



# INFORMATION SHEET FOR PASSENGERS REQUIRING SPECIAL ASSISTANCE (MEDIF)

(Kindly answer all questions in block letters, as necessary and put a cross (X) in 'NO'/'YES' boxes)

## PART A.

To be completed by passenger (or representative)

<b>A</b>	<b>Passenger Name</b>		Title:	Age:
			Gender:	
	Contact email		Tel Nbr:	

<b>B</b>	<b>Intended Itinerary</b>				
	From	To	Flight Nbr	Date	PNR

<b>C</b>	<b>Nature of Incapacitation/Illness</b>

<b>D</b>	<b>Escort for the Journey Required</b>		
	<input type="checkbox"/> NO	<input type="checkbox"/> YES, by physician/nurse (name, tel.)	<input type="checkbox"/> YES, by companion (name, tel.)

<b>E</b>	<b>Assistance Required</b>			
	<input type="checkbox"/> WCHR Ambulant but handicapped in walking: Needs assistance in terminal to/from gate, needs wheelchair or similar when passengers are boarding/disembarking by walking over the ramp. Does not need assistance in ramp bus, on passenger steps and in the aircraft cabin to/from seat, toilets and with meals.			
	<input type="checkbox"/> WCHS Ambulant but more severely handicapped in walking: Cannot use a ramp bus and needs assistance in boarding/disembarking (e.g. on passenger steps). Does not need assistance in the aircraft cabin to/from seat, toilets and with meals.			
	<input type="checkbox"/> WCHS/OWN As above - accompanied by own wheelchair. Add <b>BD</b> if battery-drive			
	<input type="checkbox"/> WCHC Non-ambulant: Needs assistance in the aircraft to/from seat, toilets and possibly with meals.			
	<input type="checkbox"/> WCHC/OWN	As above - accompanied by own wheelchair.	<input type="checkbox"/> WCH BD (dry cell battery)	<input type="checkbox"/> WCH LB (Li-battery)
	Battery capacity (Wh):	Weight:		<input type="checkbox"/> collapsible
	Dimensions/size (cm):			

<b>F</b>	<b>Special In-Flight/Ground Arrangements</b>	
	Specify Inflight Arrangements needed <input type="checkbox"/> Special meal <input type="checkbox"/> Special Seating	Other ground and/or in-flight arrangements needed Specify _____

<b>G</b>	<b>Medical Equipment</b>	
	Are you carrying any medical equipment into the cabin?	<input type="checkbox"/> NO <input type="checkbox"/> YES
	If yes, do you need to use during your flight?	<input type="checkbox"/> NO <input type="checkbox"/> YES
	Please specify type of equipment (make/model) e.g CPAP, ventilator, nebuliser, portable oxygen concentrator, etc.	_____
	Is the equipment battery powered?	<input type="checkbox"/> NO <input type="checkbox"/> YES Battery Type _____ (include watt-hour rating)
	Can the equipment be switched off during take-off/landing?	<input type="checkbox"/> NO <input type="checkbox"/> YES
Do you have sufficient batteries for duration of flight? (in-seat power is not available)	<input type="checkbox"/> NO <input type="checkbox"/> YES	

<b>H</b>	<b>Ambulance Transfers Required</b>	
	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Name and address, telephone of hospital

<b>I</b>	<b>Hospitalisation</b>	
	Have you been admitted to hospital within last four weeks? <input type="checkbox"/> NO <input type="checkbox"/> YES Date of admission: _____	
	Date of discharge: _____ Reason for admission: _____	
	Is hospitalisation required upon arrival? NO <input type="checkbox"/> YES <input type="checkbox"/>	
	If yes, please specify name of hospital and contact	

I herewith relieve the physician, who shall provide information on my medical condition, of his/her professional discretion and permit him/her to disclose to TUS Air such details on the condition of my health as may be required by the TUS Medical Advisors to judge upon my medical fitness to travel by air. I the undersigned will indemnify and release TUS Air, their representatives, and agents from all claims for damage sustained in connection with deterioration of my illness as a result of the transportation by air. In the case of a legal dispute the undersigned will have to prove that any such damage incurred by TUS Air or third parties through the transportation. I acknowledge that airline staff are not medically trained, and that the airline cannot guarantee that I will receive appropriate medical attention in any situation. I acknowledge that TUS Air reserves the right to refuse travel, notwithstanding completion of this form, if the airline considers that it is not in my best interest to fly. I declare that the information contained on this Part A and Part B (where applicable) is complete and accurate. I authorise TUS Air to use and release this information as required in the event of an emergency.

Date:	Issuing Office:	Signature of Passenger:
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## MEDICAL INFORMATION SHEET

The details requested below will be treated in strict confidence and will only be used to enable the medical advisors of TUS Air, as is their obligation, to judge by their 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 advisors in issuing appropriate instructions for the patient's care duly considering his/her diagnosis and the special circumstances of the requested air journey.

### PART B

To be completed by  
the attending  
physician

*(Kindly answer all questions in block letters, as necessary and put a cross (X) in 'NO' 'YES' boxes)*

<b>MEDA 01</b>	Patient's name	Sex	DOB
<b>MEDA 02</b>	Name, address of attending physician	Tel.	
		Email	
<b>MEDA 03</b>	Diagnosis <i>(details including vital signs)</i>		
	Current symptoms and severity		
	Date of first symptoms	Date of diagnosis	Date of surgery
<b>MEDA 04</b>	Is patient's condition <input type="checkbox"/> Resolved <input type="checkbox"/> Stable and controlled		
	Following surgery <input type="checkbox"/> Uncomplicated recovery <input type="checkbox"/> Hb level (fractured hip/pelvis)		
<b>MEDA 05</b>	Prognosis for the flight <i>(e.g good/fair/poor)</i>		
<b>MEDA 06</b>	Contagious and communicable disease? <i>(specify)</i> <input type="checkbox"/> NO <input type="checkbox"/> YES		
<b>MEDA 07</b>	Can the patient use normal aircraft seat with seatback placed in the upright position? <input type="checkbox"/> NO <input type="checkbox"/> YES		
	Can the patient bend leg at the knee <input type="checkbox"/> NO <input type="checkbox"/> YES		
<b>MEDA 08</b>	Can patient take care of his own needs on board unassisted <input type="checkbox"/> NO <input type="checkbox"/> YES <i>(including meals, visit to toilet, etc)</i>		
	If not, state type of help needed		
<b>MEDA 09</b>	Shall passenger be escorted? <input type="checkbox"/> NO <input type="checkbox"/> YES		
	If yes, state type of escort proposed by you.		
<b>MEDA 10</b>	Oxygen concentrator during flight? <input type="checkbox"/> NO <input type="checkbox"/> YES		
	TUS Air does NOT provide supplementary oxygen on its aircraft and does not allow the carriage of oxygen cylinders.		
	<b><i>(Passengers must supply own battery powered equipment (CPAP, ventilator, nebuliser, portable oxygen concentrator) with approved specifications for travel to be advised to TUS Air prior to flight for approval to use onboard)</i></b>		
<b>MEDA 11</b>	Does the patient need any medication, other than self-administered, and/or the use of special apparatus? <i>(specify)</i>		
	On the ground while at the airport <input type="checkbox"/> NO <input type="checkbox"/> YES		
	On board the aircraft <input type="checkbox"/> NO <input type="checkbox"/> YES		
<b>MEDA 13</b>	Does patient need hospitalisation? <i>(If yes indicate arrangements made)</i>		
<b>MEDA 14</b>	Other arrangements made by the attending physician		
Date	Place	Signature and stamp of attending physician	

Space for official use of TUS Air

Medical advice of TUS Medical Advisor

Date & Time of Reply

by Telephone

by Fax

by E - mail