



## MEDICAL INFORMATION FOR FITNESS TO TRAVEL (MEDIF)

Ref: CAB-FRM-023  
Page 1 of 4  
Rev: 03  
Issue Date: 04 Sep 24  
Effective Date: 05 Sep 24

### MEDIF - PART A

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

#### 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 20<sup>th</sup> May, doctor's diagnosis report should be dated not before the 10<sup>th</sup> 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.

**MEDIF Part D** - To be completed if the passenger has additional clinical information.

#### 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 4  
Rev: 03  
Issue Date: 04 Sep 24  
Effective Date: 05 Sep 24

### MEDIF - PART B

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

1. Last name / First name / Title .....

2. Passenger name record (PNR).....

2.1. Proposed itinerary OUTBOUND:

PNR	Flight No	Date	From	To	Class	Status

2.2. INBOUND (RETURN):

PNR	Flight No	Date	From	To	Class	Status

3. Nature of disability.....

4. Stretcher needed onboard?  Yes  No

5. Intended escorts  Yes  No

Name..... Title..... Age.....

PNR if different.....

Medical qualification  Yes  No Language spoken.....

**Note: The escort will need to take care of his/her needs onboard which may include meals, visiting the lavatories, administering the medication, lifting from seat to wheelchair etc.**

6. Wheelchair need  Yes  No Own wheelchair  Yes  No

- |  |   |
|--|---|
| <input type="checkbox"/> To the aircraft (WCHR)<br><input type="checkbox"/> Unable to climb steps (WCHS)<br><input type="checkbox"/> Inside the cabin (WCHC) | <input type="checkbox"/> Removable lithium battery (WCLB)<br><input type="checkbox"/> Non-removable lithium battery (WCLB)<br><input type="checkbox"/> Removable non-spillable / dry battery (WCBD)<br><input type="checkbox"/> Non-removable non-spillable / dry battery (WCBD)<br><input type="checkbox"/> Spillable / Wet battery (WCBW) |
|--|---|

Note: For Own wheelchair kindly visit the air Seychelles website or click on the link below for more information:  
<https://www.airseychelles.com/portals/motorised-wheelchairs/motorised-wheelchairs-guide.pdf>

7. Ambulance needed (to be arranged by the passenger or his/her representative)  Yes  No  
If yes, specify name of Ambulance Company.....  
Name and Telephone number of contact person.....

8. Special inflight arrangements needed  Yes  No Choose below:

- OXYGEN (Requested Therapeutic Oxygen/require medical Escort) \_\_\_\_\_  
SPECIAL MEAL (Refer to meal types listed at Air Seychelles Sales points) \_\_\_\_\_  
APPROVAL FOR CARRIAGE OF MEDICAL EQUIPMENT (Specify EASA Authorized/ Approved Brand below) \_\_\_\_\_

**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.

<b>Passenger's Signature</b>	<b>Date</b>
------------------------------	-------------



**MEDICAL INFORMATION FOR FITNESS TO TRAVEL (MEDIF)**

Ref: CAB-FRM-023  
Page 3 of 4  
Rev: 03  
Issue Date: 04 Sep 24  
Effective Date: 05 Sep 24

**MEDIF - PART C**

**(To be completed by the treating physician in block letters - all sections are MANDATORY)**

1. Patient's name.....  
Date of Birth ..... Gender ..... Height ..... Height .....
2. Attending physician .....  
E-mail ..... Telephone.....  
*(Mobile preferred), indicate country and area code*
3. Diagnosis (including date of 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.....  
.....
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 2400 meters (8000 feet) above sea level)  
 Yes  No  Not sure
6. Additional clinical information
  - a. Anemia  Yes  No If yes, give recent result in grams of hemoglobin.....
  - b. Psychiatric and seizure disorder  Yes  No If yes, see Part D
  - c. Cardiac condition  Yes  No If yes, see Part D
  - d. Normal bladder control  Yes  No If no, give mode of control.....
  - e. Normal bowel control  Yes  No
  - f. Respiratory condition  Yes  No If yes, see Part D
  - g. Does the patient use oxygen at home?  Yes  No If yes, specify how much.....
  - h. Oxygen needed in flight?  Yes  No If yes, specify  2 LPM  4 LPM  
  
Personal oxygen concentrator – Type.....(Only EASA approved)
7. Escort
  - a. Is the patient fit to travel unaccompanied?  Yes  No
  - b. If no, would a meet-and-assist (provided by the airline to embark and disembark) be sufficient?  Yes  No
  - c. If no, will the patient have a private escort to take care of his/her needs onboard which may include meals, visiting the lavatories, administering the medication, lifting from seat to wheelchair etc?  Yes  No
  - d. If yes, who should escort the passenger?  Doctor  Nurse  Paramedic  Personal (Non-Medical)
  - e. If other, is the escort fully capable to attend to all the above needs?  Yes  No
8. Mobility
  - a. Able to walk without assistance  Yes  No
  - b. Wheelchair required for boarding  to aircraft (WCHR)  to climb step (WCHS)  
 Inside the cabin (WCHC)
9. Medication list.....
10. Other medical information.....



## MEDICAL INFORMATION FOR FITNESS TO TRAVEL (MEDIF)

Ref: CAB-FRM-023  
Page 4 of 4  
Rev: 03  
Issue Date: 04 Sep 24  
Effective Date: 05 Sep 24

### MEDIF - PART D

(To be completed by the treating physician in block letters- all sections are MANDATORY)

1. Cardiac condition
  - a. Angina  Yes  No When was last episode? .....
  - Is the condition stable?  Yes  No
  - Functional class of the patient?  
 No symptoms  Angina with important efforts  Angina with light efforts  Angina at rest
  - Can the patient walk 100 metres at a normal pace or climb 10 -12 stairs without symptoms?  
 Yes  No
  - b. Myocardial infarction  Yes  No Date.....
  - Complications?  Yes  No If yes, give details.....
  - Stress EKG done?  Yes  No If yes, what was the result?.....Metz
  - If angioplasty or coronary bypass,  
can the patient walk 100 metres at normal pace or climb 10-12 stairs without symptoms?  Yes  No
  - c. Cardiac failure  Yes  No When was last episode? .....
  - is the patient controlled with medication?  Yes  No
  - Functional class of the patient?  No symptoms  Shortness of breath with strenuous efforts  
 Shortness of breath with light efforts  Shortness of breath at rest
  - d. Syncope  Yes  No Last episode.....
  - Investigations?  Yes  No If yes, state results.....
2. Chronic pulmonary condition  Yes  No
  - a. Has the patient had recent arterial gases?  Yes  No
  - b. Blood gases were taken on:  Room air  Oxygen .....LPM  
If yes, what were the results ..... pCO2.....pO2  
Saturation..... Date of exam .....
  - c. Does the patient retain CO2?  Yes  No
  - d. Has his/her condition deteriorated recently?  Yes  No
  - e. Can the patient walk 100 metres at a normal pace or climb 10-12 stairs without symptoms?  Yes  No
  - f. Has the patient ever taken a commercial aircraft in these same conditions?  Yes  No
  - If yes when?.....
  - Did the patient have any problems? .....
3. Psychiatric Conditions  Yes  No  
Is there a possibility that the patient will become agitated during flight  Yes  No  
Has he/she taken a commercial aircraft before  Yes  No  
  
• If yes, date of travel? ..... Did the patient travel  alone  escorted?
4. Seizure  Yes  No
  - a. What type of seizures? .....
  - b. Frequency of the seizures .....
  - c. When was the last seizure? .....
  - d. Are the seizures controlled by medication?  Yes  No
5. Prognosis for the trip  Good  Poor

Physician Signature, Stamp and Date (MANDATORY):.....  
(Any false declaration will limit all liabilities on Air Seychelles.)

**Note: Cabin Crew are not authorized to give special assistance (e.g. Lifting) 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 injections, or to give medication.**