

MEDIF - Medical Information Form for Fitness to Travel or Special Assistance
MEDIF PART 1 GENERAL INFORMATION

MEDICAL INFORMATION FORM

To be completed by the attending doctor.

This form is intended to provide **Confidential** information to enable the airlines' Medical Department to assess the Fitness of the passenger to travel. If the passenger is acceptable this information will permit the issuance of the necessary directives designed to provide for the passengers' welfare and comfort. All sections must be completed clearly using Block letters or a typewriter.

Yes/No boxes should be completed with a cross "X" in the relevant box.

NOTE: Cabin attendants are NOT authorized to give special assistance to particular passengers, to the detriment of their service to other passengers, nor are they permitted to administer injections, to give medication, to lift Passengers or to assist in the toilet.

This form must be returned to RwandAir Medical and Occupational Health department at least 72hrs prior departure via email medif@rwandair.com for Assessment and approval.

MEDA01	Patients Names:	Sex:	Age:
MEDA02	Attending Doctor's Name:	Telephone Contact Business:	Name of Hospital or clinic & specialty:
MEDA03	<u>Medical Diagnosis/data in Details:</u>		Date of recent operation / diagnosis:
			Day / month / year of first symptoms:
MEDA04	Current Clinical Status (including vital signs as clinically indicated) BP: Pulse: GCS: Temp: RR: Oxygen saturation (Room Air) %		

MEDIF PART 2 MEDICAL CONDITIONS				
MEDICAL INFORMATION FORM				
To be completed by the attending doctor.				
MEDA05	Prognosis for the flight(s): Please consider the potential effects of the itinerary and physiological stresses of flight on the patient's state of health and mention if Terminal case. Narratives should be provided for guarded / poor.			
	GOOD (No Problem) Anticipated	GUARDED (Potential problems) in-flight	POOR (Problems likely)	Narrative (e.g. late stage disease, unstable)
	Passenger itinerary: From.....to.....			
MEDA06	Any Contagious AND communicable diseases?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Specify	
MEDA07	Would the physical and /or mental condition of the patient cause Distress or discomfort to other passengers?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Specify	
MEDA08	Can patient use normal aircraft seat with seat back Placed in upright position when so required?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Specify	
MEDA09	Can patient take care of his own needs on board UNASSISTED (<i>Including meals, visit to toilet, etc.</i>)? If not specify the type of help needed		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Specify	
MEDA 10	According to your evaluation, does the passenger need an escort?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Medical escort <input type="checkbox"/> Non-Medical escort	
MEDA11	Does the passenger require supplementary Oxygen onboard?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, Specify:	

MEDIF PART 2 MEDICAL CONDITIONS			
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MEDA12	Does the patient require any medication or the use of special equipment such as a respirator, incubator, nebulizer, etc.?	(a) on the Ground while at the airport(s):	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Specify
	Note that any form of supplementary oxygen for elective medical use is not permitted.	(b) on board of the Aircraft:	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Specify
MEDA13	Is the patient fit to fly?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Specify For how many Hours.....
MEDA14	Does patient need Hospitalization? (If yes, indicate details of arrangements made) <u>NOTE:</u> The attending doctor is responsible for all arrangements. Other remarks or information in the interest of your patient's smooth and comfortable transportation (<i>specify if any</i>):	a) During long layovers or overnight stops at connecting points en route:	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Detail
		(b) Any arrangements made for an ambulance to pick up the passenger upon arrival at the destination:	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Detail
MEDA15	Other remarks or information in the interest of your patient's smooth and comfortable transportation.		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Specify
MEDA16	IMPORTANT: Any fees that is payable in respect of the provision of the above information is paid by the passenger concerned.		

MEDIF PART 3. DECLARATION FORM

MEDICAL INFORMATION FORM

To be completed by the attending doctor.

Attending Doctor's stamp and Signature:

.....

I have Read and understand all Parts of the MEDIF

License/Provider Number:Date:

Official Stamp

Passenger's Declaration

I, _____, hereby authorize _____ (name of nominated doctor) to complete this MEDIF for the purposes indicated overleaf. In providing this authorization, I release the doctor from his/her professional duty of confidentiality with respect to the information required for this form, and I consent to the sharing of my relevant health information.

I acknowledge that my journey is subject to the applicable General Conditions of Carriage. I understand that I travel by air at my own risk and accept full responsibility for any effects this may have on my health.

I release the carrier, its employees, and agents from any resulting liability and agree to bear any special expenses or costs related to my travel.

Passenger or Agent's Name

.....

I have read and understood **The MEDIF form**

Signature.....

Date.....

MEDIF PART 4
NOTES FOR THE GUIDENCE OF MEDICAL PRACTITIONERS AND PASSENGERS.

The Principal factors to be considered when assessing a patient's fitness for air travel are:

- A. Reduced atmospheric pressure** (Cabin air pressure changes greatly during 15-30 minutes after takeoff and before landing and gas expansion and contraction can cause pain and pressure effects)
- B. Reduction in oxygen tension.** (The cabin is at a pressure equivalent to an altitude of 6,000 to 8,000 feet and oxygen partial pressure is approximately 20% less than on the ground).

Any medical condition which would render a passenger unable to complete the flight safely, without requiring extraordinary medical assistance during the flight is considered unacceptable for air travel.

Conditions usually considered unacceptable for air travel:

(Although these are suggested limiting factors, each individual case must be considered on its merits and is dependent on whether or not the passenger is accompanied by a professional escort)

1. Anemia of severe degree.
2. Severe cases of Otitis Media and Sinusitis.
3. Acute, Contagious or Communicable Disease.
4. Those suffering from Congestive Cardiac Failure or other cyanotic conditions not fully controlled.
5. Uncomplicated Myocardial Infarction within 2 weeks of onset complicated MI within 6 weeks of onset.
6. Those suffering from severe respiratory disease or recent pneumothorax.
7. Those with GI lesions which may cause hematemesis, melena or intestinal obstruction.
8. Post-operative cases:
 - a) Within 10 days of simple abdominal operations.
 - b) Within 21 days of chest or invasive eye surgery (not laser)
9. Fractures of the Mandible with fixed wiring of the jaw (unless medically escorted)
10. Unstable Mental illness without escort and suitable medication for the journey.
11. Uncontrolled seizures unless medically escorted,
12. Uncomplicated single Pregnancies beyond the end of the 36 week or multiple pregnancies beyond end of the 32 weeks.
13. Infants within 7 days of birth.
14. Any other unsafe health condition for air travel

NOTES ON OTHER SPECIFIC ITEMS

1. **Allergies:** Simple requests for a special meal do not require completion of this form.

If your patient has a life threatening food allergy that may require treatment in-flight,

Particularly if they react to the presence of traces of food in the air, this form should be completed. Note:

RwandAir cannot guarantee peanut free meals.

2. **Asthma:** Medication must be carried in cabin baggage, an inhaler are an effective onboard.

3. **Fractures:** All new long bone fractures and full leg casts (cast must be at least 48hrs old) require a medical certificate. Plasters should be split for fresh injuries (48hrs or less) which could swell inside the cast on a long flight.

Extra legroom for leg elevation is not possible in economy class. However, an aisle seat can be reserved.

Please state whether the injury is left or right.

4. **Lung or Heart Disease:** Cardiopulmonary disease which causes dyspnea on walking more than 100m on the flat,

Or has required oxygen in hospital or at home (or in-flight previously) may require supplementary oxygen.

The aircraft oxygen is for emergency use only. For the time being, RwandAir does not undertake the transportation

Of passengers with serious cardiopulmonary cases as well as those requesting continuous oxygen, stretcher or incubator.

5. **Physical Disabilities:** There is no need for this form if you simply require a wheelchair as far as the aircraft door; the travel agent can indicate this on the reservation if you wish.

Note: Civil Aviation Rules require all passengers to be able to use the aircraft seat with the seatback in the upright position.

6. **Special Meals:** Special diets for religious or other medical reasons can be ordered direct from your travel agent without using this form. If you have a food allergy, please see the section on “allergies” above.

7. **Terminal Illness:** Passengers in the advanced stages of terminal illness will normally require a medical or nursing escort.

8. **In-flight care:** RWANDAIR do not provide nursing attendants for invalid passengers. Cabin crew are trained in First Aid only.

9. **Escorts:** should ensure that they have all appropriate items for the proper care of their patient, and are responsible for Attending to all aspects of their patient’s bodily needs. Due to food handling regulations, Cabin Staff cannot assist with these needs.

PROCESSING MEDIF

1. The MEDIF should be completed based on passenger's (patient's) condition within one week from the planned date of travel and submitted to RwandAir Medical department team at least **72 hours** for assessment and approval.
2. Please be advised that RwandAir Medical department may **request further information** or clarification prior to approval of the MEDIF.
3. RwandAir must be notified immediately of any changes in the passenger’s condition prior to travel.

Passengers whose condition has worsened or was inaccurately reported on the MEDIF may be refused boarding for safety reason.