

Part 1 To be completed By Sales Office/ Agent	M E D I F Standard Medical Information Form for Air Travel Answer All Questions. Put a cross (x) in "Yes" or "No" boxes Use Block letters while completing this form
---	--

A	Name/ Initials/ Title : _____	
	Tel No. Departure City: _____	Tel No. Arrival City: _____

B	Proposed Itinerary (airline(s), flight number(s), class(es), date(s), Segment(s) reservation status)	Transfer from one flight to another often requires Longer connecting time
----------	---	---

C	Nature of disability	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"/>
----------	---	-----------------------------	------------------------------

E	Intended Escort (Name, Sex, age, professional qualification, segments if different from passenger) – if untrained state "Travel Companion"	
----------	--	--

F	Wheelchair Needed?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Categories are : WCHR WCHS WCHC Wheelchair Category : <input style="width:50px;" type="text"/>
----------	--------------------	-----------------------------	------------------------------	---

G	Ambulance Arranged Hospital Details	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Details : _____ _____ _____
----------	-------------------------------------	-----------------------------	------------------------------	---

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. (See "Note" at the end of Part 2 overleaf)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	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 Passenger'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 hereof.								
	FREMEC/ <input style="width:100px;" type="text"/>	(Fremec Number)	<input style="width:100px;" type="text"/>	(issued by)	<input style="width:100px;" type="text"/>	(valid until)	<input style="width:30px;" type="text"/>	(sex)	<input style="width:30px;" type="text"/>	(age)	<input style="width:100px;" type="text"/>	(Incapacitation)
	<input style="width:100px;" type="text"/>	(Incapacit-cont.)	<input style="width:100px;" type="text"/>	(Limitations)								

Passengers Declaration (Where needed, to be read by/ to the passenger, dated and signed by him/ her, or on his/ her behalf)	I hereby relieve the physician whom I shall choose to make a statement on my condition of health of his/her professional discretion to the extent that he/she shall be permitted to disclose to the airline's medical department such details on the condition of my health as may be required by them to judge upon my medical fitness to travel by air. Such physician's fees shall be met by me, and such medical department's judgements shall be accepted by me as final. If I am accepted for transportation, the undersigned hereby release and will indemnify the airline its representatives and agents from all claims for compensation or damage sustained in connection with the deterioration of my illness as a result of I being accepted for transportation by air. In case of legal dispute, the undersigned will have to prove that any such damage sustained has not been caused wholly or in part by my physical, mental or medical condition. The undersigned further agrees to pay all additional costs, and will be responsible for all damages and expenses incurred by the airline or third parties through this transportation. The undersigned also agrees and undertakes that the airline is not obliged in any way to accept me for my subsequent or return journey based on this declaration and the airline's Conditions of Carriage will apply separately to each such journey.
	Place : _____ To be read by/to passenger, dated & signed by him or on his behalf.

Place : _____	Date : _____	Passenger's Signature : _____
----------------------	---------------------	--------------------------------------

For Any Queries / Clarifications Contact :			
Mumbai Medical Dept. : Tel : +91 22 66854425 Mbl : +91 75067 32329 / +91 91671 36539 / +91 98330 19311 Email : bommedical@jetairways.com	Delhi Medical Dept. : Telefax : +91 11 49637953 Email : delmedical@jetairways.com	Chennai Medical Dept. : Telefax : +91 44 22568009 Email : maamedical@jetairways.com	Kolkata Medical Dept. : Telefax : +91 33 25111359 Email : ccumecmedical@jetairways.com

**Part
2**

M E D I F
Standard Medical Information Form for Air Travel

Information Sheet for Guest Requiring Medical Clearance (to be completed or obtained from the attending physician)

1. Patient's name : _____
Date of birth _____ Sex : _____ Height : _____ Weight : _____
2. Attending physician _____
E mail : _____
Telephone (mobile preferred), indicate country and area code: _____ Fax : _____
3. Diagnosis (including date of onset of current illness, episode or accident and treatment, _____

Is the disease contagious or infectious in any form Yes No

Is the guest's condition offensive to other guests (smell/ appearance/ conduct) No Yes Specify : _____
Nature and date of any recent and/or relevant surgery _____
4. Current symptoms and severity _____

5. Will a 25% to 30% reduction in the ambient partial pressure of oxygen (relative hypoxia) affect the passenger's medical condition?
(Cabin pressure to be the equivalent of a fast trip to a mountain elevation of 2400 metres (8000 feet) above sea level) :
____ Yes ____ No ____ Not Sure
6. Additional clinical information
 - a. Anemia ____ Yes ____ No If yes, give recent result in grams of hemoglobin : _____
 - b. Psychiatric and seizure disorder ____ Yes ____ No If yes, see Part 5
 - c. Cardiac condition ____ Yes ____ No If yes, see Part 5
 - d. Eat / drink unaided ____ Yes ____ No
 - e. Normal bladder / bowel control ____ Yes ____ No If no, give mode of control (catheter / diaper arrangements to be made by passenger _____
 - f. Respiratory condition ____ Yes ____ No If yes, see Part 5
 - g. Does the patient use oxygen at home? ____ Yes ____ No If yes, specify how much _____
 - h. Oxygen needed in flight? ____ Yes ____ No If yes, specify ____ Continuous ____ On-Demand (ELITE) (Refer point under Special Note on website)
Flow rate Oxygen requirement ____ 2Litres/min ____ 4Litres/min
Continuously throughout journey (at airport & during flight)
Continuously throughout flight only
As & when required (at Airport or during flight)
7. Escort
 - a. Is the patient fit to travel unaccompanied? ____ Yes ____ No
 - b. If no, would a meet-and-assist (provided by the airline to embark and disembark) be sufficient? ____ Yes ____ No
 - c. If no, will the patient have a private escort to take care of his/her needs onboard? ____ Yes ____ No
 - d. If yes, who should escort the passenger? ____ Doctor ____ Nurse ____ Other
 - e. If other, is the escort fully capable to attend to all the above needs? ____ Yes ____ No
8. Mobility
 - a. Able to walk without assistance ____ Yes ____ No b. Wheelchair required for boarding ____ to aircraft ____ to seat
9. Medication list / Any special treatment required during flight _____
10. Is passenger carrying any electronic or battery operated medical equipment on board ____ Yes ____ No
If Yes, please specify & follow instructions in point 8 under special note.
11. Other medical information _____
12. Vital Parameters (Pulse, BP, Temperature, Respiratory Rate, Level of Consciousness) :
Normal Abnormal Please Specify : _____

**Part
3**

M E D I F
Standard Medical Information Form for Air Travel

13. Cardiac condition
- a. Angina ____ Yes ____ No When was the last episode? _____
 - Is the condition stable? ____ Yes ____ No
 - Functional class of the patient? ____ No symptoms ____ Angina with important efforts
____ Angina with light efforts ____ Angina at rest
 - Can the patient walk 100 metres at a normal pace or climb 10 -12 stairs without symptoms? ____ Yes ____ No
 - b. Myocardial infarction ____ Yes ____ No Date : _____
 - Complications? ____ Yes ____ No If yes, give details _____
 - Stress EKG done? ____ Yes ____ No If yes, what was the result? _____ Metz
 - If angioplasty or coronary bypass, can the patient walk 100 metres at normal pace or climb 10–12 stairs without symptoms? ____ Yes ____ No
 - c. Cardiac failure ____ Yes ____ No When was the last episode? _____
 - Is the patient controlled with medication? ____ Yes ____ No
 - Functional class of the patient? ____ No symptoms ____ Shortness of breath with important efforts
____ Shortness of breath with light efforts ____ Shortness of breath at rest
 - d. Syncope ____ Yes ____ No Last episode _____
Investigations? ____ Yes ____ No If yes, state results _____
14. Chronic pulmonary condition ____ Yes ____ No Dyspnoea : Nil On Accustomed Exertion At Rest
- a. Has the patient had recent arterial gases / hypoxic challenge test? ____ Yes ____ No
 - b. Blood gases were taken on: ____ Room air ____ Oxygen _____ LPM
If yes, what were the results _____ pCO2 _____ pO2 Saturation _____
Date of exam _____
 - c. Does the patient retain CO2? ____ Yes ____ No
 - d. Has his/her condition deteriorated recently? ____ Yes ____ No
 - e. Can the patient walk 100 metres at a normal pace or climb 10-12 stairs without symptoms? ____ Yes ____ No
 - f. Has the patient ever taken a commercial aircraft in these same conditions? ____ Yes ____ No
 - If yes when? _____
 - Did the patient have any problems? _____
15. Psychiatric Conditions ____ Yes ____ No
- a. Is there a possibility that the patient will become agitated during flight ____ Yes ____ No
 - b. Has he/she taken a commercial aircraft flight before ____ Yes ____ No
 - If yes, date of travel? _____ Did the patient travel ____ alone ____ escorted?
16. Seizure ____ Yes ____ No
- a. What type of seizures? _____
 - b. Frequency of the seizures _____
 - c. When was the last seizure? _____
 - d. Are the seizures controlled by medication? ____ Yes ____ No
17. Prognosis for the trip Good/ Average/ Poor _____
18. The above mentioned medical details are completely correct to the best of my knowledge and have been provided after getting due consent from my patient. He / She can travel as :
- Sitting case Requiring Oxygen Wheel Chair Case Stretcher Case
19. Passengers Declared Fit to Fly

Physician's Name :

Qualification :

Registration No :

Physician Signature : _____

Rubber Stamp :

Date : _____

Important: Fees, if any, relevant to the provision of the above information and for carrier-provided special equipment are to be paid by the guest concerned.

**Part
4**
M E D I F
Standard Medical Information Form for Air Travel
Special Note :

- (1) Limited number of Oxygen cylinders are available in the aircraft for use in emergencies. Additional therapeutic Oxygen can be provided on request, only if 48 hours advance notice is given. Please note that aircraft oxygen cylinders can deliver oxygen only at fixed flow rates of 2 or 4litres/minute.
- (2) Due to flight safety reasons, personal oxygen cylinders are not allowed to be carried on board the aircraft.
- (3) Cases requiring oxygen should be accompanied by an escort who is familiar with the procedure of administering oxygen, or by a qualified nurse / doctor.
- (4) The attendant should ensure that all items / medical equipment brought on the aircraft by the patient (needles, syringes, unused medications) are removed at the time the patient is disembarked from the aircraft.
- (5) Cabin staff are trained in to provide first-aid and are not expected render special nursing care to critically ill cases. First Aid Kits carried on board the aircraft do not contain syringes, special drugs or instruments. Cabin crew are not permitted to administer injections or open Medical Kits, which contain standard life-saving drugs / equipment, and these can be opened only under the advice of Registered Medical Practitioners.
- (6) Patients with intravenous (IV) drips are not allowed to fly unless they go as stretcher cases as there is no provision for IV drip stands on board the aircraft. All cases on intravenous drips must be accompanied by a qualified nurse / doctor.
- (7) Any fee for the completion of this certificate or for further medical examination requested by Jet Airways doctors for purpose of certification, will be the responsibility of the passenger.
- (8) Physicians should give a certificate stating that battery used in equipment should be dry, non-spillable and fully charged. The medical equipment must not emit any electromagnetic radiation, which interferes with the communication / navigation systems of the aircraft (A/C) / A/C equipment. Please note that there no facilities for charging batteries during the flight. All manufacturing details should be forwarded to the medical dept. at earliest as it needs to be cleared by Jet airways Engineering and Security before it can be carried on board the aircraft.

Patient should carry an adequate supply of fully charged batteries i.e., sufficient for 150% of maximum expected flight duration. Additional batteries must be packed as per IATA DGR.
- (9) All medical details asked must be completed and submitted at least 48 hours in advance of the flight as clearance has to be obtained from the regional company doctors. The form should be accurately filled and clearly typed. As this form is transmitted by telex / fax, all medical terms should be legible and completed in ink.
- (10) Jet Airways doctor's decision regarding fitness of the passengers to fly or the requirement of medical escort will be final. If at time of embarkation the condition of the passenger is worse than the details provided, carriage may be refused. Any case which Jet Airways feels might jeopardize the safety or operation of the aircraft will not be accepted.
- (11) Please note that our aircraft oxygen cylinders are compatible only with the bayonet fitting of the oxygen mask and not with any other equipment.
- (12) Jet Airways can arrange only for the installation of the stretcher, uplift of additional aircraft oxygen cylinders (with mask) and permit the guest to carry the medical equipment required by him/her.
- (13) It is the sole responsibility of the guest / guest's accompanying physician to carry the requisite medical equipment, including any attachments / interfaces / connectors that may be required to connect guest's equipment / tracheostomy, to aircraft oxygen cylinders. Jet Airways shall not be responsible and/or liable for malfunction of any of the guest's medical equipment either on its own or when coupled with the aircraft oxygen cylinders. Further, Jet Airways shall not be responsible and/or liable non-supply of oxygen to the guest due to incorrect or absent interfaces /connectors brought in by the guest or his/her accompanying physician.

GUIDELINES FOR ASSESING PATIENT'S FITNESS FOR TRAVEL ON JETAIRWAYS

When assessing a patient's fitness for air travel, the effects of reduced atmospheric pressure and consequent reduction in oxygen tension must be considered. Even in pressurized aircraft the cabin pressure will be equivalent to an altitude of 5000 – 8000 feet. Although each case will be considered on its merit, the following guidelines are laid down for the treating physician's reference**

- (A) Critical heart and respiratory conditions (e.g. decompensated cardiac patients / patients with severe valvular disease / unstable angina / significant cardiac arrhythmias/severe asthma) are usually not permitted to fly. Patients with recent coronary occlusion with myocardial infarction are normally not permitted to fly within 10 days if uncomplicated. Patients who have undergone angioplasties are usually allowed to fly only after 4 days if asymptomatic. Cases of uncontrolled severe hypertension are not allowed to fly. Patients with severe bronchitis, emphysema, other conditions where respiratory exchange is compromised or may be affected by the hypoxia are permitted to fly only if arrangements are made for supplemental oxygen for use in flight and are accompanied by a medical escort. Patients with active open tuberculosis / untreated pneumothorax are not permitted to fly. Cases with tracheostomies are permitted to fly only if accompanied by medical escort and suitable equipment.
- (B) Introduction of air into body cavities for diagnostic / therapeutic purposes are allowed to fly only after 5 days of uncomplicated recovery following the procedure.
- (C) Cases of acute, major psychiatric disorder allowed to fly only if sedated and accompanied by medical escort.
- (D) CVA/Head Injury - Permitted only after 5-14 days if stable or improving along with nursing escort.
- (E) Severe cases of acute otitis media / sinusitis / post middle ear surgery permitted to fly only with ENT specialist's fitness certificate.
- (F) Patients with acute contagious / communicable diseases are not allowed to fly.
- (G) Patients with fractures of the mandible with fixed wiring of the jaws are not allowed to fly.
- (H) POP casts should be bivalved in case flying is required within the first 48 hours of their application.
- (I) Peptic ulceration with hemorrhage - Not permitted within 10 days of onset, except when permitted by the treating consultant. Flying may be permitted after 5 days of a MINOR laproscopic procedure, if uncomplicated recovery. Investigative laproscopy may be accepted >24hrs provided gas is absorbed.
- (J) Post - Operative cases are usually not permitted to fly within
 - (i) 10 days of abdominal operations
 - (ii) 10 days of chest surgery
 - (iii) 10 days of head surgery
- (K) Guidelines for pregnant guest - Refer appropriate section on website (www.jetairways.com)
- (L) Passengers are allowed to fly after 48 hours of normal delivery provided they have medical clearance. Newborns are not allowed to fly in the first 7 days of life, unless they are medically cleared by the treating neonatologist and accompanied by at least an MBBS doctor.
- (M) Patients with deep vein thrombosis should not fly till patient is stabilized on anticoagulant therapy and there are no pulmonary complications.
- (N) Patient with severe anemia (Hb<9.5 gm/dl) are not permitted to fly. However in exceptional cases, they may be permitted to fly with specialist's certificate.
- (O) Patients with uncontrolled diabetes mellitus are not permitted to fly.
- (P) Patients with impaired mobility should be provided with diapers / Condom / indwelling catheters.
- (Q) Flying is not permitted for 3 - 6 weeks following surgery for retinal detachment.