CONFIDENTIAL

MEDIF # _____

MEDICAL INFORMATION FORM (MEDIF FORM)

APPLICATION FOR THE CARRIAGE OF THE MEDICAL PASSENGER (MEDA CASES)

(Sitting case / Wheelchair / Stretcher / Incubator / Ventilator / Oxygen)

'VISTARA' (TATA SIA AIRLINES LIMITED)

MEDIF # _____

APPLICATION DATE: _____

DATE OF TRAVEL:_____

CAREFULLY READ FOLLOWING INSTRUCTIONS BEFORE COMPLETING THIS MEDIF FORM

- All questions must be answered in full and in legible handwriting. Do not leave any column of this form blank. If any point is not relevant please mention 'Not Applicable' in the respective column. Incomplete form will not be accepted and may cause delay in medical clearance process.
- Use BLOCK letters while completing this form.
- Use a cross (X) in 'Yes' or 'No' boxes to indicate appropriate preference.
- ***INFORMATION IN -***
- ***MEDIF-PART-1 - To be completed by an authorized travel agent or by 'VISTARA' Sales/Reservations employee or by customer or their representative.***
- ***MEDIF-PART-2 and PART-3 – To be completed by passenger's attending/treating doctor.***
- ***MEDIF-PART-4 - To be completed by medical officer at 'VISTARA' Medical Department.***
- In part-2 of MEDIF form clearly mention requirement of escort/attendant and type of escort/attendant. Attendant/escort will have to be arranged and cost to be borne by the customer.
- Notes for the guidance of passenger's treating doctor are mentioned in MEDIF-PART-4.
- MEDA /medical clearance will be granted for one journey only. For multiple journeys/return journeys separate MEDIF form to be filled for the other journeys as per the timeline mentioned below.
- Cabin attendants are not authorized to give special sanitary assistance to particular passengers, to the detriment of their services to other passengers; as they are authorized food handlers. Additionally they are trained only in First Aid and are not permitted to administer any injections, or to give medication from medical kit.
- On completion, this form should be returned to any of 'VISTARA' Sales/Reservations office or Travel agent for onward submission or send scanned copy of completed MEDIF form by email on medical.clearance@airvistara.com. MEDIF form, completed and signed by passenger's treating doctor, should be submitted not more than 10 days before actual travel date.
- Minimum of 48 hours are required to complete 'MEDA' formalities from the time MEDIF form complete in all aspects is received.
- Minimum of 72 hours are required to complete 'MEDA – Stretcher case', formalities from the time MEDIF form complete in all aspects is received.
- Oxygen cylinders which are available in the aircraft are for use only during emergencies and is available in very limited quantity. If passenger requires therapeutic oxygen on aircraft due to certain pre-existing medical conditions, then same will need to be approved and extra oxygen cylinders will need to be arranged by filling this MEDIF form and getting MEDA approval.
- Any oxygen requirement while on ground (before boarding/after deplaning will have to be arranged and borne by customer themselves.
- Attendant shall ensure that all items/medical equipment brought inside the aircraft for the MEDA passenger, are removed at the time the passenger is disembarked from the aircraft.
- Particular attention is drawn to the fact that the medical details required to be filled in this form must be accurately completed. If at time of embarkation/boarding the condition of the passenger becomes worse than the details given in this form, then the carriage may have to be refused depending on the severity of the situation.
- Decision of ''VISTARA'' Medical Department will be final in all cases of medical clearances/approvals.

Contact:

Email: medical.clearance@airvistara.com Phone: +91 (0)11 49293817 (1000am-0500pm)

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MEDIF # _____

PASSENGER MEDICAL INFORMATION FORM (MEDIF) – PART 1

To be completed by 'VISTARA' RESERVATION/SALES EMPLOYEE OR BY AUTHORIZED TRAVEL AGENT OR BY CUSTOMER OR THEIR REPRESENTATIVE IN ENGLISH LANGUAGE AND IN BLOCK LETTERS

A Name of the Passenger: _____ Age: _____ Sex: _____ Nationality: _____

B Proposed Itinerary (Airline, flight number(s) class (es), date(s) and booking reference(s)) _____

_____

Booking reference (PNR) _____

C Nature of Incapacitation/illness/medical condition:

D Reservation information for accompanying escort

Doctor ☐ PNR_____ Qualified nurse ☐ PNR _____

Medical Team ☐ PNR _____ Non-Medical ☐ PNR _____

Family ☐ PNR _____

E Special in-flight arrangements needed, such as: escort, special meals, special seating, leg rest, extra seat(s), special eqpt. etc.?

NO ☐ YES ☐ → **If 'YES', describe** and indicate for each item, (a) segment(s) on which required (b) airline arranged or arranging third party, and (c) at whose expense. Provision of **special equipment such as oxygen** etc. always requires completion of **Part-2 and Part-3 of MEDIF form over**leaf. Medical equipment to be carried on-board will also require 'Physician's Statement for Medical Equipment' form to be filled.

Describe

F Wheelchair Needed: ☐ NO ☐ YES → WCHR / WCHS / WCHC

Wheelchair Type: Own Wheelchair ---------- ☐ NO ☐ YES

Collapsible wheelchair ----- ☐ NO ☐ YES

Power Driven ---------- ☐ NO ☐ YES

Battery type (Spillable) ----- ☐ NO ☐ YES

G a) Ambulance needed at origin?

NO ☐ YES ☐

To be arranged by passenger?

NO ☐ YES ☐ →

Ambulance / Hospital / Origin

Name: _____

Tel:____ _____

Address: _____

b) Ambulance needed at destination?

NO ☐ YES ☐

To be arranged by passenger?

NO ☐ YES ☐ →

Ambulance / Hospital / Destination

Name: _____

Tel:____ _____

Address: _____

H Additional passenger information:

I FREMEC Card issued?: ☐ NO ☐ YES If 'Yes', details of FREMEC card: _____

_____

Passenger's Declaration

"I hereby authorize _____(Name of nominated physician)_____to provide the airlines with the information required by those airline's medical department for the purpose of determining my fitness for carriage by air and in consideration thereof I hereby relieve 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 also agree to pay for physician's fees, charges for medical tests if it has been additionally advised by Vistara medical department for deciding my fitness for undertaking a flight.

I take note that, if accepted for carriage, my journey will be subject to the general conditions of carriage/tariffs of the carrier concerned and that the carrier codes does not assume any special liability exceeding those conditions/tariffs". I will inform Vistara medical department about deterioration in my medical condition, if any, after obtaining MEDA approval, and on failing to do so I am completely aware that I may be denied boarding/rescheduled based on assessed severity of my medical condition at the time of boarding.

I had been explained about unforeseen events which may pose special problems due to my pre-existing medical conditions viz. turbulence, hard landings, diversion/delays of flight, incidents/accidents; as these events are beyond the control of airline and it's operating crew members and employees, I will not hold Vistara and its employees directly or indirectly responsible for the same, in case, such rare events take place, which are beyond control of an airline. ***(Where needed, to be read by / to the passenger, dated and signed by him/her or on his/her behalf)***

Place: _____ **Date:** _____ **Passenger's/Authorised Representative's Name and Signature**

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MEDIF # _____

PASSENGER MEDICAL INFORMATION FORM (MEDIF) – PART 2

To be completed by PASSENGER'S TREATING DOCTOR IN ENGLISH LANGUAGE AND IN BLOCK LETTERS**

This form is intended to provide CONFIDENTIAL information to enable the 'VISTARA' Medical Department to assess the fitness of the passenger to travel as indicated in Part-1 of MEDIF form. If the passenger is granted medical approval, this information will permit the issuance of the necessary instructions designed to provide for the passenger's safe and comfortable travel.
The ATTENDING DOCTOR of the incapacitated passenger is requested to ANSWER ALL QUESTIONS.
(Enter a cross 'X' in the appropriate 'yes' or 'no' boxes, and/or give clear and concise answers).
Please also complete the relevant section of Part-3 of this MEDIF form if the passenger has any of the following: Cardiac conditions, Pulmonary conditions, Psychiatric conditions, Seizures, Fractures.
KINDLY COMPLETE THE FORM IN LEGIBLE HANDWRITING IN BLOCK LETTERS.

MEDA 01	Passenger's Name: _____ Sex: _____ Age: _____ Contact no. Mobile/Landline: _____			
MEDA 02	Attending Doctor's Name and Registration number: _____ Address _____ Telephone No. (Clinic) _____ (Home/Mobile) _____ Email:_____			
MEDA 03	Medical Diagnosis:_____ Details of current medical conditions (including vital signs) : _____ _____ Date of first symptoms: _____ Date of diagnosis: _____ Date of operation: _____			
MEDA 04	Prognosis for the planned journey: _____ Good ☐ Stable☐ Unstable☐ Poor☐			
MEDA 05	Does the passenger have any contagious OR communicable disease? If yes, please specify: _____			No ☐ Yes ☐
MEDA 06	Is there a possibility that the passenger will become agitated during the flight?			No ☐ Yes ☐
MEDA 07	Can the passenger use normal aircraft seat with seatback placed in the UPRIGHT position? Can the passenger use normal aircraft seat with both KNEES BENT?			No ☐ Yes ☐ No ☐ Yes ☐
MEDA 08	Can the passenger take care of his/her own needs on board UNASSISTED* (including meals, visit to toilet, administering of medications etc.)? If not, type of help needed: _____			No ☐ Yes ☐
MEDA 09	If to be ESCORTED, is the arrangement proposed in **PART-1/E** satisfactory? If not, type of escort proposed by YOU: ***Medical escort / Qualified Nurse / Resp. therapist / Non-medical escort***			No ☐ Yes ☐
MEDA 10	Does the passenger need OXYGEN** ('VISTARA' can only provide flow rates of 2 or 4 litres per minute of continuous flow oxygen by mask)	(a) On the GROUND: No ☐ Yes ☐ (b) On board the AIRCRAFT: No ☐ Yes ☐	Litres per minute: 2 litres per minute ☐ 4 litres per minute ☐	Continuous Oxygen? No ☐ Yes ☐
MEDA 11	Does the passenger need any MEDICATION* other than those self administered?	(a) On the GROUND while at the airport(s): No ☐ Yes ☐ (b) On board of the AIRCRAFT: No ☐ Yes ☐	Specify:_____ _____ Specify_____ _____	
MEDA 12	Does the passenger need any medical devices such as POC***, CPAP***, BiPAP*** suction***, respirator***, etc.? (Note all medical equipment on board must be battery operated and customer to carry spare batteries to cover anticipated delays)	(a) On the GROUND while at the airport(s): No ☐ Yes ☐ (b) On board of the AIRCRAFT: No ☐ Yes ☐ (c) Emits electromagnetic radiation, interferes with radio communications: No ☐ Yes ☐	Specify:_____ _____ Specify:_____ _____ Specify:_____ _____	
MEDA 13	Does the passenger need HOSPITALISATION upon arrival or during layover/? *(If yes, indicate arrangements made.)* ***NOTE:*** *The attending doctor is responsible for all arrangements.*	No ☐ Yes ☐	Mention Action/Arrangements Made:_____ _____ _____ _____ _____	
MEDA 14	Specify other information in the interest of the passenger's safe, smooth and comfortable transportation**: _____ _____			
MEDA 15	Specify other arrangements made by the attending doctor: _____ _____			

Note: *(*)While our cabin crew will do everything possible to provide assistance to passengers during the flight, please note that we are unable to provide passengers with any assistance for personal care needs such as feeding, elimination functions including assistance inside the lavatory or other personal care needs. Additionally, cabin crew are trained only in FIRST AID and are NOT PERMITTED to administer any injection or controlled medications from 'Medical Kit'.*
(**) ***IMPORTANT*** *- Fees, if any, relevant to the completion of this form and/or for the provisions of medical devices, oxygen arrangement on ground and ambulance arrangement at airport will be the responsibility of the passenger concerned.*
*(***)Portable Oxygen Concentrator (POC), CPAP, Bi-PAP or other medical equipment - Please submit "Physician's Statement for Medical Equipment" form completed and signed by the passengers treating doctor.*

Date: **Place:**	**Doctor's Name and Reg. No.:**	**Doctor's Signature and Stamp:**

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MEDIF # _____

PASSENGER MEDICAL INFORMATION FORM (MEDIF) – PART 3

To be completed by PASSENGER's TREATING DOCTOR IN LEGIBLE BLOCK LETTERS

For faster medical clearance, please provide the additional information if the passenger suffers from one of the conditions mentioned below,

MEDA 16	CARDIAC CONDITIONS	
1.	**Angina** 1. Date of last episode: _____ 2. Is the condition stable? 3. Functional class of the passenger? ☐No symptoms ☐Angina with significant efforts ☐Angina with light efforts ☐Angina at rest 4. Can the patient walk 100m at a normal pace or climb 10-12 stairs without symptoms? Pulse Oximeter SpO2-Saturation: _____	No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐
2	**Myocardial Infarction** 1. Date: _____ 2. Complications? If yes, give details: _____ 3. Did the passenger have any heart failure? 4. Is the passenger's heart size larger than normal? 5. Did the passenger have any chest pain after the first 24 hours? 6. Did the passenger have any arrhythmia requiring treatment after the first 24 hours? 7. Did the passenger have any pre-attack angina? 8. Stress ECG done? If yes, indicate date and results: _____ 9. If angioplasty or coronary bypass, can the passenger walk 100m at a normal pace or climb 10-12 stairs without symptoms? Pulse oximeter - SpO2-Saturation:_____	No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐
3.	**Heart Failure** 1. When was the last episode: _____ 2. Is the passenger's condition controlled with medication? If yes, give details:_____ 3. Functional class of the passenger: SpO2-Saturation_____ ☐ No symptoms ☐ Dyspnoea with significant effort ☐ Dyspnoea with light effort ☐ Dyspnoea at rest	No ☐ Yes ☐ No ☐ Yes ☐
MEDA 17	**CHRONIC PULMONARY CONDITIONS** 1. Has the patient had recent arterial gases done? Blood gases were taken on: ☐Room air ☐Oxygen at _____Litres Per Minute What were the results? - pCO2 _____ pO2_____ SpO2-Saturation_____ Date of test: _____ 2. Does the patient retain CO2? 3. Has his/her condition deteriorated recently? 4. Can the passenger walk 100m at a normal pace or climb 10-12 stairs without symptoms? 5. Has the passenger ever taken a commercial flight in these same conditions? If yes, when:_____ Did the passenger have any problems? _____	No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐
MEDA 18	**PSYCHIATRIC CONDITIONS *(Please also submit a comprehensive psychiatric report)*** Diagnosis: _____ 1. Is there a possibility that the passenger will become agitated during the flight? 2. Has the passenger taken a commercial flight after the diagnosis was made? If yes, date of travel: _____ Did the passenger travel - ☐Alone ☐Escorted	No ☐ Yes☐ No ☐ Yes☐ No ☐ Yes☐
MEDA 19	**SEIZURES** 1. What type of seizures? _____ 2. Frequency/duration of seizures: _____ 3. Date of last seizure: _____ 4. Are the seizures controlled by medication?	No ☐ Yes☐ No ☐ Yes☐
MEDA 20	**FRACTURES** 1. Type and Date of the fracture? _____ 2. ***Pelvic fracture***: a) Is it stable? 3. ***Lower limb fracture***: a) Is the passenger able to sit upright for take-off and landing with the knees bent? If no, stretcher may be required. b) Is the plaster cast split? 4. ***Upper limb fracture***: a) Is the plaster cast split? 5. ***Skull fracture***: a) Is there any air in the cranial cavity? 6. ***Rib fracture***: a) Is/Was there a pneumothorax?	No ☐ Yes☐ No ☐ Yes☐ No ☐ Yes☐ No ☐ Yes☐ No ☐ Yes☐ No ☐ Yes☐ No ☐ Yes☐ No ☐ Yes☐ No ☐ Yes☐ No ☐ Yes☐ No ☐ Yes☐ No ☐ Yes☐
MEDA 21	Can the passenger self-administer his/her own medications or are their travel companions may help administer the medications, should the need arise?	No ☐ Yes☐

Date: **Place:**	**Doctor's Name and Reg. No.:**	**Doctor's Signature and Stamp:**

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MEDIF # _____

PASSENGER MEDICAL INFORMATION FORM (MEDIF) – PART 4

NOTES FOR THE GUIDANCE OF PASSENGERS AND PASSENGER'S ATTENDING MEDICAL PRACTITIONERS

The principle factors to be considered when assessing a patient's fitness for air travel are the effects of reduced atmospheric pressure and consequent reduction in alveolar and arterial oxygen tension. Even in modern pressurized aircraft, the cabin may be at a pressure equivalent to an altitude of 5,000 to 8,000 feet.

In cases of doubt or for further information, Medical Practitioners should consult the 'VISTARA' medical department or can refer to 'Medical Clearance Guidelines for Air Travel', document issued by 'VISTARA'. The relevant contact details can be obtained from any 'VISTARA' office.

Due to security reasons, personal oxygen cylinders will not be permitted to carried on-board the aircraft. Additional therapeutic oxygen can be provided only on request, if advance notice is given (48 hours for oxygen cylinders) by completing MEDIF form.

Aircraft oxygen cylinders can deliver oxygen at fixed continuous flow rates of 2 or 4 litres/minute only.

Any information given by 'VISTARA' medical department is strictly for the purpose of clarifying the conditions on board the pressurized Aircraft. Any and all clarifications that have been communicated do not affect the attending physician's independent prognosis and/or assessment of the patient's medical fitness to travel.

Wheelchairs can be provided at most airports if notice is given.

If deemed necessary, any electronic/electrical medical equipment will also have to be cleared by Engg. and/or Security and/or DGR (Dangerous Goods Regulations) before it is carried on board the aircraft, if required. In such cases passenger should get 'Physician's Statement for Medical Equipment', form filled by his treating doctor to validate purpose of use and carriage of relevant medical equipment on-board aircraft. There is no provision of power supply on aircraft. Hence all medical equipment should be battery operated and passenger should make provision to carry extra spare batteries to cover flight duration and unexpected delays and diversions.

If passenger cannot even sit with seatback upright at least for take-off and landing period and/or if passenger cannot utilise normal aircraft seat to sit, stretcher may be required to facilitate travel. While being seated, lower limb cannot be placed in the aircraft aisle due to cabin safety regulations.

Any case that "VISTARA" considers might jeopardize the safety or operation of the aircraft will not be accepted.

Particular attention is drawn to the fact that the medical details given at this this form must be accurately filled and completed. If at time of embarkation/boarding the condition of the passenger is worsens than as per the details given earlier, the carriage of the passenger may have to be denied.

FOR 'VISTARA' MEDICAL DEPARTMENT'S USE ONLY

Decision by 'VISTARA' Medical Department:

Approved (One journey – Origin to Destination only) ---	No ☐ Yes ☐	**Passenger Name:** _____
Rejected ----------	No ☐ Yes ☐	**Age and Sex:** _____
Need more details for final decision (Decision Pending) ----------	No ☐ Yes ☐	**Diagnosis:** _____
Repeat medical check required before check-in:	No ☐ Yes ☐	**Flight No and Sector –** _____
		Date of flight – _____

Oxygen Requirement In Flight: No ☐ Yes ☐

If yes then specify,

Rate: 2 litres per minute ☐ 4 litres per minute ☐

Type: Continuous ☐ Intermittent ☐

No of Oxygen cylinders to be uplifted (considering flight duration, delays etc.): _____

Wheelchair required: No ☐ Yes ☐

If yes, ☐ WCHR (Can climb steps/walk cabin)
☐ WCHS (Unable to climb steps/can walk cabin)
☐ WCHC (Immobile)
☐ Other _____

Escort Required: No ☐ Yes ☐

If yes then specify type of escort,

☐ Doctor ☐ Qualified Nurse / Paramedic

☐ Resp. Therapist ☐ Non-Medical Escort

Engg. / DGR / Security clearance of equipment to be carried on-board, required?:

No ☐ Yes ☐ Not applicable ☐

If yes, provide details, _____

Date: **Place:**	**'VISTARA' Medical Officer's Name and Reg. No.:**	**'VISTARA' Medical Officer's Signature and Stamp:**