

**MEDICAL INFORMATION SHEET**

This form is intended to provide **CONFIDENTIAL** information to enable the airlines' MEDICAL Departments 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 passenger's welfare and comfort. The ATTENDING PHYSICIAN of 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).

MEDA 01	Patient's Name: _____ Age: _____ Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
MEDA 02	ATTENDING PHYSICIAN	Name: _____ Address: _____
		Contact Number Business: _____ Cell Phone: _____ Home: _____
MEDA 03	MEDICAL DATA DIAGNOSIS in details (including vital signs): _____	
	Consciousness: _____	
	Vital Signs : BP / _____ , RR _____ ,TEMP _____ , PULES _____ ,Hb _____ ,SpO2 _____	
	Operation : YES <input type="checkbox"/> NO <input type="checkbox"/> , if YES, Content of Operation: _____	
	Date of Operation: _____	
	<input type="checkbox"/> Summary of medical records.(If the passenger had received surgery or hospitalization within two weeks, please attach a Summary of hospital medical records.)	
MEDA 04	Fitness for the Flight(s) YES <input type="checkbox"/> NO <input type="checkbox"/>	
	Specify: _____	
MEDA 05	Contagious AND Communicable Disease? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	Specify if YES: _____	
MEDA 06	Would the physical and/or mental condition of the patient be likely to cause distress or discomfort to other passengers? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	Specify if YES: _____	
MEDA 07	Can patient use normal aircraft seat with seatback placed in the UPRIGHT position when so required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
MEDA 08	Can patient take care of his own needs on board UNASSISTED (including meals, visit to toilet, etc.)? If not, the patient must be escorted with an attendant. YES <input type="checkbox"/> NO <input type="checkbox"/>	
MEDA 09	If to be ESCORTED is the arrangement satisfactory to you? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	If not, type of escort proposed by YOU: _____	
MEDA 10	Does patient need <b>OXYGEN**</b> equipment in flight? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	(If yes, state rate of flow) Liters/Minute (L/MIN) : 2 L/MIN <input type="checkbox"/> 4 L/MIN <input type="checkbox"/>	
	Does patient need <b>OXYGEN</b> equipment continually? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	If yes, estimated amount of OXYGEN: _____	

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	Does patient carry POC (Portable Oxygen Concentrator) in flight?      YES <input type="checkbox"/> NO <input type="checkbox"/>	
MEDA 11	If yes, please see note and specify. 1). The brand and type of POC: 2). Time to be use in flight:	
	Can your patient use POC unassisted? (If not, the patient must be escorted with an attendant.) YES <input type="checkbox"/> NO <input type="checkbox"/>	
MEDA 12	Does patient need any MEDICATION*, other than self-administered, and/or the use of special medical equipment such as ventilator or portable suction machine, etc.? **YES <input type="checkbox"/> NO <input type="checkbox"/>	
	Specify if YES:	
MEDA 13	Does patient need HOSPITALISATION during transit/transfer at CONNECTING POINTS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	(If yes, indicate arrangements made or, if none were made, indicate "NO ACTION TAKEN")	
MEDA 14	Does patient need HOSPITALISATION upon arrival?      YES <input type="checkbox"/> NO <input type="checkbox"/>	
	(If yes, indicate arrangements made or, if none were made, indicate "NO ACTION TAKEN")	
MEDA 15	Other remarks or information in the interest of your patients smooth and comfortable transportation : Specify if any:	
MEDA 16	Other arrangements made by the attending physician:	
Date:	Place:	Attending Physician's Signature:
Date:	Place:	Passenger's Signature:

©The medical information sheet and related documents must be submitted for review 72 hours prior to departure.

\*Cabin attendants are NOT authorized to give special assistance 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 give medication.

\*\*Notes for carrying the medical equipment:

1. The POC maybe used only in its battery-operated mode. To be used onboard the aircraft, the FAA approved POCs as above must have a label attached indicating that it has been approved for use in aircraft. CAL may not have stable electrical supply onboard for commercial product used.
2. The size and the weight of any kind's special apparatus must comply with various countries' cabin safety regulations.
3. You may require an individual to bring an adequate number of fully charged batteries (to comply with each country's regulation) onboard to power the device for not less than 150% of the expected maximum flight duration and a confirmation with airlines 48 hours before departure.
4. Whether you are able to operate the device and recognized and respond appropriately to its alarms and if not, that the user is traveling with a companion who is able to perform these functions.
5. All electric medical equipments except item 1(POC) were not allowed to be used while fly altitude was under 10000 ft.