

MEDIF - Medical Information for Fitness to Travel or Special Assistance

MEDIF PART 1

MEDICAL INFORMATION FORM

To be completed by 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 and Health department at least 72hrs prior departure via email medif@rwandair.com for Assessment and approval

MEDA01	PATIENTS NAME,	SEX	AGE			
MEDA02	ATTENDING DOCTOR's Name	Telephone Business: Contact	Name of Hospital or clinic & specialty:			
MEDA03	MEDICAL DATA: DIAGNOSIS in detail:		Date of recent operation / diagnosis			
			Day / month / year of first symptoms:			
MEDA04	CURRENT CLINICAL STATUS (including vital signs as clinically indicated)					
	Temp (°C):	Pulse:	BP:	RR:	GCS:	Oxygen saturation (Room Air)
					 %

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MEDA05	<p>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.</p> <p>GOOD (No Problem) Anticipated GUARDED (Potential problems) in-flight POOR (Problems likely)</p>	<p>Narrative (e.g. late stage disease, unstable)</p>
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 (Including meals, visit to toilet, etc.)? 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	GUIDANCE: Patients who can walk 50 meters without dyspnea generally do not require supplementary Oxygen. Rwandair provides flow rates of 2 or 4 Liters per minute of constant flow Oxygen by mask.	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Stand by <input type="checkbox"/> Continuous Specify Flow Rate

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MEDA12	Does patient need any medication other than self-administered, and/or the use of special equipment such as respirator, Incubator, nebulizer etc.? (note all equipment on board must be dry cell battery operated)	(a) on the GROUND while at the airport(s):	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Specify
MEDA13		(b) on board of the AIRCRAFT:	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Specify
MEDA14	Is the patient fit to fly?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Specify For how many hours.....
MEDA15	Does patient need HOSPITALISATION ? (If yes, indicate details of arrangements made) NOTE: The attending doctor is responsible for all arrangements. Other remarks or information in the interest of your patient's smooth and comfortable transportation (specify if any):	a) during long layover or night stop at CONNECTING POINTS en route:	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Detail
		(b) Any arrangement made for an ambulance to pick up the passenger upon arrival at DESTINATION :	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Detail
MEDA16	Other remarks or information in the interest of your patient's smooth and comfortable transportation.		<input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> Specify
MEDA17	Any other arrangements made by the attending doctor:		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Specify
MEDA18	IMPORTANT: Any fees that is payable in respect of the provision of the above information and any special equipment provided by the airline is payable by the passenger concerned		

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Attending Doctor's stamp and Signature:

Official Stamp

.....

I have Read and understand Part 1 and Part 2 of the Medif Form

License/Provider NumberDate:.....

Passenger's declaration

I hereby authorize (Name of nominated Doctor)

To complete Part 1 for the purpose as indicated overleaf and in consideration thereof, I hereby relieve that doctor of his/her professional duty of confidentiality in respect of such information, and agree to meet such doctor's fees in connection therewith.

I take note that my journey will be subject to the general conditions of carriage/tariffs of the carrier(s) concerned and that the carrier(s) do not assume any special liability exceeding those conditions/tariffs. I am prepared at my own risk to bear any consequences which carriage by air may have for my state of health and I release the carrier, its employee's servants and Agents from any liability for such consequences. I agree to take full responsibility for any special expenditures or costs in connection with my carriage.

Passenger or Agent's Name

.....

I have read and understood **MEDIF Part 2**

Signature.....

Date.....

MEDIF PART 2

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:

- (1) 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)

- (2) 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).
- Fractures of the Mandible with fixed wiring of the jaw (unless medically) escorted
 - Unstable Mental illness without escort and suitable medication for the journey.
 - Uncontrolled seizures unless medically escorted,
 - Uncomplicated single Pregnancies beyond the end of the 36 week or multiple pregnancies beyond end of the 33 week.
 - Infants within 7 days of birth.

MEDIF PART 2

NOTES FOR THE GUIDENCE OF MEDICAL PRACTITIONERS AND PASSENGERS

Notes on other Specific items

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.

Asthma: Medication must be carried in *cabin baggage*. Nebulizers are no longer required to have their own power source. Spacer devices used with an inhaler are an effective onboard alternative.

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.

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.

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.

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.

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

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

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 MEDIFS

- 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. Please be advised that Rwandair Medical department may request further information or clarification prior to approval of the MEDIF.

RWANDAIR must be notified immediately of any **change in the patient’s condition PRIOR travel**

Passengers whose condition has deteriorated or has not been accurately described in this MEDIF may be refused boarding in line with flight safety considerations.