

All sections must be completed clearly. Use **Block letters**. MEDIF **Part 3** should be filled **first** and submitted along with the **latest diagnosis report** from the treating physician at least **72 hours** before departure of the flight.

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

- ▶ 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)
- ▶ 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)

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 professional escort)

- ▶ Anaemia of severe degree.
- ▶ Severe cases of Otitis Media and Sinusitis.
- ▶ Acute, Contagious or communicable disease.
- ▶ Those suffering from Congestive Cardiac Failure or other cyanotic conditions not fully controlled.
- ▶ Uncomplicated Myocardial Infarction within 2 weeks of onset complicated MI within 6 weeks of onset.
- ▶ Those suffering from severe respiratory disease or recent pneumothorax.
- ▶ Those with GI lesions which may cause hematemesis, melaena or intestinal obstruction.
- ▶ 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.
- ▶ Pregnancies beyond the end of the 35th week for journeys of >4 hours, and beyond 36th week for journeys of < 4 hours.
- ▶ Infants within 7 days of birth.
- ▶ Introduction of air to body cavities for diagnostic or therapeutic purposes within 7 days.

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 must be completed.

Asthma: Medication must be carried in *cabin baggage*. *Nebulisers require their own power source. Otherwise, we advise spacer devices with inhalers, which are usually as effective as nebulisers.*

Fractures: All new long bone fractures and leg casts (cast must be at least 48hours old) require a **MEDIF**. Plasters should be split for fresh injuries (48hours 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 dyspnoea 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. Serious **cardiopulmonary** cases as well as those requesting continuous oxygen, stretcher, and incubator should **enclose a recent detailed medical report** with the **MEDIF** request. (A copy of a specialist or referral hospital would generally be sufficient).

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, Note: Civil Aviation Rules require all passengers to be able to keep the aircraft seat back in the upright position when required.

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: Cabin Crew are trained in First Aid only, and are not expected to pay particular attention to patients to the detriment of services to other passengers. Additionally, they are not permitted to administer any injections or give medications. OMAN AIR do not provide **nursing attendant** for invalid passengers.

Escorts: should ensure that they have all appropriate items for the proper care of their patient, and responsible for attending to all aspects of their patient's bodily needs. Cabin staff cannot be involved in this, as they also handle food.

Processing MEDIFS

- ▶ The MEDIF must be received, at the latest, 24hours before travel is due to commence.
- ▶ The MEDIF should be completed based on passenger's (patients) conditions within 3 days from the date of commencement of air travel. OMAN AIR must be notified immediately of any change in the patient's condition PRIOR to travel.
- ▶ In the event of sudden change in the passenger's (patient's) condition during the trip, Oman Air will ask passenger (patient) to obtain another medical information form to confirm the fitness to continue further air travel.

MEDIF-Medical Information For Fitness to Travel or Special Assistance.

All sections must be completed clearly. See MEDIF Part 1 for Guidance. Use Block letters or a typewriter when completing this form. Yes/No boxes should be completed with a cross in the relevant box.

PART- 2
To be completed by
Sales Office /Agent

Note: The MEDIF must be completed, at least 24hours before travel is due to commence.

Passengers travelling with any one of the following conditions will be requested to prepare a Medical Information Form (MEDIF) and submit it when making a reservation.

- Passengers whose medical condition requires oxygen supply, or needs stretcher, medical escort and / or medical treatment on board the flight
- Carriage and use of medical equipment or instruments,
- Passengers whose fitness for air travel is in doubt, as evidenced by recent instability, disease, treatment or surgery,
- Passengers who come under any one of the categories listed as usually unacceptable to travel on MEDIF part 1, and passenger with other serious or unstable sickness/injuries.

1. Passenger Details:

1.1 Family Name, Initials	1.2 Age	1.3 Title	1.4 Languages spoken	1.5 Contact Telephone No.
---------------------------	---------	-----------	----------------------	---------------------------

2. Itinerary:

Date	Flight No.	From	To	Class	Status	Date	Flight No.	From	To	Class	Status

Booking Ref. Number:.....

3. Nature of Incapacitation/ Illness

4. Intended Escort Details:

5. Stretcher needed?

Name: Age: Languages spoken: Medical Qualification: If unqualified, state "travel Companion".	Yes <input type="checkbox"/> No <input type="checkbox"/> (All stretcher Cases must be escorted)
	Incubator Needed? Yes <input type="checkbox"/> No <input type="checkbox"/> Type?

6. Wheelchair Needed?

Yes No

Can climb steps and Can walk in cabin } (WCHR)

Unable to climb steps, Can walk in cabin } (WCHS)

Unable to climb steps Or walk in cabin } (WCHC)

(Choose one)

Own Wheelchair?	Collapsible?	Power Driven?	Battery type Spill able?
No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>

Note: Wheelchairs with spillable batteries are considered "dangerous Cargo"

7. Have ambulance arrangements been confirmed?

At Departure port?	Yes <input type="checkbox"/>	Not Required <input type="checkbox"/>
At Transit port?	Yes <input type="checkbox"/>	Not Required <input type="checkbox"/>
At Arrival port?	Yes <input type="checkbox"/>	Not Required <input type="checkbox"/>

8. Has Hospital admission been confirmed at arrival port?

Yes Not required

Hospital details: (Full name, address, and telephone number)	Note: All ambulance and hospital arrangements must be arranged by the treating doctor/ hospital. Clearance for travel cannot be given until bookings are confirmed.
--	---

9. Are any special in-flight arrangements required?

Special meals, special seating, extra seat(s), special equipment etc. Provision of special equipment such as oxygen etc. always requires completion of Part 3 overleaf
--

10. Do you have a valid FREMEC card? Yes No

If yes, add below FREMEC data to your reservation requests. If no, (or additional data needed by carrying airline(s), have physician attendance complete Part 3 overleaf.		
Number:	Issued by:	Valid Until:
Incapacitation		Limitation

Passenger's declaration

I hereby authorize..... (Name of nominated physician)
To complete Part 3 for the purpose as indicated overleaf and in consideration there of, 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.

Passenger or Agent's Signature I have read and understood MEDIF Part 1 Signed	Date:
---	--------------



MEDIF-Medical Information For Fitness to Travel or Special Assistance.

PART- 3
To be completed by
attending Physician

Note: The MEDIF must be completed, at 24hours before travel is due to commence

This form is intended to provide confidential information to enable the airlines' medical department to aid in assessment of fitness for travel and to provide for the passenger's special needs. Please ensure information is accurate and current. All sections must be clearly filled using Block letters or a typewriter. Yes/ No boxes should be completed with a cross in the relevant box.

Notes for completion:

- Cardio-pulmonary cases as well as those requesting continuous oxygen, stretcher or incubator should **enclose a recent detailed medical report with the MEDIF request.** Failure to do so will delay the processing of the MEDIF (A report of a specialist or hospital referral would generally be sufficient)
- Physicians should refer to MEDIF Part-1 for guidance with specific medical conditions.
- Cabin attendants are not authorized to give special assistance (e.g. lifting) to particular passengers, to the detriment of their services to other passengers
- Additionally, they are trained only in first aid and are not permitted to administer any injection, or to give medication.
- Fees if any, relevant to the provision of the above information and carrier – provided special equipment (**)) are to be paid by the passengers concerned.

MEDA 1	PATIENT'S NAME, INITIAL(S);MR/MRS/MS/MSTR FAMILY NAME FIRST NAME	SEX M <input type="checkbox"/> F <input type="checkbox"/>	AGE
	MEDA 2	ATTENDING PHYSICIAN	Physician Telephone No Name of Hospital or Clinic & specialty
MEDA 3	MEDICAL DATA: DIAGNOSIS in detail (including vital signs)	Date of operation/ diagnosis	
	Vitals BP TEMP PULSE RESP	Day/month/year of first symptoms	
	PRESENT STATUS Patient Weight(Kgs) Nature of Incapitacation/ Illness		
MEDA 4	PROGNOSIS for the flight(s): Please consider the potential effects of the itinerary and physical stresses of flight on the patient's state of health and mention if Terminal case. Narratives required for guarded/ poor.	Narrative (e.g. late stage disease, unstable)	
	GOOD <input type="checkbox"/> GUARDED <input type="checkbox"/> POOR <input type="checkbox"/> (no problems anticipated) (potential problems) (problems likely)		
MEDA 5	CONTAGIOUS AND COMMUNICABLE disease?	No <input type="checkbox"/> Yes <input type="checkbox"/>	Specify:
MEDA 6	Would the physical and/ or mental condition of the patient be likely to cause DISTRESS or DISCOMFORT to other Passengers?.....	No <input type="checkbox"/> Yes <input type="checkbox"/>	Specify:
MEDA 7	Can patient use normal aircraft seat with seatback placed in the UPRIGHT POSITION when so required?	No <input type="checkbox"/> Yes <input type="checkbox"/>	Specify:
	If "no", patient will need a stretcher on board?	No <input type="checkbox"/> Yes <input type="checkbox"/>	Specify:
MEDA 8	Can patient take care of his own needs on board UNASSISTED* *(Including meals, visit to toilets, etc.)? If not, specify type of help needed:	No <input type="checkbox"/> Yes <input type="checkbox"/>	Specify:
MEDA 9	If to be ESCORTED , is the arrangement satisfactory to you? If not, specify type of escort proposed by you:.....	No <input type="checkbox"/> Yes <input type="checkbox"/>	Specify:
MEDA 10	Does the patient need SUPPLEMENTARY OXYGEN **equipment in flight?.....	No <input type="checkbox"/> Yes <input type="checkbox"/>	Specify:
	Does the patient need SUPPLEMENTARY OXYGEN on ground (e.g airport)?... (If Yes ,Confirmation from departure and arrival station to be obtained by reservation during approval process)	No <input type="checkbox"/> Yes <input type="checkbox"/>	Specify:
	Guidance: patients who can walk 50 meters without dyspnoea generally do not require supplementary Oxygen. Oman Air provides aero-med oxygen FLOW RATE of 2 to 8 liters per minute. Specify flow rate and if Oxygen is required continuously or intermittently	2 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/>	Continuous <input type="checkbox"/>



MEDIF-Medical Information For Fitness to Travel or Special Assistance.

PART- 3
To be completed by
attending Physician

Note: The MEDIF must be completed, at least 24hours before travel is due to commence

<p>MEDA 11</p>	<p>Does patient need any medication* other than self-administered, and/or the use of special equipment such as respirator, incubator, nebulizer etc.?</p> <p>Wheel Chair Requirement (Tick <input checked="" type="checkbox"/> on the required one):</p>	<p>(a)On the GROUND while at the airport(s):</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/> Specify: _____ _____</p>
<p>MEDA 12</p>	<p><input type="checkbox"/> To the aircraft (WCHR) <input type="checkbox"/> Unable to climb steps (WCHS) <input type="checkbox"/> Inside the cabin (WCHC) <input type="checkbox"/> Own wheelchair (note all equipment on board must be dry cell battery operated)</p>	<p>(b)on board of the AIRCRAFT</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/> Specify: _____ _____</p>
<p>MEDA 13</p>	<p>Does patient need Hospitalization/Ambulance Requirement? (If Yes, indicate full name, address, and telephone number of the arrangements) _____ _____ _____</p>	<p>(a)during layover or night stop at connecting points en route:</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/> Details:..... _____</p>
<p>MEDA 14</p>	<p>Note: the attending physician or Hospital is responsible for all arrangements.</p>	<p>(b)upon arrival at Destination:</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/> Details:..... _____</p>
<p>MEDA 15</p>	<p>Other remarks or information in the interest of your patient's smooth and comfortable transportation (specify if any):</p>		
<p>MEDA 16</p>	<p>Other Arrangements made by the attending physician:</p>		
<p>I have Read and understood Part 1 of the MEDIF form..... (Attending Physician's Signature)</p> <p>Attending Physician's Name:.....</p>		<p>Date:</p>	<p>Place: Stamp:</p>
<p>AUTHORISATION BY OMAN AIR MEDICAL CENTER</p> <p>Cleared to travel by Air.....</p> <p>Doctor's Name.....</p> <p>Remarks.....</p> <p>.....</p>		<p>GSM:</p> <p>Signature.....</p> <p>Stamp:</p>	<p></p>
<p>CRC will forward cleared form provided by the Oman Air Medical Center- Head Quarters</p>			

Distribution: 1: Oman Air Medical Center- Head Quarters

2: Captain WY Aircraft Carrying Passenger.

3: Captain WY Aircraft Carrying Passenger. (Additional – Use when in Transit Flight) 4: Station File at Departure Station.