<table>
<thead>
<tr>
<th>Part 1</th>
<th>M E D I F</th>
</tr>
</thead>
<tbody>
<tr>
<td>To be completed by Sales Office/Agent</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A</th>
<th>Name / Initials / Title :</th>
<th>Tel. No. Departure City :</th>
<th>Tel. No. Arrival City :</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>Proposed Itinerary (airline(s), flight number(s), class(es), date(s), segment(s) reservation status)</td>
<td>Transfer from one flight to another often requires Longer connecting time</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Nature of disability</td>
<td>Medical Clearance Required Yes</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Is Stretcher Needed On Board (all stretcher cases Must be escorted)</td>
<td>No Yes</td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>Intended Escort (Name, sex, age, professional qualification, segments if different from passenger) - if unaccompanied “Travel Companion”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>Wheelchair Needed ?</td>
<td>No Yes</td>
<td>Categories are : WCHR WCHS WCHC</td>
</tr>
<tr>
<td>G</td>
<td>Ambulance Arranged Hospital Details</td>
<td>No Details :</td>
<td></td>
</tr>
<tr>
<td>H</td>
<td>Other Ground Arrangements Needed 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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I</td>
<td>Arrangements for delivery at airport of Departure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>J</td>
<td>Arrangements for assistance at Connecting Points</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K</td>
<td>Arrangements for meeting at airport of Arrival</td>
<td></td>
<td></td>
</tr>
<tr>
<td>L</td>
<td>Other requirements or relevant information.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>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)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>Does Passenger Hold a “Frequent Passenger’s Medical Card” valid for This Trip / (FREMEC)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Passenger’s 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 accepted for transportation, the undersigned hereby release and will indemnify the airline concerned, their representatives and agents from all claims for compensation or damage sustained in connection with the deterioration of his/her health as a result of the 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 his/her 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 airlines or third parties through this transportation. The undersigned also agrees and undertakes that the airlines are not obliged in any way to accept him/her for any subsequent or return journey and that the airline’s Conditions of Carriage will only apply. 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 6711 6618 / 031 FX : +91 22 26156290
Email : bnmmedical@jetaireways.com

Delhi Medical Dept.:
TEL : +91 11 4967953
Email : delmedical@jetaireways.com

Chennai Medical Dept.:
TEL : +91 44 22568009
Email : mamedical@jetaireways.com

Kolkata Medical Dept.:
TEL : +91 33 25111359
Email : ccmmedical@jetaireways.com
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, ..............................................
   Nature and date of any recent and/or relevant surgery ....................................................................................................................
   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 :___________________

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 2
   c. Cardiac condition ____ Yes ____ No If yes, see Part 2
   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 2
   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 ____ 2 Litres / min ____ 4 Litres / 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 : _________________________
13. Cardiac condition
   a. Angina ____ Yes ____ No When was 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 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 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. Passenger 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.
* 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 4 litres / 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 to 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 Physician’s Kits, which contain standard life-saving drugs / equipment, and these can be opened only under 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 are no facilities for charging batteries during the flight. All manufacturing details should be forwarded to the medical dept. at the 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 got 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 & completed in black ink.

*(10)* Jet Airways doctor’s decision regarding fitness of the passenger 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.
### GUIDELINES FOR ASSESSING PATIENT’S FITNESS FOR TRAVEL ON JET AIRWAYS

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 >24 hrs 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 & are 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.