

MEDIF-MEDICAL INFORMATION FOR FITNESS TO TRAVEL OR SPECIAL ASSISTANCE FORM

(To be read and understood before completing MEDIF)

All sections must be completed clearly, dated and signed. Use Block letters. Any MEDIF must be submitted along with the latest medical report from the treating physician at least **72 hours** before departure of the flight, but not more than 14 days prior to the commencement date of travel.

Guidance for doctors

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 takeoff 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 anaemia may be at risk).

Conditions that require medical clearance

Guests with the following conditions require medical clearance from Etihad Airways.

If the guest:

1. suffers from any disease which is believed to be actively contagious and communicable;
2. because of the physical or behavioural condition, is likely to be a hazard or cause discomfort to other guests;
3. is considered to be a potential hazard to the safety or punctuality of the flight, including the possibility of diversion;
4. is incapable of caring for him or herself and requires special assistance;
5. has a medical condition which may be adversely affected by the flight environment;
6. has recently had a major medical incident;
7. suffers from an unstable physical or psychological (mental health) condition;
8. travels with a premature infant (Etihad Airways does not provide incubators);
9. requires a stretcher;
10. requires in-flight oxygen or is using their own personal oxygen concentrator or ventilator;
11. Requires the use of battery-powered medical equipment in-flight or needs to undertake any medical procedure during the flight, e.g. injection.

Therapeutic Oxygen:

- Etihad Airways provides **on board** oxygen service which is available on all our aircraft in all three zones. This service must be requested at least **72 hours** prior to departure. Etihad 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>
- **On ground oxygen requirements should be arranged by the guest. Etihad Airways does not provide oxygen on departure, during transit and arrival.**
- **If you are required to use supplemental oxygen on the ground (like in the airport terminal prior to boarding, after landing or during transit), you must use your own Personal Oxygen Concentrator (POC).**

Medical Assistive Devices: Federal Aviation Administration (FAA) approved personal electronic respiratory assistive devices such as ventilators, respirators, continuous positive airway pressure (CPAP) machines and portable oxygen concentrators (POC) may be approved to be carried and used on all our aircraft. Guests shall ensure that the assistive device have sufficient **battery supply to last for 1.5 times** the total flight duration. Prior medical clearance is required. For CPAP devices, prior medical clearance is not required, but the guest must notify a reservations agent 48 hours prior to departure and submit a physician statement which can be downloaded from www.etihad.com.

Processing MEDIF: The MEDIF and the medical report must be received at the Ticketing Office or Contact Centre at the latest 72 hours before the travel is due to commence. Further investigation reports may be required by the Etihad Airways Medical Centre. The MEDIF should be completed based on the guest's condition within 14 days from the date of commencement of air travel. Etihad Airways must be notified immediately of any change in the guest's condition prior to travel. In the event of a sudden change in the guest's condition during the trip, we shall ask the guest to obtain another medical report and MEDIF to confirm their fitness to continue further air travel.

Medical Certificate: Guests may be requested to show the medical certificate at any time during their trip and so are requested to keep this easily available. Separate clearance may be required for the return journey, as advised in the medical certificate. For more details, please visit www.etihad.com → Manage → Special Assistance → Medical Assistance

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1. GUEST DETAILS:

Name (as per PNR)	
Telephone number	

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:

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 www.etihad.com)	
APPROVAL FOR CARRIAGE OF MEDICAL EQUIPMENT	
NO ASSISTANCE REQUIRED	

5. ESCORT DETAILS (Tick ✓ against relevant):

Not Required Personal (Non-Medical) Escort Private Nurse Doctor Etihad Airways In-Flight Nurse

Name of the Escort	PNR

Guest with medical condition can now secure an Etihad Airways aviation nurse to escort them on their Etihad Airways flight to worldwide destination. Our aviation specialized nurse will visit the guest for assessment prior to travel. Additional charges applies for this service, which varies according to travel destination.

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.

CONSENT TO PROCESS MEDICAL INFORMATION

I consent to the use of my medical data contained in this form, and any supplementary medical data requested by Etihad in relation to this application to assess my fitness to fly on this booking. I understand that my medical information will be processed by staff at any of Etihad's contact centres in the UAE, Serbia, or India, or at any of Etihad's ticketing offices worldwide. I am also aware that my data will be reviewed by the Etihad Airways medical assistance team in the UAE and will be used by airport staff to facilitate my travel arrangements at my departure, transit, and final destination airports.

Note: You can find out more about how Etihad uses your data and protects your privacy rights at <http://www.etihad.com/en-ae/legal/privacy-policy/>

Please check/tick the box above to indicate consent.

Guest Signature	
Date	

NAME OF THE GUEST: _____

PNR: _____

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

- a) Diagnosis and 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 on the ground, which flow rate does he/she use: _____ L/min
- h) Oxygen saturation on supplemental oxygen (if applicable): _____ %
- i) Haemoglobin (haemorrhage, major trauma, major surgery, chronic illness, cancer, kidney disease): _____ g/dL
- j) Sex: _____ Age: _____ Weight (kg): _____ Height (cm): _____

Section 2: SEATING REQUIREMENTS

- Upright (must sit upright during takeoff and landing) Stretcher Baby cot (can accommodate a baby of up to 12 months (max. 11kg))

Section 3: TRAVELLING WITH OXYGEN

- Option 1** - Etihad Airways provides continuous flow oxygen onboard. Tick against the required flow rate:
 1LPM 2LPM 3LPM 4LPM
- Option 2** - Personal Oxygen Concentrator - Type: _____ (Only FAA approved)
(See www.etihad.com for approved brands and conditions of carriage)
- Option 3** - Supplementary Oxygen required on ground (on departure, during transit, on arrival).
If yes, please provide your arrangements, POC or Ambulance service to aircraft. **Etihad Airways does not provide ground service** _____
- Option 4** - No supplemental 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 onboard, which may include meals, visiting the toilet, administering medication, etc.
- If yes, tick against relevant: Doctor Nurse Other (Non-Medical)

Section 5: OTHER ARRANGEMENTS

- 1) **Wheelchair 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: Hospital, ambulance, ground services and on ground oxygen requirements is the guest's responsibility and must be arranged entirely by the guest*)
- a) Origin: _____ b) Destination: _____
- 3) **Medication or Medical Devices Required Onboard:** No Yes (if yes, provide specifications of medication/devices)

- 4) **Other Medical Information/Request** _____

Name of the treating doctor and hospital (mandatory): _____

Telephone number of hospital/doctor (mandatory): _____

Signature, stamp and date (mandatory): _____