

**GUIDANCE FOR COMPLETING THE MEDIF**

We are approaching you to ensure that your patient is fit and well enough to undertake a long haul flight. Please complete the attached MEDIF which is an International Air Transport Association (IATA) approved form. It will be reviewed by our experienced pre flight medical clearance team, who will make the final decision on fitness to fly.

To ensure a speedy clearance by the Virgin Atlantic team, we need a clear picture of your patient's **clinical condition**. We are keen to understand the following from the MEDIF:

- Whether there is a concern that your patient may be affected by the slightly hypoxic nature of the cabin environment. Do they have significant respiratory/cardiac/circulatory difficulties which may **require oxygen** in the air?
  - Please advise us if your patient uses oxygen on the ground routinely.
  - If oxygen is required at the airport, your patient will have to make independent arrangements for this.
  - Oxygen can be booked for use on board at 2lpm or 4lpm only;
    - For International (long haul) routes: this is an **on demand system (pulse dose)** so this operates only when the patient breathes in; it is NOT constant free flowing oxygen. The oxygen is delivered only **via nasal cannulae** and it is not possible to use a face mask with this system.
    - For Little Red Domestic (short haul) routes: this is a **continuous flow system i.e.** constant free flowing oxygen. The oxygen is delivered **via face mask**.
  - Individual's own oxygen cylinders may **not** be used on board but some Portable Oxygen Concentrators (POCs) may be permitted if approved for use through our Special Assistance department prior to travel.
- Your patient's vital signs, including their oxygen saturation levels, particularly if requesting oxygen.
- Whether they have had recent surgery, an infectious disease, multiple conditions or have an increased risk of DVT?
- If they are being treated for an exacerbation of their condition and any other problems such as infection etc.
- Whether they require any special equipment on board (e.g. a nebuliser); this will have to be battery operated for use on board (as there is no access to a mains supply) and must be approved through our Special Assistance department prior to travel.
- Whether they have undertaken a short/long haul flight recently and whether any medical problems were encountered (if known).
- Whether they can care for their own medical needs on board (e.g. our crew are not authorised to medicate, feed and toilet passengers).

For more information on passenger health and travel, please refer to the following websites:

**Virgin Atlantic's internet on Travel Health information**

<http://www.virgin-atlantic.com/gb/en/travel-information.html>

**Virgin Atlantic's internet on Special Assistance**

<http://www.virgin-atlantic.com/gb/en/travel-information/special-assistance.html>

**Aviation Health Unit (Civil Aviation Authority)**

<http://www.caa.co.uk/default.aspx?catid=923>

**International Air Transport Association (IATA) – medical manual**

<http://www.iata.org/publications/Pages/medical-manual.aspx>

## MEDICAL INFORMATION FORM FOR AIR TRAVEL

Special Assistance Department, Virgin Atlantic Airways Ltd,

The Office, Manor Royal, Crawley, West Sussex, RH10 2NU

Telephone (+44) (0)844 412 4455 / Fax (+44) (0)844 209 7373 / Minicom 0844 209 0747

<b>PART 2</b>		<b>This form is intended to provide CONFIDENTIAL information to assess the fitness of the passenger to travel. If the passenger can be transported, this information will facilitate the issuance of the necessary directives.</b>		<b>RECORD LOCATOR # (PNR):</b>	
<b>To be completed by ATTENDING/NOMINATED PHYSICIAN</b>		The <b>ATTENDING PHYSICIAN</b> of the incapacitated passenger is requested to <b>ANSWER ALL QUESTIONS</b> . Enter an "X" in the appropriate "Yes" or "No" box and give concise answers. <b>PLEASE COMPLETE THE FORM IN CAPITAL LETTERS USING BLACK INK.</b>		Date of Travel: (DD/MM/YY) / /	
<b>MEDA 01</b>	<b>PASSENGER'S FULL NAME:</b>	<b>SEX:</b> M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth: (DD/MM/YY) / /		
<b>MEDA 02</b>	<b>ATTENDING PHYSICIAN:</b> Name, address and telephone number				
<b>MEDA 03</b>	<b>DIAGNOSIS/MEDICAL DETAILS (e.g. Type of operation)</b>		Date of Surgery/Procedure (DD/MM/YY) / /		
<b>Vital Signs:</b>					
BP: Pulse: Temp: SAO2 (on air): % Date taken (DD/MM/YY) / /					
<b>MEDA 04</b>	Prognosis for the flight (s):				
<b>MEDA 05</b>	Is PASSENGER FREE FROM Contagious AND/OR Communicable disease?		YES <input type="checkbox"/> NO <input type="checkbox"/>	Specify:	
<b>MEDA 06</b>	Would the physical and/or mental condition of the passenger cause distress or discomfort to other passengers?		YES <input type="checkbox"/> NO <input type="checkbox"/>	Specify:	
<b>MEDA 07</b>	Can the passenger use a normal aircraft seat with seatback placed in the UPRIGHT position when so required?		YES <input type="checkbox"/> NO <input type="checkbox"/>	Travelling via Stretcher?	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>MEDA 08</b>	Can the passenger take care of their own needs on board UNASSISTED (including feeding, toileting, mobility etc.)?		YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>NOTE: If not refer to PART 1 (D2).</b>	
<b>NOTE:</b>	On International (long haul) routes - For safety reasons oxygen is NOT supplied on the ground until after take off and during descent in the Upper Class suite. Oxygen is delivered via nasal cannulae on a pulse dose system only. On Little Red Domestic (short haul) routes - Oxygen is delivered via face mask on a continuous flow system.				
<b>MEDA 09</b>	Does the passenger require OXYGEN in the aircraft on the ground?		YES <input type="checkbox"/> NO <input type="checkbox"/>	2 <input type="checkbox"/> or 4 <input type="checkbox"/> lpm	Continuous via pulse dose? YES <input type="checkbox"/> NO <input type="checkbox"/>
	Does the passenger require OXYGEN in flight?		YES <input type="checkbox"/> NO <input type="checkbox"/>	2 <input type="checkbox"/> or 4 <input type="checkbox"/> lpm	Standby via pulse dose? YES <input type="checkbox"/> NO <input type="checkbox"/> Continuous via face mask? (domestic routes only) YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>MEDA 10</b>	Does the passenger need any MEDICATION other than self-administered and/or the use of special apparatus such as respirator, incubator, IV pump, monitor, etc.?		(a) On Ground: YES <input type="checkbox"/> NO <input type="checkbox"/>	Specify: _____	
<b>MEDA 11</b>	List Medications needed during the flight:		(b) On board the AIRCRAFT: YES <input type="checkbox"/> NO <input type="checkbox"/>	Specify: _____	
	Can these be administered independently?		YES <input type="checkbox"/> NO <input type="checkbox"/>		
<b>MEDA 12</b>	Does the passenger need HOSPITALISATION? (If YES indicate arrangements made, or if NO indicate "NO ACTION TAKEN").		(a) During layover: YES <input type="checkbox"/> NO <input type="checkbox"/>	Receiving Hospital: Telephone Contact: _____	
<b>MEDA 13</b>			(b) Upon arrival at DESTINATION: YES <input type="checkbox"/> NO <input type="checkbox"/>	Receiving Physician: Telephone Contact: _____	
<b>MEDA 14</b>	Other remarks or information in the interest of the passenger's smooth and comfortable travel. NONE <input type="checkbox"/> Specify if any:				
<b>MEDA 15</b>	Other arrangements made by the attending physician:				
<b>Note :</b>	Cabin crew are NOT authorised to give special assistance to particular passengers, to the detriment of their service to other passengers. Cabin crew are employed as food handlers and are therefore unable to ASSIST with TOILETING NEEDS. They are trained in FIRST AID procedures only and are NOT PERMITTED to administer any injection, or give medication. Please ensure the passenger has all the necessary help via their travel companion. IMPORTANT Fees. If any costs are incurred for the provision of specific equipment, these must be met by the named passenger.				
<b>Date:</b> (DD/MM/YY) / /		<b>Attending Physician's Signature:</b>			

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<b>PART 1</b> To be completed by <b>PASSENGER or AGENT</b>		<b>PLEASE WRITE IN CAPITAL LETTERS USING BLACK INK</b>							
<b>A</b>	<b>PASSENGER'S FULL NAME:</b>								
<b>B</b>	<b>PROPOSED ITINERARY</b> (Airline(s), flight number(s), route(s), date(s) of continuous air travel).								
<b>C</b>	<b>NATURE OF DISABILITY, ILLNESS OR INJURY:</b>								
<b>D</b>	<b>INTENDED ESCORT</b> (name, sex, age, professional qualification, flight/ route if different from passenger) – If untrained, state "TRAVEL COMPANION".								
<b>2</b>	Is the intended escort capable and prepared to provide all assistance including feeding, toileting and lifting as required?	YES <input type="checkbox"/> NO <input type="checkbox"/>							
<b>E</b>	<b>WHEELCHAIR NEEDED?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> If YES indicate category: <b>WCHR:</b> Cannot walk far, but can manage stairs. <input type="checkbox"/> <b>WCHS:</b> Cannot walk far. Cannot manage stairs. <input type="checkbox"/> <b>WCHC:</b> Unable to walk <input type="checkbox"/>	Own wheelchair?	Manual?	Power driven?	Battery type (spillable?)	Wheelchair Weight:	Wheelchair Dimensions (inches):	Wheelchairs with spillable batteries are "restricted articles" and are permitted on passenger aircraft only under certain conditions.	
		YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	Kgs	W _____		
		NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	_____	D _____ H _____		
<b>F</b>	<b>AMBULANCE NEEDED?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	Specify ambulance company contacts: Specify destination address:							
<b>G</b>	<b>IS STRETCHER NEEDED ONBOARD?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>							
<b>H</b>	<b>OTHER GROUND ARRANGEMENTS NEEDED</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, SPECIFY below and indicate against each item: (a) the ARRANGING airline or other organisation, (b) CONTACT addresses/phones where appropriate, or whenever specific persons are designated to meet/assist the passenger.							
<b>1</b>	Arrangements for arrival at airport of departure.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Specify:					
<b>2</b>	Arrangements or assistance at connecting points.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Specify:					
<b>3</b>	Arrangements for meeting at airport of arrival.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Specify:					
<b>4</b>	Other requirements or relevant information.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Specify:					
<b>K</b>	<b>SPECIFIC IN-FLIGHT ARRANGEMENTS NEEDED</b> YES <input type="checkbox"/> NO <input type="checkbox"/> Requests such as meals, seating, extra seat(s), equipment, etc (subject to availability). (See "Note **" at the end of PART 2 overleaf).	If yes, DESCRIBE and indicate for each item: (a) FLIGHT/ROUTE on which required, (b) airline-ARRANGED or arranging third party and (c) at whose expense. Provision of SPECIFIC EQUIPMENT, such as oxygen etc. always requires completion of PART 2 overleaf.							
		(a) _____							
		(b) _____							
		(c) _____							
<b>PASSENGER'S DECLARATION</b>									
<b>"I HEREBY AUTHORISE</b> _____ <b>(Name of nominated medical doctor in CAPITAL LETTERS)</b>									
to provide the airline with the information required by those airlines' Medical Provider for the purpose of determining my fitness to fly by air and in consideration thereof, I hereby agree to meet such doctor's fees in connection therewith. I take note that, if acceptable 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. 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 any liability for such consequences. I agree to reimburse the carrier upon demand for any special expenditures or costs in connection with my carriage. I hereby authorise Virgin Atlantic Airways Ltd to send a copy of this authorisation to my medical doctor indicating my consent. <b>(Where needed, to be read by/ to the passenger, dated and signed by him/her, or on his/her behalf)."</b>									
<b>Date:</b> (DD/MM/YY) / /	<b>Passenger's signature</b>	<b>If your medical condition/travel details change in any way prior to travelling, you are requested to contact Virgin Atlantic Airways Ltd.</b>							