

**INFORMATION SHEET FOR  
PASSENGERS REQUIRING SPECIAL ASSISTANCE**

Answer ALL questions — put a cross (X) in "YES" or "NO" boxes.  
Use BLOCK LETTERS when completing the form.

<b>A</b>	NAME/INITIALS/TITLE:																
<b>B</b>	PROPOSED ITINERARY (airline(s), flight number(s), class(es), date(s), segments(s), reservation status of continuous air journey).				Transfer from one flight to another often requires LONGER connecting time.												
<b>C</b>	NATURE OF INCAPACITATION:																
<b>D</b>	IS STRETCHER NEEDED ON BOARD? (all stretcher cases MUST be escorted). <div style="float: right;">           No <input type="checkbox"/>      Yes <input type="checkbox"/> </div>				Request rate if unknown.												
<b>E</b>	INTENDED ESCORT (name, sex, age, professional qualification, segments if different from passenger). If untrained, state "TRAVEL COMPANION".																
<b>F</b>	WHEELCHAIR NEEDED?    No <input type="checkbox"/> Yes <input type="checkbox"/> Categories are: WCHR   WCHS   WCHC Wheelchair category: <input style="width: 100px;" type="text"/>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;">OWN wheelchair</th> <th style="width:15%;">Collapsible</th> <th style="width:15%;">Power driven?</th> <th style="width:15%;">Battery type (spillable?)</th> </tr> <tr> <td>No <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>Yes <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> </tr> </table>		OWN wheelchair	Collapsible	Power driven?	Battery type (spillable?)	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"/>	Wheelchairs with spillable batteries are "dangerous goods" and are permitted on passenger aircraft only under certain conditions, which can be obtained from the airline(s). In addition, certain countries may impose specific restrictions.
OWN wheelchair	Collapsible	Power driven?	Battery type (spillable?)														
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"/>														
<b>G</b>	AMBULANCE NEEDED?    No <input type="checkbox"/> Yes <input type="checkbox"/>		To be arranged by AIRLINE No <input type="checkbox"/> Yes <input type="checkbox"/> Specify ambulance company contact: <input style="width: 150px;" type="text"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Specify destination address: <input style="width: 150px;" type="text"/>		Request rate(s) if unknown.												
<b>H</b>	OTHER GROUND ARRANGEMENTS NEEDED    No <input type="checkbox"/> Yes <input type="checkbox"/>																
<b>1</b>	Arrangements for delivery at airport of DEPARTURE No <input type="checkbox"/> Yes <input type="checkbox"/> Specify <input style="width: 400px;" type="text"/>																
<b>2</b>	Arrangements for assistance at CONNECTING POINTS No <input type="checkbox"/> Yes <input type="checkbox"/> Specify <input style="width: 400px;" type="text"/>																
<b>3</b>	Arrangements for meeting at airport of ARRIVAL No <input type="checkbox"/> Yes <input type="checkbox"/> Specify <input style="width: 400px;" type="text"/>																
<b>4</b>	Other requirements or relevant information No <input type="checkbox"/> Yes <input type="checkbox"/> Specify <input style="width: 400px;" type="text"/>																
<b>I</b>	SPECIAL IN-FLIGHT ARRANGEMENTS NEEDED, such as: special meals, special seating, leg-rest, extra seat(s), special equipment, etc.		No <input type="checkbox"/> Yes <input type="checkbox"/>														
		If yes, DESCRIBE and indicate for each item: (a) SEGMENT(s) on which required, (b) airline-ARRANGED or arranging third party, and (c) at whose expense. Provision of SPECIAL EQUIPMENT, such as oxygen, etc. always requires completion of the MEDIF.															
		<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>															
<b>J</b>	DOES PASSENGER HOLD A "FREQUENT TRAVELLER'S MEDICAL CARD (FREMEC)" VALID FOR THIS TRIP?		No <input type="checkbox"/> Yes <input type="checkbox"/>														
		If yes, add below FREMEC data to your reservation requests. If no (or if additional data needed by carrying airline(s)), have physician in attendance complete the MEDIF.															
		<table style="width:100%;"> <tr> <td style="width:20%;">FREMEC / <input style="width: 100px;" type="text"/></td> <td style="width:15%;"><input style="width: 100px;" type="text"/></td> <td style="width:15%;"><input style="width: 100px;" type="text"/></td> <td style="width:10%;"><input style="width: 50px;" type="text"/></td> <td style="width:10%;"><input style="width: 50px;" type="text"/></td> <td style="width:30%;"><input style="width: 200px;" type="text"/></td> </tr> <tr> <td>(FREMEC number)</td> <td>(Issued by)</td> <td>(Valid until)</td> <td>(Sex)</td> <td>(Age)</td> <td>(Incapacitation)</td> </tr> </table>				FREMEC / <input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 200px;" type="text"/>	(FREMEC number)	(Issued by)	(Valid until)	(Sex)	(Age)	(Incapacitation)
FREMEC / <input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 200px;" type="text"/>												
(FREMEC number)	(Issued by)	(Valid until)	(Sex)	(Age)	(Incapacitation)												
		<input style="width: 100%; height: 20px;" type="text"/> (Incapacitation continued) <input style="width: 100%; height: 20px;" type="text"/> (Limitations)															

## PASSENGER'S DECLARATION

"I hereby authorize .....(Name of nominated Physician) to provide the Airline with the information required by the Airline for the purpose of determining my fitness for carriage by air 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 physicians fees in connection therewith.

I take note that if accepted for carriage, my journey will be subject to general conditions of carriage/tariffs of the carrier concerned and that the carrier does not assume any special liability exceeding those conditions/tariffs.

I agree to reimburse the carrier upon demand for any special expenditure or costs in connection with my carriage"  
(Where needed, to be read by/to the passenger, dated and signed by him/her or on his/her behalf)

Place:	Date:	Passenger's Signature:
--------	-------	------------------------



# MEDIF

STANDARD MEDICAL INFORMATION  
FORM FOR AIR TRAVEL

PART 2(ATTACHMENT A)

**CONFIDENTIAL**

		M E D I C A L I N F O R M A T I O N S H E E T — ( M E D I F )		(for official use only)		
To be completed by ATTENDING PHYSICIAN	<p>This form is intended to provide CONFIDENTIAL information to enable the airlines' 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.</p> <p>The PHYSICIAN ATTENDING the incapacitated passenger is requested to ANSWER ALL QUESTIONS. Enter a cross "x" in the appropriate "yes" or "no" boxes, and/or give precise concise answers).</p> <p>COMPLETING OF THE FORM IN BLOCK LETTERS WILL BE HIGHLY APPRECIATED</p>			PASSENGER TRANSFER TIME FRAME (For Air Ambulance Service ONLY)		
				Mark (✓) in appropriate box		IMMEDIATE
						WITHIN 24 HRS
						OTHER, please specify proposed travel date:
Airlines' Ref. Code MEDA01	PATIENT'S NAME, INITIAL(S), SEX, AGE:					
MEDA02	ATTENDING PHYSICIAN - Name & Address					
	- Telephone Contact	Business:	Home:			
MEDA03	MEDICAL DATA: - DIAGNOSIS in details (including vital signs) - Day/month/year of first symptoms:					
	Date of operation		Date of diagnosis			
MEDA04	- PROGNOSIS for the flight(s); passenger fit for air travel?: No <input type="checkbox"/> Yes <input type="checkbox"/>					
MEDA05	- Contagious AND Communicable disease? No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:					
	- If communicable, transmissible through: Contact <input type="checkbox"/> Airborne <input type="checkbox"/> Other <input type="checkbox"/> If Other, please specify:					
MEDA06	- 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:					
MEDA07	- Can patient use normal aircraft seat with seatback placed in the UPRIGHT position when so required? Yes <input type="checkbox"/> No <input type="checkbox"/>					
MEDA08	- Can patient take care of his own needs on board UNASSISTED* (including meals, visit to toilet, etc.)? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, type of help needed:					
MEDA09	- If to be ESCORTED, is the arrangement satisfactory to you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify current arrangement:					
	If not, type of escort proposed by YOU:					
MEDA010	- Does patient need OXYGEN** equipment in flight? Yes <input type="checkbox"/> No <input type="checkbox"/>					
	(If yes, select rate of flow) Litres per Minute: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/> Continuous? Yes <input type="checkbox"/> No <input type="checkbox"/>					
MEDA011	- Does patient need any MEDICATION*, other than self-administered, and/or the use of special apparatus such as respirator, incubator, etc.**? (a) on the GROUND while at the airport(s): No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:					
MEDA012	(b) on board of the AIRCRAFT: No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:					
MEDA013	- Does patient need HOSPITALISATION? (If yes, indicate arrangements made or, if none were made, indicate "NO ACTION TAKEN") (a) during long layover or nightstop at CONNECTING POINTS en route: No <input type="checkbox"/> Yes <input type="checkbox"/> Action:					
MEDA014	(b) upon arrival at DESTINATION: No <input type="checkbox"/> Yes <input type="checkbox"/> Action:					
MEDA015	- Other remarks or information in the interest of your patient's smooth and comfortable transportation: None <input type="checkbox"/> Specify if any**:					
MEDA016	- Other arrangements made by the attending physician:					
NOTE(*): Cabin attendants are NOT authorized to give special assistance (e.g. lifting) to particular passengers, to the detriment of their service to other passengers. Additionally, they are trained only in FIRST AID and are NOT PERMITTED to administer any injection, or to give medication.		IMPORTANT : FEES, IF ANY, RELEVANT TO THE PROVISION OF THE ABOVE INFORMATION AND FOR CARRIER-PROVIDED SPECIAL EQUIPMENT (**) ARE TO BE PAID BY THE PASSENGER CONCERNED.			Seal of physician/hospital:	
Date:	Place:	Attending Physician's Signature:				



# MEDIF

STANDARD MEDICAL INFORMATION

FORM FOR AIR TRAVEL

PART 2(ATTACHMENT B)

## CONFIDENTIAL

### 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 a 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 6 weeks for uncomplicated surgery
- 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.
- Introduction of air to body cavities for diagnostic or therapeutic purposes within 7 days.

### Pregnancy:

- Pregnant women may be accepted for travel provided the pregnancy is uncomplicated and return travel is completed by:
  - a) 36 weeks on a short haul flight (Less than 3 Hours)
  - b) 34 weeks on a long haul flight (more than 6 and half hours); or
  - c) 32 weeks on short/long haul flights with a multiple pregnancy
- No medical certificate or letter is required for a normal pregnancy if the pregnancy is less than 28 weeks.
- If it's a multiple/complicated pregnancy, a MEDIF is required even if the pregnancy is less than 28 weeks.
- From the beginning of the 28th week, until the end of the 36th week of a normal and multiple/complicated pregnancy a MEDIF form is required.
- From the beginning of the 34th week to the end of 36th week of a normal pregnancy, a medif form and a medical escort is required.
- From the beginning of the 28th week to the end of the 36th week of a multiple/complicated pregnancy, a medical escort is required.
- Women with pregnancy of more than 36 weeks will be accepted onboard **only with a Doctor/Nurse (fully equipped with and ready for unexpected delivery on board) and the MEDIF that clearly states the condition of the passenger and the passenger is fit for travel**

### Other Important Information:

- a) Wheelchairs can be provided at most airports if notice is given.
- b) Any case that Maldivian considers to result in jeopardising the safety of operation of the aircraft, will not be accepted by Maldivian.
- c) Particular attention is drawn to the fact that the medical details given at the front of this form must be accurately completed. If at the time of embarkation the condition of the passenger is not as good as the medical details provided, then the air carriage may have to be refused.
- d) To ensure that the patient is accepted for carriage, it is important that all medical terms provided by the attending physician must be easily readable.
- e) Wheelchairs with spillable batteries are "Dangerous Goods" and are permitted on passenger aircraft only under certain conditions which can be checked from the airline. In addition certain countries may impose specific restrictions.
- f) For pregnancy cases, the Attending Physician must specify "Single/Multiple" and "Complicated/Uncomplicated" in Diagnosis in details within MEDA 03 in Part 2 (Attachment A).
- g) In case of pregnancy, please specify age of gestation and if it is a normal or multiple/complicated pregnancy. Expectant mother has to be "Fit to Travel" for the entire journey including the return (if applicable) with no intended/voluntary stopover at the transit point.
- h) 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. Cabin Staff cannot be involved in this, as they also handle food.

### Declaration:

I Hereby agree that I have read and understood the MEDIF Part 2 (Attachment B) and I declare that the information I have provided is accurate and does not conflict with the requirements set forth on MEDIF Part 2 (Attachment B). Furthermore, I understand that Maldivian has the right to accept or reject the MEDIF in any circumstance they see fit and I accept to respect their decision. All medical care required shall be provided for the passenger onboard the aircraft by attending escorts as stated by the attending physician.

Name of:

Attending Physician : .....

Signature: .....  
Seal of Physician / Hospital:

Date: .....

Attending Escort (If any): [Part 3 shall also be filled on board the aircraft by the attending escorts if oxygen is required]

1. Name: .....

Signature: .....

Date: .....

Organisation: .....

2. Name: .....

Signature: .....

Date: .....

Organisation: .....



# MEDIF

STANDARD MEDICAL INFORMATION  
FORM FOR AIR TRAVEL

## PART 3

**CONFIDENTIAL**

**TO BE COMPLETED BY THE ACCOMPANYING MEDICAL ATTENDANT, IF OXYGEN IS REQUIRED**

Form shall be filled on board the aircraft. Completion of the form in block letters will be appreciated.

<b>A</b>	- Attendant's Name		
<b>B</b>	- Contact Numbers	Mobile:	Business:
			Home:
<b>C</b>	- Qualifications of the medical attendant		
<b>D</b>	- Job Title		
<b>E</b>	- Organisation		
<b>F</b>	- Passenger Details (Name/Sex/Age/ Nature of Incapacitation)		

### DECLARATION

Upon providing my signature, I hereby agree to the following:

- I have verified that the required amount of oxygen is available and the oxygen equipment including the ventilator (if applicable) is functioning properly.
- I know how to operate the oxygen equipment including the ventilator (if applicable) and will take the responsibility for the operation of the oxygen equipment and the ventilator (if applicable).
- I will immediately inform the Pilot-in-command in the event of changing oxygen bottle during flight.
- I confirm that I will take the responsibility of providing all necessary medical care for the passenger.
- I understand that lack of confirmation regarding any of the above may result in denial of carriage to the passenger

Date:

Attending Escort's signature: