

G	<p>AMBULANCE NEEDED? <input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>To be arranged by the airline? <input type="checkbox"/> NO Specify ambulance company contact: Name: Phone:</p> <p style="text-align: center;"><input type="checkbox"/> YES Specify destination address:..... </p> <p>NOTE: if an ambulance is arranged by the airline, the costs must be paid in advance.</p>
H	<p>OTHER GROUND ARRANGEMENTS NEEDED? <input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>If YES, specify below and indicate for each item:</p> <ul style="list-style-type: none"> <input type="checkbox"/> the arranging airline or the organisation <input type="checkbox"/> at whose expense <input type="checkbox"/> contact addresses/telephone numbers where appropriate, or whenever persons are designated to meet/assist the passenger <p>Arrangements for delivery at airport of DEPARTURE: <input type="checkbox"/> NO <input type="checkbox"/> YES </p> <p>Arrangements for assistance at CONNECTING POINTS: <input type="checkbox"/> NO <input type="checkbox"/> YES </p> <p>Arrangements for meeting at airport of ARRIVAL: <input type="checkbox"/> NO <input type="checkbox"/> YES </p> <p>Other requirements or relevant information: <input type="checkbox"/> NO <input type="checkbox"/> YES </p>
I	<p>SPECIAL IN-FLIGHT:</p> <p>Arrangements needed, such as: Special meals, special seating, leg-rest, extra seat(s), special equipment, oxygen, ... <input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>If YES, describe and indicate for each item:</p> <ul style="list-style-type: none"> <input type="checkbox"/> segment(s) on which required <input type="checkbox"/> airline-arranged or arranging third party <input type="checkbox"/> at whose expense <p>Provision of Special equipment, such as oxygen always requires completion of the MEDIF.</p>

J	<p>DOES THE PASSENGER HOLD A "FREQUENT TRAVELLER'S MEDICAL CARD" (FREMEC) VALID FOR THIS TRIP?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If yes, add below FREMEC data to your reservation request. If no (or if additional data needed by carrying airline(s), have a physician in attendance Complete the MEDIF.</p> <p>FREMEC number: Issued by:</p> <p>Valid until: Sex: Age:.....</p> <p>Incapacitation:</p> <p>.....</p> <p>Limitations:</p> <p>.....</p>
<p>PASSENGER'S DECLARATION</p> <p>"I HERBY AUTHORISE</p> <p>(name of nominated Physician)</p> <p>to provide the airlines with the information required by those airlines medical departments for the purpose of determining my fitness for carriage by air and in consideration there of I hereby relieve that physician of his/her professional duty of confidentially in respect of such information, and agree to meet such physician's fees in connection therewith.</p> <p>I take note that, if accepted for carriage, my journey will be subject to the general conditions of carriage/tariffs of the carrier concerned and that the carrier does not assume any special liability exceeding those conditions/tariffs.</p> <p>I am prepared at my own risk, to bear any consequences which carriage by air may cause to my state of health and I release the carrier, its employees, servants and agents from any liability for such consequences.</p> <p>I agree to reimburse the carrier upon demand for any special expenditures 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).</p> <p>Place: Date: Passenger's signature:</p>	

**MEDICAL INFORMATION SHEET (MEDIF)
PART 2**

To be completed by attending physician.

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 to provide for the passenger's welfare and comfort.

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).
Use BLOCK LETTERS or TYPEWRITER when completing this form.

The form must be returned to: Medical Assistance Co-ordinaton Service
Phone: + 32 2 723 37 03
Fax: + 32 2 723 37 05
Email: meda@brusselsairlines.com

Airline's Ref. Code MEDA 01	PATIENT'S DATA Last name: First name: Sex: Age:
MEDA 02	ATTENDING PHYSICIAN: Name & Address: Telephone contact: Business: Home:
MEDA 03	A. MEDICAL DATA: Diagnosis in detail (including vital signs) B. Day/month/year of first symptoms: C. Date of diagnosis: Date of surgery: D. Date of release of hospital: E. Medications: F. Is the patient stable for air travel? <input type="checkbox"/> YES <input type="checkbox"/> NO G. Vital Signs: Blood pressure: Shortness of breath: <input type="checkbox"/> None <input type="checkbox"/> At rest <input type="checkbox"/> On exertion H. Degree of Ambulation: <input type="checkbox"/> Board the aircraft with assistance: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Wheelchair required for boarding: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> to the aircraft <input type="checkbox"/> to the seat <input type="checkbox"/> Can walk up and down stairs: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Weight of the passenger:

	<p>I. Cardiac History:</p> <p><input type="checkbox"/> Recent MI <input type="checkbox"/> NO <input type="checkbox"/> YES: date:</p> <p><input type="checkbox"/> Congested heart failure <input type="checkbox"/> NO <input type="checkbox"/> YES: date:</p> <p><input type="checkbox"/> Arrhythmias <input type="checkbox"/> NO <input type="checkbox"/> YES: date:</p> <p><input type="checkbox"/> Other cardiac symptoms <input type="checkbox"/> NO <input type="checkbox"/> YES: date:</p> <p><input type="checkbox"/> Treatment of procedure <input type="checkbox"/> NO <input type="checkbox"/> YES: date:</p> <p><input type="checkbox"/> Cardiac Medications:</p> <p><input type="checkbox"/> Explanation:</p> <p>.....</p> <p>J. Additional medical information (any psychiatric conditions?)</p> <p>K. Seizure History:</p> <p><input type="checkbox"/> Type:</p> <p><input type="checkbox"/> Seizure Medications:</p> <p><input type="checkbox"/> When last:</p> <p><input type="checkbox"/> Circumstances:</p>
MEDA 04	<p>PROGNOSIS for the trip:</p> <p>.....</p> <p>Present symptoms and severity:</p> <p>.....</p>
MEDA 05	<p>Contagious AND Communicable disease? <input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>Specify:</p> <p>.....</p>
MEDA 06	<p>Would the physical and/or mental condition of the patient be likely to cause distress or discomfort to other passengers? <input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>Specify:</p> <p>.....</p> <p>(smell, appearance, conduct, malfunction of bladder or the bowels, ...)</p>
MEDA 07	<p>Can patient use normal aircraft seats with seatback placed in the UPRIGHT position when so required? <input type="checkbox"/> NO <input type="checkbox"/> YES</p>
MEDA 08	<p>Can the patient take care of his own needs on board UNASSISTED? (including meals, visit to the toilet, ..)</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>If Not, type of help needed:</p>
MEDA 09	<p>If to be escorted, is the arrangement proposed in part 1/E satisfactory to you?</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>If not, type of escort needed by you:</p>

MEDA 10	<p>Does the patient need OXYGEN equipment during his flight?</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>If yes, rate of flow: Litres per minute <input type="checkbox"/> Continuous? <input type="checkbox"/> NO <input type="checkbox"/> YES</p>	
MEDA 11	<p>Does the patient need any MEDICATION other than self-administred, and/or the use of special apparatus such as respirator, incubator, ...?</p> <p><input type="checkbox"/> On the GROUND at the airport?</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>Specify:</p> <p><input type="checkbox"/> On board of the aircraft?</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>Specify:</p>	
MEDA 12	<p>Does the patient need HOSPITALISATION?</p> <p>If yes, indicate the arrangements made or, if none were made, indicate "NO ACTION TAKEN"</p> <p><input type="checkbox"/> during long layover or nightstop at CONNECTING POINTS en route</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>action:</p> <p><input type="checkbox"/> upon arrival at DESTINATION</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>action:</p>	
MEDA 13	<p>Other arrangements made by the attending physician:</p> <p>.....</p>	
MEDA 14	<p>Other remarks or information in the interest of your patient's smooth and comfortable transportation:</p> <p>NONE <input type="checkbox"/></p> <p>Specify any:</p>	
<p>Note: 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.</p> <p>IMPORTANT: FEES, IF ANY RELEVANT TO THE PROVISION OF THE ABOVE INFORMATION AND FOR CARRIER-PROVIDED SPECIAL EQUIPMENT ARE TO PAID BY THE PASSENGER CONCERNED.</p>		
Place:	Date:	Attending Physician's signature:

PRINCIPLES FOR THE GUIDANCE OF THE PHYSICIAN

1. There are certain guiding principles in deciding whether or not a person is physically and emotionally fit to travel by air. Although each case will be considered on its own merits by the carrying airline, the following conditions are generally considered unacceptable for air travel:
 - Very severe and critical heart conditions, such as: the severely decompensated cardiac patient or the patient who has sustained a recent coronary occlusion with myocardial infarction. Such cases are not normally eligible within six weeks of the onset and are the discretion of the carrier.
 - Those patients with entrapped gas such as a recent pneumothorax or one who has had air introduced into the nervous system recently for ventriculography.
 - Psychotic patient requiring heavy sedation or restraint unless attended a special arrangements made. Some carriers will not accept psychotic passengers under any circumstances.
 - Severe cases of otitis media with blockage of the Eustachian tube.
 - Any contagious and communicable disease.
 - Pregnant beyond the 34th (thirty-fourth) week. (On short flights, pregnancy up to thirty-six week is acceptable by some carriers.)
 - Persons with contagious or repulsive skin conditions.
 - Recent cases of poliomyelitis unless one month has elapsed since the onset of the disease. Bulbar cases of poliomyelitis at any time unless special arrangements are made with the carrier.
 - Persons with large mediastinal tumors, extremely large unsupported hernias, intestinal obstructions, cranial diseases involving increased pressure, fracture of the skull and those with recent fracture of the mandible with permanent wiring of the jaw.
 - Recent surgical cases with insufficient time for wound healing.

2. If a wheelchair is necessary, please indicate:
 - WCHR if passenger can ascend/descend aircraft steps and make own way to cabin seat.
 - WCHS if passenger can not ascent/descend aircraft steps but is able slowly to make own way to cabin seat.
 - WCHC if passenger completely immobile and requires bearers/attendance to carry or support in reaching cabin seat.