

MEDICAL INFORMATION FORM (MEDIF) 【To be completed by the attending physician】

The attending physician is requested to answer all questions. Enter a check mark(✓) in the appropriate "Yes" or "No" boxes, and/or give precise and concise answers.

〈Note 1〉 Please write so that non-medical personnel are able understand.

〈Note 2〉 Cabin Attendants are not authorized to provide personal care services, such as assistance in using lavatory facilities, with eating and drinking etc. Additionally they are not authorized to administer medical care service.

Patient's Information			
Name		Age	
		Gender	
Diagnosis in details 〈Note 1〉			
When did the first symptoms appear (Date of Operation if any)	(Day/Month/Year)	For expecting mother (Estimated date of delivery)	(Day/Month/Year)

1	Prognosis for the flight(s)	Fit <input type="checkbox"/> Not Fit <input type="checkbox"/>	Prognosis for the Return Flight (if any)	Fit <input type="checkbox"/> Not Fit <input type="checkbox"/>
2	Can the patient use normal aircraft seat with the seatback placed in the Upright Position when so required? ※Stretcher is not available.	Yes <input type="checkbox"/> No <input type="checkbox"/>		
3	Can the patient take care of his/her personal needs (lavatory, eat, drink etc.) without assistant? 〈Note 2〉	Yes <input type="checkbox"/> No <input type="checkbox"/>		
4	Can the patient travel alone? 〈Note 2〉	Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>If "No", Specify name and details of Escort.</u>	
5	Does the patient need medical equipment in flight? 〈Note 2〉 ※Oxygen bottle is not available.	Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>If "Yes", Specify.</u> ■ The name of Medical Equipment : _____ ■ Product name/Model number : _____ ■ Type of Battery/Size : _____	
6	Does patient need any medication in flight?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>If "Yes", indicate arrangements made.</u>	
7	We would appreciate any general comment about the patient's condition and suggestion for the proposed air travel.			

I will provide necessary information required for the purpose of determining his/her fitness to travel by air as above with consent of the patient.

Physician			
Name(Signature)		Date	(Day/Month/Year)
Hospital Name		Address	
Telephone Number		Emergency Number	

Necessary Arrangement Request 【To be completed by the passenger】

Passenger			
Name		Age	
		Gender	
Phone Number (Mobile Phone)			
Itinerary			
Departure Date : _____	Flight No : ZG _____	Portion : from _____ to _____	
Departure Date : _____	Flight No : ZG _____	Portion : from _____ to _____	
Escort			
Name		Age	<input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Other()
Name		Age	<input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Other()
1	Do you need wheelchair at the airport ? No <input type="checkbox"/> Yes <input type="checkbox"/> → Category: <input type="checkbox"/> Requires assistance to/from the cabin seat. (WCHC) <input type="checkbox"/> Cannot ascend/descend steps, but able to walk in the cabin. (WCHS) <input type="checkbox"/> Can ascend/descend steps, but requires wheelchair for walking long distance. (WCHR)		
2	Are you travelling with your own wheelchair? ※ No <input type="checkbox"/> Yes <input type="checkbox"/> ↓ Wheelchair Size: → Wheelchair Type: Weight : _____ kg Width(W) : _____ cm Depth(D) : _____ cm Height(H) : _____ cm ※If you have a collapsible wheelchair please input the size when it is collapsed. ※ The number of Lithium-ion batteries which can be carried onboard is limited. ※ Please check wheelchair at the counter.		
3	Do you use electric medical device in flight? (POC etc.) No <input type="checkbox"/> Yes <input type="checkbox"/> → If "Yes", please inform Contact Center of the details of the electric medical device in advance in order to confirm whether it can be used in flight.		

Agreement

I hereby authorize _____ (Name of nominated attending physician) to provide the airlines with the information, required by those airline's medical department 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 physician's fees in connection therewith.

Date: _____ Passenger(or a Representative) signature: _____