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| MEDIF INFORMATION SHEET FOR PASSENGERS REQUIRING SPECIAL MEDICAL ASSISTANCE | | CONFIDENTIAL PART 1 of 2 To be completed by passenger and/or Passenger's Physician |
| Answer ALL questions. Check (X) 'Yes' or 'No' boxes. Use BLOCK LETTERS. | | |
| A | Family name, first name, Title | Languages: _____ Contact Telephone No.: _____ |
| B | Proposed itinerary: Flight number(s): _____ Date: _____ Booking reference: _____ | |
| C | Nature of incapacitation/illness: Please see Part 2 for more details. | |
| D | Stretcher needed on board NO <input type="checkbox"/> YES <input type="checkbox"/> <i>Stretcher is not available on Czech Airlines flights</i> | |
| E | Intended escort details: Family name, first name: _____ Languages: _____ Medical qualification: Doctor <input type="checkbox"/> Medical team <input type="checkbox"/> Nurse <input type="checkbox"/> Family member or non-medical travel companion <input type="checkbox"/> | |
| F | Wheelchair type: WCBD (dry battery) <input type="checkbox"/> WCBW (wet battery) <input type="checkbox"/> WCMP (manual powered) <input type="checkbox"/> WCBL (Lithium battery) _____ Weight: _____ <i>Wet (spillable) batteries are considered dangerous goods and are transported under special conditions, which can be obtained from the operating carrier. Certain countries may impose additional restrictions.</i> | |
| | Category of reduced mobility WCHR unable to walk longer distance across airport <input type="checkbox"/> WCHS – unable to walk up and down steps <input type="checkbox"/> WCHC – completely immobile <input type="checkbox"/> | |
| G | Special in-flight arrangements e.g. oxygen, , extra seat(s): <i>Adjacent seats are only available for passenger as Extra Seat (EXST). Seat in front of passenger is not available.</i> <i>Seats at emergency exits must not be used in medical cases.</i> | |
| H | Medical equipment: Power source on board an aircraft is not available. Are you carrying any medical equipment into the cabin? NO <input type="checkbox"/> YES <input type="checkbox"/> If yes, do you need to use it during your flight? NO <input type="checkbox"/> YES <input type="checkbox"/> Specify type of equipment (e.g. ventilator, nebulizer) (make/model) _____ | |
| | Equipment is battery powered for continuous use inflight NO <input type="checkbox"/> YES <input type="checkbox"/> Battery type: _____ | |
| | Batteries have sufficient capacity for the duration of flight NO <input type="checkbox"/> YES <input type="checkbox"/> | |
| | Can the equipment be switched off during takeoff/landing? NO <input type="checkbox"/> YES <input type="checkbox"/> | |
| I | Ambulance arrangements Departure airport NO <input type="checkbox"/> YES <input type="checkbox"/> Transit airport NO <input type="checkbox"/> YES <input type="checkbox"/> Destination airport NO <input type="checkbox"/> YES <input type="checkbox"/> Specify ambulance and hospital details (full name, address, contact person and telephone number) _____ | |

Passenger's declaration:

I hereby authorise _____
 (Name of nominated physician)

to provide carrier with information on my condition and fitness for air carriage and in consideration thereof I hereby relieve the 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 conditions of carriage and that the carrier does not assume any liability exceeding stipulated conditions / tariffs.

I agree to reimburse the carrier's additional costs that may arise in connection with my carriage. I agree to notify Smartwings/Czech Airlines of any change to avoid being refused for travel.

Notice

Reduced atmospheric pressure (Cabin air pressure varies greatly during 15-30 minutes after takeoff and before landing. 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).

Any medical condition which would render a passenger unable to complete the flight safely without requiring extraordinary medical assistance during the flight is considered unacceptable for air travel.

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).

- Heart attack (within 21 days of intended travel)
- Stroke (within 10 days of intended travel)
- Infants – newborn babies (within 7 days of birth)
- Decompression sickness
- Pneumothorax (within 14 days of resolution)
- Requirement for stretcher
- Inability to sit upright
- Head injury (within 14 days of intended travel)
- Fractures (except for uncomplicated fractures of upper limbs and fingers of upper limbs)
- Plaster cast (except for plaster cast on upper limbs and fingers of upper limbs)
- Deep vein thrombosis
- Psychiatric disorder (must travel with an escort sitting in adjacent seat)
- Any serious or acute infectious disease (incl. chickenpox)

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 injections, or to give medication.

I have read and understood the above notice.
 (To be read out to passenger/patient where necessary, dated and signed on passenger's/patient's behalf)

Passenger's/patient's or their Guardian's signature:

Date:

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| | <p align="center">PART 2 of 2</p> <p align="center">To be completed by Attending Physician</p> <p align="center">CONFIDENTIAL WHEN COMPLETED</p> | |
| | <p>MEDIF STANDARD MEDICAL INFORMATION FORM FOR AIR TRAVEL</p> <p>This form provides confidential information to enable carrier to provide for passenger's specific needs.</p> <ul style="list-style-type: none"> When fitness to air travel is in doubt as evidenced by recent illness, hospitalization, injury, surgery or instability Where special services are required i.e. oxygen, authority to carry accompanying medical equipment <p>Answers to ALL questions are mandatory Medical Certificate must be dated 14 or less days from flight date</p> | |
| MEDA 01 | PATIENT'S FAMILY NAME/ INITIALS: | Age: <input type="text"/> Sex F <input type="checkbox"/> M <input type="checkbox"/> |
| MEDA 02 | <p>ATTENDING PHYSICIAN Name and Address:</p> <p>Telephone Contact:</p> <p>E-mail:</p> | |
| MEDA 03 | <p>DIAGNOSIS IN DETAILS (including vital signs, Hb level):</p> <p>Date of first symptoms: <input type="text"/> Date of diagnosis: <input type="text"/> Date of surgery: <input type="text"/></p> | |
| MEDA 04 | <p>PROGNOSIS FOR THE FLIGHT(S):</p> <p>Fit to Travel <input type="checkbox"/> Unfit to Travel <input type="checkbox"/></p> <p>Specify: <input type="text"/></p> | |
| MEDA 05 | <p>CONTAGIOUS AND COMMUNICABLE DISEASE?</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/></p> <p>Specify: <input type="text"/></p> | |
| MEDA 06 | <p>WOULD THE PHYSICAL AND/OR MENTAL CONDITION OF THE PATIENT BE LIKELY TO CAUSE DISTRESS OR DISCOMFORT TO OTHER PASSENGERS?</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/></p> <p>Specify: <input type="text"/></p> | |
| MEDA 07 | <p>CAN PATIENT USE NORMAL AIRCRAFT SEAT WITH SEAT BELT PLACED IN THE UPRIGHT POSITION WHEN SO REQUIRED?</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/></p> <p>Specify: <input type="text"/></p> | |
| MEDA 08 | <p>CAN PATIENT TAKE CARE OF HIS/HER NEEDS ONBOARD UNASSISTED? (INCL. TAKING MEAL, TOILET USE, ETC.)?</p> <p>Meals: NO <input type="checkbox"/> YES <input type="checkbox"/> Visit to toilet: NO <input type="checkbox"/> YES <input type="checkbox"/></p> <p>Specify: <input type="text"/></p> | |
| MEDA 09 | <p>IF TO BE ESCORTED, IS ARRANGEMENT PROPOSED IN PART 1/E OVERLEAF SATISFACTORY FOR YOU?</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/></p> <p>If not, type of escort proposed by you: <input type="text"/></p> | |
| MEDA 10 | <p>WILL A 25-30% REDUCTION IN THE AMBIENT PRESSURE OF OXYGEN (RELATIVE HYPOXIA) AFFECT THE PASSENGER'S MEDICAL CONDITIONS? (Aircraft cabin in flight is at a pressure equivalent to altitude of 6,000 to 8,000 feet and oxygen partial pressure is approximately 20% lower than on ground)</p> | |

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| | NO <input type="checkbox"/> YES <input type="checkbox"/> | | |
| | Does patient need "OXYGEN" equipment in flight? (If YES, please state rate of flow): Continuous NO <input type="checkbox"/> YES <input type="checkbox"/> | | |
| | Oxygen flow in liters per minute (LPM) : (Max 4 LPM) | | |
| | Specify: <i>Passengers are not permitted to carry their own supply of oxygen on board. Medical oxygen shall be provided by Czech airlines upon request no later than 72 hours before the flight(s).</i> | | |
| MEDA 11 | Does the patient need any MEDICATION, other than self-administered, and/or the use of special apparatus such as respirator, incubator, nebulizer etc.? Note: all battery operated equipment on board must be dry or non-spillable, otherwise Specify: | A) On the ground while at the airport(s): NO <input type="checkbox"/> YES <input type="checkbox"/> Specify: | |
| MEDA 12 | | B) On board the aircraft: NO <input type="checkbox"/> YES <input type="checkbox"/> Specify: | |
| MEDA 13 | Does the patient need HOSPITALISATION, (If YES, indicate arrangement made, or if none were made, indicate "No action taken") (Note: The attending physician and/or Patient is responsible for all arrangements). | A) During long layover or at connecting points: NO <input type="checkbox"/> YES <input type="checkbox"/> Specify: | |
| MEDA 14 | | B) Upon arrival at destination: NO <input type="checkbox"/> YES <input type="checkbox"/> Specify: | |
| MEDA 15 | Other remarks or information in the interest of patient's smooth and comfortable transportation NO <input type="checkbox"/> YES <input type="checkbox"/> Specify: | | |
| MEDA 16 | Other arrangements by attending physician: | | |
| Please ensure that all above information is accurate. Once approved, no last minute changes will be entertained. Carrier must be informed of any change in patient's status or requirement at least 24hours prior to departure. | | | |
| I have read, understood and hereby agree to the conditions of the MEDIF form | | | |
| Attending Physician's Signature & Stamp Date | | Place | |

*It must be completed by doctor (either passenger's private or airport medical assistance -payment may be required) and it's considered to be a medical certificate for air travel.
 Operator's MEDIF form shall be used as the only and the official form.*

The passenger must always carry the completed form. It contains information regarding the necessary care. The form must be completed and signed by the passenger. The form must be no older than 10 days when accepting passenger to travel.