

  
BRITISH AIRWAYS**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)

<b>A</b>	PASSENGER'S NAME: _____	MALE/FEMALE															
	Email: _____	Telephone: _____															
<b>B</b>	INTENDED ITINERARY _____ (flight number, date _____ and <b>BOOKING REFERENCE</b> )	Booking Ref: _____															
<b>C</b>	NATURE OF INCAPACITATION: _____																
<b>D</b>	INTENDED ESCORT (Dr/Nurse) OR TRAVEL COMPANION (specify): _____	Booking Ref. _____															
<b>E</b>	WHEELCHAIR NEEDED? No <input type="checkbox"/> Yes <input type="checkbox"/> 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)	<table border="1"><thead><tr><th>Own Wheelchair?</th><th>Collapsible?</th><th>Power Driven?</th><th>Battery Type (spillable)</th><th>Weight Of Chair</th></tr></thead><tbody><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><td>_____</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><td>_____</td></tr></tbody></table>	Own Wheelchair?	Collapsible?	Power Driven?	Battery Type (spillable)	Weight Of Chair	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"/>	_____
Own Wheelchair?	Collapsible?	Power Driven?	Battery Type (spillable)	Weight Of Chair													
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"/>	_____													
<b>F</b>	SPECIFIC IN-FLIGHT ARRANGEMENTS: e.g. oxygen, seating, meals _____																
<b>G</b>	MEDICAL EQUIPMENT: Are you taking any medical equipment into the cabin? NO <input type="checkbox"/> YES <input type="checkbox"/> If yes, do you need to use your equipment during your flight? NO <input type="checkbox"/> YES <input type="checkbox"/>  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 <input type="checkbox"/> YES <input type="checkbox"/>  Battery Type (including watt-hour rating) _____  Can the equipment be switched off during takeoff/landing? NO <input type="checkbox"/> YES <input type="checkbox"/>  Do you have sufficient batteries for duration of flight? NO <input type="checkbox"/> YES <input type="checkbox"/> (in-seat power cannot be guaranteed)																
<b>H</b>	Ambulance transfers required? NO <input type="checkbox"/> YES <input type="checkbox"/> From aircraft? <input type="checkbox"/>  Please specify name and telephone number of ambulance booked at all airports: _____ _____																
<b>I</b>	HOSPITALISATION Have you been admitted to hospital within last four weeks? NO <input type="checkbox"/> YES <input type="checkbox"/>  Date of admission: _____ Date of discharge: _____  Reason for admission: _____  IS HOSPITALISATION REQUIRED UPON ARRIVAL? NO <input type="checkbox"/> YES <input type="checkbox"/>  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](http://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

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"> <li>• When fitness to travel is in doubt as evidenced by recent illness, hospitalisation, injury, surgery or instability</li> <li>• Where special services are required i.e. oxygen, authority to carry accompanying medical equipment</li> </ul> <b>ENSURE ALL QUESTIONS ARE ANSWERED</b>	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 of Hospital or Practice:  _____ _____ Telephone: _____  Email: _____				
MEDA 03  <u>It is essential full information is provided in this section, otherwise we are unable to assess your patient's fitness to fly.</u>	Diagnosis in detail (please provide as much medical information as possible)    Relevant Vital signs e.g.: Hb level, HR, BP, EF, FEV1 etc: _____ <hr/> Current symptoms and severity: _____  _____  _____  <table border="1" data-bbox="352 1379 1509 1440"> <tr> <td data-bbox="352 1379 798 1440">Date of symptoms: _____</td> <td data-bbox="798 1379 1187 1440">Date of diagnosis: _____</td> <td data-bbox="1187 1379 1509 1440">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 04	Is patient's condition:    Resolved <input type="checkbox"/> Stable and controlled <input type="checkbox"/>  <u>Or</u> following surgery:  Make uncomplicated recovery? <input type="checkbox"/> 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:  _____  _____ <p>Has the patient taken a commercial flight in their current condition?    NO <input type="checkbox"/>      YES <input type="checkbox"/></p>				
MEDA 06	Contagious and communicable disease?    NO <input type="checkbox"/> YES <input type="checkbox"/>				
MEDA 07	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 <input type="checkbox"/> YES <input type="checkbox"/>  If sitting tolerance is limited, how long can patient sit in a chair: _____  Can patient bend leg at the knee?    NO <input type="checkbox"/> YES <input type="checkbox"/>				

MEDA 08	<p>Can patient take care of their own needs on-board unassisted (including meals, visit to toilet etc)? NO <input type="checkbox"/> YES <input type="checkbox"/></p> <p>Is passenger fit to travel alone? NO <input type="checkbox"/> YES <input type="checkbox"/></p>	
MEDA 09	<p>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)</p> <p>Is oxygen needed during take-off and landing? NO <input type="checkbox"/> YES <input type="checkbox"/></p> <p>Is oxygen needed during all phases of the flight? NO <input type="checkbox"/> YES <input type="checkbox"/></p> <p><u>Oxygen is no longer supplied on our short-haul aircraft (flying time of 6 hours or less)</u></p> <p>On some of our long-haul 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"/></p> <p>Can patient tolerate pulsed oxygen? NO <input type="checkbox"/> YES <input type="checkbox"/></p> <p>Does patient prefer to use their POC inflight? NO <input type="checkbox"/> YES <input type="checkbox"/></p> <p>Oxygen saturations: on room air: _____ %</p> <p>With supplementary oxygen at 2L/m: _____ %          or 4L/m: _____ %</p> <p><b>Ground Oxygen:</b>          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"/></p> <p>If yes, what arrangements has patient made to provide this e.g. POC? _____</p> <p>Please ensure part 1 of this form is completed by your patient, providing information on their ground oxygen provision.</p>	
MEDA 10	Other remarks or information in the interest of your patient's smooth and comfortable transportation?	
Date:	Place:	Signed: