MEDICAL INFORMATION

Part 1

Standard Medical Information Form For Air

Travel Answer all question. Put a cross (X) in "Yes or No" boxes
Use Block latter's or typewriter when completing this from

To be completed by sales office / agent

A	Name / Initial / title		
B	Proposed Literary (Airline (S), Flight Number (S), Class (Es), Date (s), Segment (s), Reservation status of continuous Air journey)		Transfer from one flight to another often requires longer connecting time
C	Nature of incapacitation	Medical Clearance Required? No. ☐ Yes. ☐	
D	Is stretcher needed on board? (all stretcher cases must be escorted)	No ☐ Yes ☐	Request rate if unknown
E	Intended escort (name, sex, age, Professional qualification, segment, if different from Passenger) if untrained, state "Travel Companion "		For blind and/or state if escorted by trainees dog
F	Wheelchair needed? Categories are WCHR, WCHS, WCHC — No ☐ Yes ☐	Own wheelchair? No ☐ Yes ☐ / Collapsible? No ☐ Yes ☐ / Power Driven? No ☐ Yes ☐ / Battery Type (spill able) No ☐ Yes ☐	Wheelchair with spill able batteries are "restricted articles' and are permitted on passenger aircraft only under certain conditions, which can be obtained From the airline (s) in Addition certain countries may impose specific restrictions.
	Wheelchair category ☐		
G	Ambulance needed? No. ☐ Yes ☐	No. ☐ → Yes ☐ → To be arrange by airline specify Ambul company contact specify destination address	Request rate (s) if unknown

H	Other ground arrangement Needed	No ☐ Yes ☐	If yes specify below and indicate for each item, (a) the arranging or other organization, (b) at whose expense, and (c) contact addresses / phone where appropriate, or whenever specific persons are designated persons are designated to meet / assist the passenger.		
1	Arrangements for Delivery at airport	No ☐	Yes ☐	specify	
	Of departure				
2	Arrangements for Assistance at	No ☐	Yes ☐	specify	
	Connecting points				
3	Arrangements for Meeting at airport	No ☐	Yes ☐	specify	
	Of arrival				
4	Other requirements Or relevant information	No ☐	Yes ☐	specify	
I	Special in – flight arrangements airline Needed, such as special meals specials seating, log rest, extra Seat (s), special equipment etc. (see "note" (*) at the end of Part 2 overleaf)	No ☐	Yes ☐	If yes, describe for each item, (a) segment (s) on which required (b) arranged or arranging third party and (c at whose expense. Provision of special equipment such as oxygen etc, always requires completion of Part 2 overleaf	

Passenger's declaration

I hereby authorize _____

(name of nominated physician)

To provide the airlines with the information required by those airlines' medical departments for the purpose of determining my fitness for carriage by air and in consideration there of 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 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 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 (s) up on demand for any special expenditures or costs in connection with may carriage
(where needed, to be reed by / to the passenger, dated and signed by him / her, or on his / her behalf)

Place :	Date :	Passenger's signature :

MEDICAL INFORMATION SHEET (MEDIF) CONFIDENTIAL

Part 2
To be completed by
Attending Physician

This form is intended to provide CONFIDENTIAL information to enable the airlines MEDICAL Department
Mends to assess the fitness of the passenger to travel. If passenger is acceptable, this information will permit the issuance of the necessary directive design to provide for the passenger's welfare and comfort.

The PHYSICIAN ATTENDING the incapacitated passenger is request to ANSWER ALL QUESTIONS. Enter a cross "X" in the appropriate "yes" or 'no" boxes, and/or give precise concise answers.
COMPLETING OF THE FORM IN BLOCK LETTERS OR BY TYPEWRITER WILL BE APPRECIATED

Please Return Completed Form To

LION AIR Medif Service
Telephone :

Facsimile :

Address of issuing LION AIR Office

Airlines Ref Code MEDA 01	PATIENT'S NAME : AGE :	☐ MALE ☐ FEMALE
MEDA 02	ATTENDING PHYISICIAN -Name & Address Telephone Contact	Business : Cell Phone : Home : Email :
MEDA 03	MEDICAL DATA : DIAGNOSIS In Details (Including Vital Signs) - Day/Month/year of first symptoms	Date of operation : Date of diagnosis :
MEDA 04	- Prognosis for the flight (s)	
MEDA 05	- Contagious and communicable decease?	No. ☐ Yes. ☐ Specify
MEDA 06	Would the physical and / or mental condition of Patient is likely to cause distress or discomfort to Discomfort to another passengers?	No. ☐ Yes. ☐ Specify
MEDA 07	- Can patient use normal aircraft seat with seatback placed In the UPRIGTH position when so requires?	No. ☐ Yes. ☐
MEDA 08	- Can patient take care of hoes own needs on Board UNNASSITED *(including meals, visit to Oiled, etc)?	No. ☐ Yes ☐ If No, type of help needed :
MEDA 09	- If to be ESCORTED, is the arrangement Satisfactory to you?	No. ☐ Yes. ☐ If No, type of escort proposed by YOU :
MEDA 10	- Does patient need OXYGEN**equipment in Flight? (if yes, state rate of flow)…….Liters per minute Continuous?	No. ☐ Yes. ☐ ☐ 2 L / Minute ☐ 4 L / Minute No. ☐ Yes. ☐ ☐ ……L / Minute
MEDA 11 MEDA 12	-Does patient need any " MEDICATION " other than self administered And / or / the use of special apparatus such as respirator, incubator, etc**?	(a) on the GROUND while at the airport (s) : No. ☐ Yes. ☐ Specify (b) onboard of the AIRCRAFT : No. ☐ Yes ☐ Specify
MEDA 13 MEDA 14	- Does patient need HOSPITALISATION? (If yes, indicate arrangement made or, if none were made, indicate " NO ACTION TAKEN ")	(a) during long layover or nightspot at CONNECTING POINTS en route : No. ☐ Yes. ☐ Action : (b) Up on arrival at DESTINATION: No. ☐ Yes. ☐ Action :
MEDA 15	- Other remarks or information in the interest of your patient's smooth and comfortable transportation	None ☐ Specify if any**
MEDA 16	- Other arrangements made by the attending physician :	

Note (*): Cabin attends nets 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 FISRT AID and are NOT PERMITTED to administer any injection, or to give medication.

IMPORTANT :
FEES, IF ANY, RELEVANT TO THE PROVISION OF THE ABOVE INFORMATION AND FOR CARRIER – PROVIDED SPECIAL EQUIPMENT (**) ARE TO BE PAID BY THE PASSENGER CONCERNED.

Attending physician's name :

Address :

Phone :

Date :

Signature

Approved by LION AIR Medif Department

Name :

Date :

MEDICAL CERTIFICATE

NAME : Mr/Mrs/Ms……..…… (Full name)
DATE OF BIRTH : …… NATIONALITY :…….
ADDRESS : ……...…
……...……..
TELP : ……..….. MOBILE :……

PATIENT HISTORY / COMPLAINT :

VITALS SIGNS :
GCS : E…..V….M…. =……
HEART RATE :…….……x / min
BLOSS PRESS :……..mmHg
TEMPERATURE :……....°C
RESPRIRATORY RATE :……x / min

PHYSICAL EXAMINATION : (HEAD CHEST, LAB, ABDOMEN, EXTERMITY, etc.)

OTHERS EXAMINATION : (RADIOLOGY, LAB, ECG, CT SCAN, MRI, USG, etc.)

DIAGNOSIS :

TREATMENT / MEDICATION :

PATIENT REQUEST FOR REPATRIATION / MEDICAL / EVACUATION : YES / NO
IN DOCTOR'S OPINION THIS MEDICALLY NECESSERY : YES / NO
PATIENT CAN TRAVEL : YES / NO

PATIENT CANS TRAVAEL : ☐ Unescorted ☐ With medical escort
PATIENT NEED : ☐ Ordinary seat ☐ Wheelchair assistance ☐ Stretcher Case Assistance

DOCTOR'S RECOMMENDATION : ……

ATTENDING PHYSICIAN

_____
Signature & Name in block letter