



MEDICAL INFORMATION FOR FITNESS TO TRAVEL (MEDIF)

Ref: CAB-FRM-023

Page: 1 of 3

Rev: 02

Issue Date: 14 Jun 22

Effective Date: 15 Jun 22

MEDIF - PART A

(To be read and understood before filling MEDIF - PART B and PART C)

Processing the MEDIF:

The completed **MEDIF PART - C**, accompanied by a **Medical Certificate** with a **latest medical diagnosis report** from the treating physician:

1. Should be submitted to Air Seychelles Sales and Reservations or a travel agent at least **72 hours before the passenger's travel date**;
2. Should be completed based on the passenger's condition **within 10 days of the passenger's travel date**; (eg: If departure date is on the 20th May, doctor's diagnosis report should be dated not before the 10th May)
3. The **Medical Certificate / medical diagnosis report** should state that the passenger is **fit to travel**.
4. **All** sections should be completed **clearly, in Block letters, stamped, dated and signed** as indicated on the forms.

Note: Air Seychelles shall be notified immediately of any significant adverse change in the passenger's condition **before commencement of travel and during the trip**; a new **MEDIF and Medical Certificate / Diagnosis Report** stating fitness to travel shall be required.

MEDIF Part A - Gives guidance to passengers and their physician on how to complete Part B and C accurately.

MEDIF Part B - To be completed by passengers or travel agent. Declaration should be **signed / validated and dated** by passengers.

MEDIF Part C - To be completed, **stamped, signed and dated** by the treating physician.

Guidance for physicians:

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

1. 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).
2. Reduction in oxygen partial pressure.
(The cabin is pressurized to an altitude equivalent of 6000 to 8000 feet and oxygen partial pressure is about 20-25% less than on the ground. Patients with cardiorespiratory disease or anaemia may be at risk).

Conditions that require Medical Clearance

Medical clearance and company approval will be required for the following passengers:

1. who would require medical attention and/or special equipment to maintain their health during the flight;
2. who may have their medical condition aggravated during or because of the flight;
3. who are completely immobile (WCHC);
4. who are suffering from a disease, infection or condition which is believed to be actively contagious and communicable;
5. who require a stretcher;
6. who require medical oxygen during flight;
7. whose medical condition is such that reasonable doubt exists that they can complete the flight safely without requiring extraordinary medical assistance during flight; this includes but is not limited to passengers who:
 - i. suffer from unstable medical conditions (physical or psychological);
 - ii. have recently suffered from a major medical incident (heart attack, heart failure, stroke, respiratory failure);
 - iii. require use of their battery-powered medical equipment in-flight, such as Portable Oxygen Concentrator or ventilator;
 - iv. who would need to undertake any medical procedure during flight, e.g. administering injections;
 - v. suffer from thrombophlebitis;
 - vi. are traveling with an infant aged 7 days or less, or a premature infant (who does not require an incubator).

Therapeutic Oxygen:

- Air Seychelles provides therapeutic oxygen with continuous flow on board all our aircraft for passengers who have a pre-diagnosed medical condition. 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.

NOTE: Passengers requiring oxygen during flight shall always be accompanied by either a qualified medical doctor, a paramedic or a nurse.

Medical Assistive Devices:

- Personal electronic respiratory assistive devices such as ventilators, respirators, Continuous Positive Airway Pressure machines and Portable Oxygen Concentrators, approved by European Aviation Safety Agency (EASA) may be permitted to be carried / used on our aircraft.
- This is provided they can be stowed in a way that meets safety regulations and certain safety conditions and the device(s) operating requirements are followed. Prior approval is required for the passenger's assistive device.
- Passengers shall ensure that the assistive devices have sufficient **battery supply to last for 1.5 times** the flight duration.
- Prescription medication, portable dialysis devices and any medical devices needed to administer them, such as syringes or auto-injectors are permitted as long as they comply with applicable safety, security and hazardous material regulations.

Approval for Travel of MEDA Cases:

Air Seychelles shall provide a stamped, dated and signed Approval for Travel of MEDA Cases certificate, a copy of which is given to passengers by Sales and Reservations or the travel agent. Passengers may be requested to show the certificate at any time during their trip and so are advised to make it available.

	MEDICAL INFORMATION FOR FITNESS TO TRAVEL (MEDIF)	Ref: CAB-FRM-023
		Page: 2 of 3
		Rev: 02
		Issue Date: 14 Jun 22
		Effective Date: 15 Jun 22

MEDIF - PART B

(To be completed by Passenger or Travel Agent in **block letters** - all sections are MANDATORY)

1. PASSENGER DETAILS:	Name (as per PNR)	
	Telephone	

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 CONDITION:

--

4. ASSISTANCE REQUIRED (Tick ✓ in relevant box):

STRETCHER	
OXYGEN (Requested Therapeutic Oxygen/require medical Escort)	
WHEELCHAIR (Specify WCHR, WCHS, or WCHC as per MEDIF Part C)	
SPECIAL MEAL (Refer to meal types listed at Air Seychelles Sales points)	
APPROVAL FOR CARRIAGE OF MEDICAL EQUIPMENT (Specify EASA Authorized/ Approved Brand below)	
NO ASSISTANCE REQUIRED	

5. ESCORT DETAILS (Tick ✓ in relevant box):

☐ NOT REQUIRED
 ☐ PERSONAL (NON-MEDICAL) ESCORT
 ☐ NURSE
 ☐ PHYSICIAN
 ☐ PARAMEDIC

Name of the Escort		PNR	
---------------------------	--	------------	--

6. PASSENGER'S DECLARATION:

I hereby authorize (name of nominated physician) Doctor 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.

Passenger's Signature	
Date	



MEDICAL INFORMATION FOR FITNESS TO TRAVEL (MEDIF)

Ref: CAB-FRM-023

Page: 3 of 3

Rev: 02

Issue Date: 14 Jun 22

Effective Date: 15 Jun 22

MEDIF - 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) Recommended aircraft altitude (if applicable) _____ FT.
- i) Oxygen saturation on supplement oxygen (if applicable): _____ %
- j) Haemoglobin (haemorrhage, major trauma, major surgery, chronic illness, cancer, kidney disease) _____ g/dL

Section 2: SEATING REQUIREMENTS

- ☐ Upright (must sit upright during take-off and landing) ☐ Stretcher ☐

Section 3: TRAVELLING WITH OXYGEN

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

Section 4: REQUIREMENT OF ESCORT

- ☐ **Option 1** – No assistance required
- ☐ **Option 2** - The patient needs an escort to take care of his/her needs on board, which may include meals, visiting the Lavatories administering medication, etc.
- If yes, tick ✓ in relevant box: ☐ **Physician** ☐ **Nurse** ☐ **Personal (Non - medical) Escort** ☐ **Paramedic**

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 on board: ☐ No ☐ Yes (if yes, please specify below)

Name of the Treating physician and hospital: _____

Telephone number of hospital / physician: _____

Signature, Stamp and Date (MANDATORY): _____

(Any false declaration will limit all liabilities on Air Seychelles.)