

Information Form for Passengers Requiring Medical Clearance – MEDIF / Part 1

Please send completed form to the Austrian Airlines Group Medical Desk.
 Contact: e-mail: specialcases@austrian.com, Fax: +43 (0)5-1766-51043

Note for the attending physician:

The details requested in here will be treated confidentially; they should enable the Medical Services of the airline(s), as it is their obligation, to judge by their specific air medical knowledge and experience if and under what conditions the patient can be permitted to travel by aircraft as requested. These details will also help the Medical Service in issuing appropriate instructions for the patient's care which duly consider both his/her diagnosis and the special circumstances of the requested air journey. Kindly answer all questions by cross or in block letters, as necessary. Please fill in this form on your PC to enhance readability and clarity. You can easily typewrite into the grey fields. Thank you for your cooperation!

1.	Patient's name	_____		
	Date of Birth	Sex	Height	Weight
	_____	_____	_____	_____
2.	Attending physician	_____		
	Address	_____		
	e-mail	Telephone, indicate country and area code	Fax	
	_____	_____	_____	
3.	Diagnosis (including short history, onset of current illness, episode or accident and treatment, specify if contagious)	_____		

	Nature and date of any recent and/or relevant surgery	_____		
4.	Current symptoms and severity	_____		
		Date of onset _____		
5.	Will a 25% to 30% reduction in the ambient partial pressure of oxygen (relative hypoxia) affect the passenger's medical condition? (Cabin pressure to be the equivalent of a fast trip to a mountain elevation of 2.400 meters (8.000 feet) above sea level)	_____		
	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> not sure			
7.	Additional clinical information			
	a. Anemia	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, give recent result in grams of haemoglobin per litre _____	
	b. Psychiatric conditions	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, see Part 2	
	c. Cardiac disorder	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, see Part 2	
	d. Normal bladder control	<input type="checkbox"/> yes <input type="checkbox"/> no	If no, give mode of control _____	
	e. Normal bowel control	<input type="checkbox"/> yes <input type="checkbox"/> no		
	f. Respiratory disorder	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, see Part 2	
	g. Does the patient require oxygen at home?	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, specify how much _____	
	h. Oxygen needed during flight?	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, specify <input type="checkbox"/> 2 LPM <input type="checkbox"/> 4 LPM other _____	
	i. Seizure disorder	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, see Part 2	
7.	Escort			
	a. Is the patient fit to travel unaccompanied?	<input type="checkbox"/> yes <input type="checkbox"/> no		
	b. Is the patient able to sit in a usual aircraft seat?	<input type="checkbox"/> yes <input type="checkbox"/> no		
	c. Is the patient able to embark/disembark independently?	<input type="checkbox"/> yes <input type="checkbox"/> no		
	d. If no, will the patient have a private escort to take care of his/her needs onboard?	<input type="checkbox"/> yes <input type="checkbox"/> no		
	e. If yes, who should escort the passenger?	<input type="checkbox"/> Doctor <input type="checkbox"/> Nurse/Paramedic <input type="checkbox"/> Other		
	f. If other, is the escort fully capable to attend to all above needs?	<input type="checkbox"/> yes <input type="checkbox"/> no		
8.	Mobility			
	a. Able to walk without assistance	<input type="checkbox"/> yes <input type="checkbox"/> no		
	b. Wheelchair required for boarding	<input type="checkbox"/> to aircraft <input type="checkbox"/> to seat		
9.	Medication list (incl. doses)	_____		
10.	Other medical information	_____		

