________________________________________________________

Relevant Vital signs e.g.: Hb level, HR, BP, EF, FEV1 etc: ____________________________

_________________________________________________________________________________

Current symptoms and severity: ____________________________

_________________________________________________________________________________

Date of symptoms: ____________________________

Date of diagnosis: ____________________________

Date of surgery: ____________________________

**MEDA 04**

Is patient’s condition: Resolved ☐ Stable and controlled ☐

Or following surgery: Make uncomplicated recovery? ☐ Hb level (fractured hip/pelvis) ☐

**MEDA 05**

Prognosis for the flight:
(e.g. good/fair/poor) ____________________________

If prognosis for the flight is fair or poor, please explain your concerns for this patient:

_________________________________________________________________________________

Has the patient taken a commercial flight in their current condition? NO ☐ YES ☐

**MEDA 06**

Can patient use normal aircraft seat with seat placed in the upright position as required? (including take-off and landing in Business or First Class cabins) NO ☐ YES ☐

**MEDA 07**

If sitting tolerance is limited, how long can patient sit in a chair: ____________________________

Can patient bend leg at the knee? NO ☐ YES ☐

British Airways Health Services

Tel. +44 (0) 208 738 5444

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Email: pmcu.pmcu@ba.com
| MEDA 08 | Can patient take care of their own needs on-board unassisted (including meals, visit to toilet etc)? | NO ☐ YES ☑ |
|         | Is passenger fit to travel alone? | NO ☐ YES ☑ |

| MEDA 09 | Does patient need supplementary oxygen in-flight? | NO ☐ YES ☑ |
|         | If yes, specify flow rate 2L/m or 4L/m | Flow rate: 2L/m ☐ 4L/m ☑ |
|         | (Guidance: supplementary oxygen is not generally required unless dyspnoeic after walking 50 metres) | |
|         | Is oxygen needed during take-off and landing? | NO ☐ YES ☑ |
|         | Is oxygen needed during all phases of the flight? | NO ☐ YES ☑ |

**Oxygen is no longer supplied on our short-haul aircraft (flying time of 6 hours or less)**

|         | On some of our long-haul aircraft (B747) oxygen is available at a flow rate of 4L/m only. Is an oxygen flow rate of 4L/m acceptable? | NO ☐ YES ☑ |
|         | Can patient tolerate pulsed oxygen? | NO ☐ YES ☑ |
|         | Does patient prefer to use their POC inflight? | NO ☐ YES ☑ |

**Oxygen saturations:**

- on room air: __________ %
- With supplementary oxygen at 2L/m: __________ %
- or 4L/m: __________ %

**Ground Oxygen:**

British Airways do not provide airport oxygen. If oxygen is needed whilst transiting through the airport, patients must make their own arrangements.

- Is ground oxygen required? NO ☐ YES ☑

- If yes, what arrangements has patient made to provide this e.g. POC? ________________________________

Please ensure part 1 of this form is completed by your patient, providing information on their ground oxygen provision.

| MEDA 10 | Other remarks or information in the interest of your patient’s smooth and comfortable transportation? | |
|         | Date: | Place: | Signed: |