



## MEDICAL INFORMATION FOR FITNESS TO TRAVEL (MEDIF)

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Rev: 00  
Date: 01 Nov 17

### MEDIF - MEDICAL INFORMATION FOR FITNESS TO TRAVEL OR SPECIAL ASSISTANCE (To be read and understood before filling MEDIF PART-B & PART-C)

All sections must be completed clearly, dated and signed. **Use Block letters.** Any MEDIF must be submitted along with the **latest medical diagnosis report** from the treating physician within 10 days of commencement of travel, not later than **72 hours** before departure of the flight. The diagnosis report should indicate the passenger's fitness to travel.

**MEDIF Part A** - Gives guidance to passengers and their physicians in order to complete Part B and C accurately.

**MEDIF Part B** - To be completed by the passenger or travel agent. Declaration must be signed and dated by the passenger.

**MEDIF Part C** - To be completed by the treating or attending physician. Must be signed and dated by the physician.

#### Guidance for physicians:

##### The Principal factors to be considered when assessing a patient's fitness for air travel are:

- Reduction in atmospheric pressure with resultant gaseous expansion (Cabin air pressure changes greatly after take-off and before landing and gas expansion and contraction can cause pain and pressure effects, especially important for gas in the brain, eyes, sinuses, gastrointestinal tract and lungs).
- Reduction in oxygen partial pressure. (The cabin is pressurized to an altitude equivalent of 6000 to 8000 feet and oxygen partial pressure is approximately 20-25% less than on the ground. Patients with cardiorespiratory disease or anaemic may be at risk).

#### Conditions that require Medical Clearance

Passengers with the following medical conditions require Medical Clearance from Air Seychelles:

If the passenger:

1. requires medical attention and/or special equipment to maintain their health during the flight;
2. has a medical condition which may be aggravated during or because of the flight;
3. is completely immobile (WCHC);
4. is suffering from a disease, infection or condition which is believed to be actively contagious and communicable;
5. requires a stretcher;
6. requires medical oxygen during flight or is using their personal oxygen concentrator or ventilator;
7. suffers from an unstable physical or psychological (mental health) condition;
8. has recently suffered from a major medical incident (heart attack, heart failure, stroke, respiratory failure);
9. requires use of battery powered medical equipment or need to undertake a medical procedure in-flight, e.g. injections;
10. suffers from thrombophlebitis;
11. is traveling with an infant aged 7 days or less, a premature infant (who does not require an incubator).

**Therapeutic Oxygen:** Air Seychelles provides an Oxygen service available on all our aircraft in both economy and business class. This service must be requested at least **72 hours** prior to departure. Air Seychelles uses the "**Zero Two**" oxygen cylinder which is compatible with other medical equipment.

For details/specifications please refer to the website <http://www.aeromedicgroup.com>

**Medical Assistive Devices:** Personal electronic respiratory assistive devices such as ventilators, respirators, continuous positive airway pressure machines and portable oxygen concentrators, approved by Federal Aviation Administration (FAA) may be permitted to be carried / used on our aircraft. Passengers shall ensure that the assistive devices have sufficient **battery supply to last for 1.5 times** the flight duration. Prior medical clearance is required.

**Processing MEDIF:** The MEDIF and medical report must be submitted to Air Seychelles Sales and Reservations or its agent 72 hours before commencement of travel. The MEDIF shall be completed based on the passenger's condition within 10 days of date of travel. Further investigation reports may be requested by the Air Seychelles Aviation Medical Doctor. Air Seychelles is to be notified immediately of any change in the passenger's condition **before commencement of travel and during the trip**; another medical report and MEDIF will be required to confirm his fitness to travel.

**Medical Clearance Certificate:** Air Seychelles Aviation Doctor provides approval for travel by issuing stamped and signed Air Seychelles Medical Clearance Certificate, a copy of which is given to passengers by Sales and Reservations or its agent. Passengers may be requested to show the certificate at any time during their trip and so are advised to make it available. Separate clearance may be required for the return journey, if advised by the AME.



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**MEDIF - MEDICAL INFORMATION FOR FITNESS TO TRAVEL OR SPECIAL ASSISTANCE FORM PART- B  
(To be completed by Passenger or Travel Agent / Airline Office in block letters)**

**1. PASSENGER DETAILS:**

<b>Name (as per PNR)</b>	
<b>Telephone</b>	

**2. FLIGHT DETAILS:**

**2.1. OUTBOUND:**

PNR	Flight No	Date	From	To	Class	Status

**2.2. INBOUND (RETURN):**

PNR	Flight No	Date	From	To	Class	Status

**3. NATURE OF INCAPACITATION / MEDICAL PROBLEM:**

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**4. ASSISTANCE REQUIRED (Tick ✓ against the relevant):**

STRETCHER	
OXYGEN	
WHEELCHAIR (Specify WCHR, WCHS, or WCHC as per MEDIF Part C)	
SPECIAL MEAL (Refer to meal types listed on HM website)	
APPROVAL FOR CARRIAGE OF MEDICAL EQUIPMENT	
NO ASSISTANCE REQUIRED	

**5. ESCORT DETAILS (Tick ✓ against relevant):**

NOT REQUIRED     PERSONAL (NON-MEDICAL) ESCORT     NURSE     PHYSICIAN

<b>Name of the Escort</b>		<b>PNR</b>	
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**6. PASSENGER'S DECLARATION:**

I hereby authorize .....(name of nominated physician) to complete **Part C** for the purpose as indicated overleaf 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. I take note that if accepted for carriage, my journey will be subject to the general conditions of carriage/tariffs of the carrier(s) concerned and that the carrier(s) do not assume any special liability exceeding those conditions/tariffs. I am prepared at my own risk to bear any consequences which carriage by air may have for my state of health and I release the carrier, its employees, servants and agents from liability for such consequences. I agree to reimburse the carrier upon demand for any special expenditures or costs in connection with my carriage. I have read and understood MEDIF Part-A.

<b>Passenger Signature</b>	
<b>Date</b>	



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## MEDIF-MEDICAL INFORMATION FOR FITNESS TO TRAVEL OR SPECIAL ASSISTANCE PART- C (To be completed by the treating physician in block letters- all sections are mandatory)

NAME OF PASSENGER: \_\_\_\_\_

PNR: \_\_\_\_\_

### Section 1: DECLARATION OF ILLNESS, ACCIDENT AND / OR TREATMENT

- a) Diagnosis: \_\_\_\_\_ Date of onset \_\_\_\_\_
- b) Nature and date of any Surgery (if applicable): \_\_\_\_\_
- c) Prognosis for a safe trip:  Good  Guarded (Medical Escort Mandatory)  Poor (Medical Escort Mandatory)
- d) Contagious and Communicable disease (if yes, specify):  No  Yes \_\_\_\_\_
- e) Intellectual Disability (if yes, specify):  No  Yes \_\_\_\_\_
- f) Vital Signs: BP: \_\_\_\_\_ Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ RR: \_\_\_\_\_ Oxygen Saturation (on room air): \_\_\_\_\_ %
- g) If the patient uses supplemental oxygen, which flow rate does he/ she use on the ground: \_\_\_\_\_ L/min
- h) Oxygen saturation on supplement oxygen (if applicable): \_\_\_\_\_ %
- i) Haemoglobin (haemorrhage, major trauma, major surgery, chronic illness, cancer, kidney disease) \_\_\_\_\_ g/dL
- j) Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

### Section 2: SEATING REQUIREMENTS

- Upright (must sit upright during take-off and landing)  Stretcher  Baby Bassinet (can accommodate a baby of up to 12 months, max11 kg (24 lbs).

### Section 3: TRAVELLING WITH OXYGEN

- Option 1** – Air Seychelles provides continuous flow oxygen on board. Tick  on the required flow rate.  
 1LPM  2LPM  3LPM  4LPM
- Option 2** - Personal Oxygen Concentrator - Type: \_\_\_\_\_ (Only FAA approved)
- Option 3** – No supplement oxygen required.

### Section 4: REQUIREMENT OF ESCORT

- Option 1** – No assistance required
- Option 2** - The patient needs a private escort to take care of his/her needs on board, which may include meals, visiting the toilet, administering medication, etc.
- If yes, tick  against relevant:  Physician  Nurse  Other (Non- medical)

### Section 5: OTHER ARRANGEMENTS

- 1) Wheel Chair Requirement** (Tick  on the required one):  
 To the aircraft (WCHR)  Unable to climb steps (WCHS)  
 Inside the cabin (WCHC)  Own wheelchair (if electric, must be dry cell operated only)
- 2) Hospitalization/Ambulance Requirement:**  No  Yes (if yes, provide telephone details below)  
(Note: All hospital and ambulance arrangements must be made by the passenger)  
a) Origin: \_\_\_\_\_ b) Destination: \_\_\_\_\_
- 3) Medication or Medical Devices Required Onboard:**  No  Yes (if yes, please specify below)  
\_\_\_\_\_
- 4) Other Medical Information/Request** \_\_\_\_\_

Name of the Treating physician and hospital: \_\_\_\_\_  
Telephone number of hospital / physician: \_\_\_\_\_  
Signature, Stamp and Date (mandatory): \_\_\_\_\_