# MEDIF-MEDICAL INFORMATION FOR FITNESS TO TRAVEL OR SPECIAL ASSISTANCE FORM

(To be read and understood before completing MEDIF PART B & PART C) **Part-A**

**All sections must be completed clearly, dated and signed. Use Block letters.** Any MEDIF must be submitted along with the **latest medical report** from the treating physician at least **72 hours** before departure of the flight, but not more than 14 days prior to the commencement date of travel.

**MEDIF Part A** – Provides guidance to guests and their doctors in order to complete Part B and Part C accurately.
**MEDIF Part B** – To be completed by the guest or travel agent. Declaration must be signed and dated by the guest.
**MEDIF Part C** – To be completed by the treating or attending doctor. Must be signed and dated by the doctor.

## Guidance for doctors

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

- Reduction in atmospheric pressure with resultant gaseous expansion (Cabin air pressure changes greatly after takeoff and before landing and gas expansion and contraction can cause pain and pressure effects, especially important for gas in the brain, eyes, sinuses, gastrointestinal tract and lungs).
- Reduction in oxygen partial pressure (The cabin is pressurized to an altitude equivalent of 6000 to 8000 feet and oxygen partial pressure is approximately 20-25% less than on the ground. Patients with cardiorespiratory disease or anaemia may be at risk).

### Conditions that require medical clearance

Guests with the following conditions require medical clearance from Etihad Airways.
If the guest:

1. suffers from any disease which is believed to be actively contagious and communicable;
2. because of the physical or behavioural condition, is likely to be a hazard or cause discomfort to other guests;
3. is considered to be a potential hazard to the safety or punctuality of the flight, including the possibility of diversion;
4. is incapable of caring for him or herself and requires special assistance;
5. has a medical condition which may be adversely affected by the flight environment;
6. has recently had a major medical incident;
7. suffers from an unstable physical or psychological (mental health) condition;
8. travels with a premature infant (Etihad Airways does not provide incubators);
9. requires a stretcher;
10. requires in-flight oxygen or is using their own personal oxygen concentrator or ventilator;
11. requires the use of battery-powered medical equipment in-flight or needs to undertake any medical procedure during the flight, e.g. injection.

**Therapeutic Oxygen:** Etihad Airways provides an oxygen service which is available on all our aircraft in all three zones. This service must be requested at least **72 hours** prior to departure. Etihad uses the "**Zero Two**" oxygen cylinder which is compatible with other medical equipment. For details/specifications please refer to the website http://www.aeromedicgroup.com

**Medical Assistive Devices:** Federal Aviation Administration (FAA) approved personal electronic respiratory assistive devices such as ventilators, respirators, continuous positive airway pressure (CPAP) machines and portable oxygen concentrators may be approved to be carried and used on all our aircraft. Guests shall ensure that the assistive devices have sufficient **battery supply to last for 1.5 times** the flight duration. Prior medical clearance is required. For CPAP devices, prior medical clearance is not required, but the guest must notify a reservations agent 48 hours prior to departure and submit a physician statement, which can be downloaded from www.etihad.com.

**Processing MEDIF:** The MEDIF and the medical report must be received at the Ticketing Office or Contact Centre at the latest 72 hours before the travel is due to commence. Further investigation reports may be required by the Etihad Airways Medical Centre. The MEDIF should be completed based on the guest's condition within 14 days from the date of commencement of air travel. Etihad Airways must be notified immediately of any change in the guest's condition prior to travel. In the event of a sudden change in the guest's condition **during the trip,** we shall ask the guest to obtain another medical report and MEDIF to confirm their fitness to continue further air travel.

**Medical Certificate:** The Etihad Airways Medical Centre (EAMC) issues a Medical Certificate with approval which is handed over to the guest through the respective Ticketing Office or Contact Centre. Guests may be requested to show the certificate at any time during their trip and so are requested to keep this easily available. Separate clearance may be required for the return journey, as advised by the EAMC.

For more details, please visit www.etihad.com → The Etihad Experience → Special Assistance → Medical and Special Needs

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**MEDIF-MEDICAL INFORMATION FOR FITNESS TO TRAVEL OR SPECIAL ASSISTANCE FORM**
**(To be completed by the guest or travel agent/airline office in block letters)**

**Part-B**

**1. GUEST DETAILS:**

| | |
|---|---|
| **Name (as per PNR)** | |
| **Telephone** | |

**2. FLIGHT DETAILS:**

**2.1. OUTBOUND:**

| PNR | Flight No. | Date | From | To | Class | Status |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |

**2.2. INBOUND (RETURN):**

| PNR | Flight No. | Date | From | To | Class | Status |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |

**3. NATURE OF INCAPACITATION / MEDICAL PROBLEM:**

| |
|---|
| |

**4. ASSISTANCE REQUIRED (Tick √ against the relevant):**

| | |
|---|---|
| STRETCHER | |
| OXYGEN | |
| WHEELCHAIR (Specify WCHR,WCHS or WCHC as per MEDIF Part C) | |
| SPECIAL MEAL (Refer to meal types listed on www.etihad.com) | |
| APPROVAL FOR CARRIAGE OF MEDICAL EQUIPMENT | |
| NO ASSISTANCE REQUIRED | |

**5. ESCORT DETAILS (Tick √ against relevant):**

☐Not Required ☐Personal (Non-Medical) Escort ☐Private Nurse ☐Doctor ☐ **Etihad Airways In-Flight Nurse**

| | | | |
|---|---|---|---|
| **Name of the Escort** | | **PNR** | |

Guest with medical condition can now secure an Etihad Airways aviation nurse to escort them on their Etihad Airways flight to worldwide destination. Our aviation specialist nurse will visit the guest for assessment prior to travel.

(Additional charges applies for this service, which varies according to travel destination)

**6. PASSENGER'S DECLARATION:**

I hereby authorize ..... (name of nominated physician) to complete **Part C** for the purpose as indicated overleaf and in consideration thereof, I hereby relieve that physician of his/her professional duty of confidentiality in respect of such information and agree to meet such physician's fees in connection therewith. I take note that if accepted for carriage, 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 employees, servants and agents from liability for such consequences. I agree to reimburse the carrier upon demand for any special expenditures or costs in connection with my carriage. I have read and understood MEDIF Part A.

☐ ***CONSENT TO PROCESS MEDICAL INFORMATION***

I consent to the use of my medical data contained in this form, and any supplementary medical data requested by Etihad in relation to this application to assess my fitness to fly on this booking. I understand that my medical information will be processed by staff at any of Etihad's contact centres in the UAE, Serbia, or India, or at any of Etihad's ticketing offices worldwide. I am also aware that my data will be reviewed by the Etihad Airways medical assistance team in the UAE and will be used by airport staff to facilitate my travel arrangements at my departure, transit, and final destination airports.

***Note:*** *You can find out more about how Etihad uses your data and protects your privacy rights at* *http://www.etihad.com/en-ae/legal/privacy-policy/*

Please check/tick the box above to indicate consent.

| | |
|---|---|
| **Guest Signature**<br>**Date** | |

**MEDIF**-MEDICAL INFORMATION FOR FITNESS TO TRAVEL OR SPECIAL ASSISTANCE FORM
(To be completed by the treating physician in block letters. All sections are mandatory)

**PART-C**

**NAME OF THE GUEST:** _____ **PNR:** _____

**Section 1: DECLARATION OF ILLNESS, ACCIDENT AND/OR TREATMENT**

a) Diagnosis and date of onset: _____

b) Nature and date of any surgery (if applicable): _____

c) Prognosis for a safe trip: ☐Good ☐Guarded **(Medical escort mandatory)** ☐Poor (**Medical escort mandatory)**

d) Contagious and communicable disease (if yes, specify): ☐No ☐Yes _____

e) Intellectual disability (if yes, specify): ☐No ☐Yes _____

f) Vital signs: BP _____ Temp _____ Pulse _____ RR _____ Oxygen saturation (on room air) _____%

g) If the patient uses supplemental oxygen on the ground, which flow rate does he/she use: ____ L/min

h) Oxygen saturation on supplemental oxygen (if applicable): _____%

i) Haemoglobin (*haemorrhage, major trauma, major surgery, chronic illness, cancer, kidney disease*): _____g/dL

j) Sex: _____ Age : _____ Weight (kg) : _____

**Section 2: SEATING REQUIREMENTS**

☐Upright (must sit upright during takeoff and landing) ☐Stretcher ☐Baby cot (can accommodate a baby of up to 12 months (max. 11kg))

**Section 3: TRAVELLING WITH OXYGEN**

☐**Option 1** – Etihad Airways provides continuous flow oxygen onboard. Tick ✓ against the required flow rate:

☐1LPM ☐2LPM ☐3LPM ☐4LPM

☐**Option 2** - Personal Oxygen Concentrator - Type: _____**(Only FAA approved)**
(See www.etihad.com for approved brands and conditions of carriage)

☐**Option 3** – No supplemental oxygen required.

**Section 4: REQUIREMENT OF ESCORT**

☐ **Option 1** – No assistance required.

☐ **Option 2** - The patient needs a private escort to take care of his/her needs onboard, which may include meals, visiting the toilet, administering medication, etc.

If yes, tick ✓ against relevant: ☐Doctor ☐Nurse ☐Other (Non-Medical)

**Section 5: OTHER ARRANGEMENTS**

**1) Wheelchair Requirement** (Tick ✓ on the required one):

☐ To the aircraft (WCHR) ☐ Unable to climb steps (WCHS) ☐ Inside the cabin (WCHC)

☐ Own wheelchair (If electric, must be dry cell operated only)

**2) Hospitalization/Ambulance Requirement:** ☐No ☐Yes (if yes, provide telephone details below)
(***Note: All hospital and ambulance arrangements must be made by the guest***)
a) Origin: _____b) Destination: _____

**3) Medication or Medical Devices Required Onboard:** ☐No ☐Yes (if yes, provide specifications of medication/devices)

_____

**4) Other Medical Information/Request** _____

**Name of the treating doctor and hospital (mandatory):** _____
**Telephone number of hospital/doctor (mandatory):**_____
**Signature, stamp and date (mandatory):** _____