MALAYSIA AIRLINES MEDICAL INFORMATION FORM (MEDIF)

PART 1 : FLIGHT AND PASSENGERS DETAILS — **TO BE COMPLETED BY PASSENGERS**

ALL sections must be completed clearly in **English**. Please fill up the form in **BLOCK LETTERS** and tick **(√)** in the appropriate boxes. Malaysia Airlines or an Appointed Medical Organization may contact the customer for further clarification if necessary. This MEDIF is **valid** for **20 CALENDAR DAYS only** once a Malaysia Airlines medical examiner approves the request, before the passenger's first travel commences. The passenger is responsible to submit a new MEDIF if there is any changes to the medical condition or medical support equipment requirement. This form must be printed on an A4 sized-paper.

		Date	Flight No.	From	To	Booking Reference Number	Special Assistance Needed (Please refers Part 4)					
A	Flight Itinerary						Stretcher ☐	POC ☐	WCHR ☐			
							Incubator ☐	CPAP ☐	WCHC ☐			
							Others :		WCHS ☐			

B	Passenger	Name	(as per passport)			Gender :	Male ☐	Female ☐
						Weight	____ kg	Age :
		Mobile No. :		Email :				
C	Escort 1	Name:	(as per passport)			Gender :	Male ☐	
							Female ☐	
		Mobile No. :		Email :				
		Escort :	Doctor ☐	Nurse ☐	Medical Team ☐	Family or Non-Medical ☐		
D	Escort 2	Name:	(as per passport)			Gender :	Male ☐	
							Female ☐	
		Mobile No. :		Email :				
		Escort	Doctor ☐	Nurse ☐	Medical Team ☐	Family or Non-Medical ☐		
E	Attending Doctor	Name :	(as per passport)			Office No. :		
		Email :				Mobile No. :		
		Name of Hospital/Clinic :						
F	*Note: All Ambulance and Hospital arrangements must be done by Hospital/Doctor/Insurance or Family members/Escort.							
	Hospital/Ambulance (Origin Station)	Hospital :						
		Ambulance's Driver Info.	Name :					
			Email :			Mobile No. :		
G	Hospital/Ambulance (Transit in KUL)	Hospital :						
		Ambulance's Driver Info.	Name :					
			Email :			Mobile No. :		
H	Hospital/Ambulance (Destination Station)	Hospital :						
		Ambulance's Driver Info.	Name :					
			Email :			Mobile No. :		

PART 2 : MEDICAL INFORMATION (DIAGNOSIS CONTENT) — **TO BE COMPLETED BY ATTENDING DOCTOR**

M1	MEDICAL DATA DIAGNOSIS in details		Date of diagnosis	(dd/mm/yy)	
			Date of first symptoms		
			Date of operations		
			Pregnant Woman	YES ☐	NO ☐

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M2	PROGNOSIS for flight(s) : Please consider potential effects of the itinerary and physiological stresses of flight on the patient's state of health and mention if terminal case. Narrative (eg, Late Stage Disease,Unstable, Complicated/Uncomplicated pregnancy) should be provided for guarded/poor.				**Estimated Delivery Date**	
					Duration of Pregnancy	____ **weeks**
	Specify :				*Note: Some countries may place limitations on the entry of non-national pregnant women. It is advisable to check with the local diplomatic mission to confirm the country (of which you will be visiting) on the specific requirements.	
	GOOD ☐ (No problem anticipated)	GUARDED ☐ (Potential problem)	POOR ☐ (Problem likely)			
M3	**CONTAGIOUS and COMMUNICABLE disease?** **YES** ☐	**NO** ☐	**Specify :**			
M4	**a)** Would the **physical and/or mental condition** of the patient be likely to cause **distress or discomfort** to other passengers?				**YES** ☐	**NO** ☐
	b) Does the patient requires any **MEDICATION i**n flight?	**YES** ☐	**NO** ☐			
	Specify :					
M5	**a)** Can the patient keep their seat in the **upright position** when required?	**YES** ☐	**NO** ☐	*All stretcher case must be accompanied by Medical Escort.		
	b) If **NO,** is STRETCHER needed on board?	**YES** ☐	**NO** ☐			
	Specify :					
M6	**Can the patient take care of his/her needs onboard UNASSISTED?**					
	Meals	**YES** ☐ / **NO** ☐	**Visit To Toilet?**	**YES** ☐ / **NO** ☐	**Specify :**	
M7	Does the patient require any medical equipment **IN FLIGHT?** If oversized medical equipment cannot be stored under the seat in front of them, the patient will need to purchase another seat.	If YES please specify : **YES** ☐ **NO** ☐	Name of Medical Equipment			
			Manufacturer/Product Name			
			Model Number/Type			
			Size /Type of Battery			
M8	Does the patient require any medical equipment **ON GROUND** while at the airport? Special equipment such as Respirator,Incubator,Nebuliser etc. (All equipment on board must be dry cell battery operated).	If YES please specify : **YES** ☐ **NO** ☐	Name of Medical Equipment			
			Manufacturer/Product Name			
			Model Number/Type			
			Size /Type of Battery			
M9	Does the patient require **HOSPITALIZATION?**	a) During long layover or nightstop at **CONNECTING POINTS** en route	**YES** ☐	**NO** ☐	**Specify :**	
		b) Upon **ARRIVAL** at destinations	**YES** ☐	**NO** ☐	**Specify :**	
M10	Other remarks, information or additional requests to ensure the patient's comfort:					

Please ensure all above information are accurate. Once approved, no last minute changes will be entertained by Malaysia Airlines.

I _____ hereby confirm all above information is accurate and will provide necessary information required by the airlines's medical department.

Stamp/Sign and Date :

PART 3 : MEDICAL APPROVAL — **TO BE COMPLETED BY APPOINTED MALAYSIA AIRLINES MEDICAL EXAMINER**

Name :

Remarks :

Approved (One way) ☐	**Approved (All Sector)** ☐	**Rejected** ☐	**Need details** ☐					
Fit to fly with requirements	**Stretcher/Incubator** ☐	**Wheelchair** ☐	**POC** ☐	**Others** ☐				
	Escort : **Doctor** ☐	**Nurse** ☐	**Non-Medical Team** ☐					

Stamp/Sign and Date :

Incubator/Ventilator/Ambulance/ arrangement are to be made by Passengers/Hospital/Insurance/Attending Doctor or Family Members. It is advisable to carry a universal multi-configuration adapter to ensure compatibility of electrically operated medical equipments with electrical supply outlets on board the aircraft.

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PART 4 : SPECIAL ASSISTANCE REQUEST — TO COMPLETED BY ATTENDING DOCTOR/PASSENGERS

ALL sections must be completed in English. Please fill the form in BLOCK LETTERS and tick (√) in the appropriate boxes. Once approved, no last minute changes will be accepted. Our cabin crews are not permitted and authorised to provide medical services, assistance with feeding and/or assistance with performing lavatory functions. It is advisable for passengers to travel with an Escort should they require such services.

1

REQUIREMENTS for transportation :

a) Do you need a WHEELCHAIR? **YES** ☐ **NO** ☐

b) If **YES**, what type? **WCHR** ☐ (Can climb steps/walk cabin) **WCHC** ☐ (Immobile) **WCHS** ☐ (Unable to climb steps/can walk cabin)

Remarks :

c) Do you have a personal WHEELCHAIR?

YES ☐ *Please provide your personal wheelchair specifications

NO ☐ *We will take you to the plane on our wheelchair

Non-Foldable ☐ **Foldable** ☐

If your wheelchair is non-foldable or battery powered, please tell us your wheelchair specification :

Manual ☐	**Electric/Battery powered** ☐				Length	_____	**cm**
Spillable Battery (Wet-cell "non-sealed") ☐					Height	_____	**cm**
Non-Spillable Battery (Wet-cell "sealed") ☐					Width	_____	**cm**
Dry Battery	***Please specify :**	**Lithium ion** ☐	**Ni-Cd** ☐	**Ni-MH** ☐	Weight	_____	**kg**

We may not be able to accept large size wheelchairs due to the size of the cargo door and space

2

Do you need Oxygen in flight? **YES** ☐ **NO** ☐ **If YES, state rate of flow :** _____ **Litres(ℓ)/min**

Do you have your own/personal POC? **YES** ☐ **NO** ☐ **Rental POC?** **YES** ☐ **NO** ☐

Manufacturer Name		**Dimension**	_____ (Length) x _____ (Width) x _____ (Height)
Model Number/Type		**Type of Battery**	

***The passenger or escort should have knowledge in the use of POC. The Carriage of POC is subject to prior approval from Malaysia Airlines.**

3

Is CPAP needed in flight? **YES** ☐ **NO** ☐

Manufacturer Name		**Dimension**	_____ (Length) x _____ (Width) x _____ (Height)
Model Number/Type		**Type of Battery**	

4

Have you arranged for an ambulance? (Ambulance must be arranged by the passenger).

Departure point	**YES** ☐	**NO** ☐	If **YES**, please fill up contact details in Part 1 (F) and 1 (G).
Arrival	**YES** ☐	**NO** ☐	
Transit	**YES** ☐	**NO** ☐	

5

Stretcher needed on board?

YES ☐ **NO** ☐

*All stretcher case must be accompanied by Medical Escort.

6

Do you need an Incubator on board? (Incubator must be arranged by the passenger) **YES** ☐ **NO** ☐ *All incubator case must be accompanied by Medical Escort.

Incubator dimensions : _____ (Length) x _____ (Width) x _____ (Height)

Heating Elements required? **YES** ☐ **NO** ☐ **If YES, please state type of battery :**

Manufacturer Name		*Please include an image of the incubator upon submission of MEDIF to Malaysia Airlines
Model Number/Type		

7

Any special In-Flight arrangements needed? **Special Meal :** _____ **Leg Rest :** _____ **Extra Seat :** _____

PART 5 : PASSENGER'S DECLARATION (RELEASE & INDEMNITY) — TO BE COMPLETED BY PASSENGER/PATIENT

I _____
(name of passenger/patient)

hereby authorize,

_____
(name of nominated doctor)

to provide accurate information required by the airlines' medical department for the purpose of determining my fitness for carriage by air, and in consideration thereof I hereby relieve that doctor of his/her professional duty of confidentiality in respect of such information, and agree to meet such doctor's fee in connection therewith. I fully consent for the airline to process the information given for the purposes stated above in accordance with the applicable data protection regulations.

* IMPORTANT : Fees if any, relevant to the provision of the above information in Part 1 - 5 and for carrier - provided special equipment are to be paid by the passenger concerned.

Passenger or Guardian's Signature :

Signed : _____

Date : _____ dd/mm/yy

I take note that, if I am accepted for carriage, 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 or losses, whether directly or indirectly, 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 and losses. I agree to reimburse the Carrier(s) upon demand for any special expenditures or costs in connection with my carriage.

I confirm that the information given in this form is true, complete and accurate to the best of my knowledge. In case any of the above information is found to be false, misleading or misrepresenting, I am aware that I may be held liable for the losses suffered by the Carrier. (Where needed, to be read by/to the passenger/patient,dated and signed by him/her, or on his/her behalf). I have read and understood the MEDIF Part 1-5.

*If Guardian, please fill up below :

Name	
Relationship with patient:	
Mobile No. :	
Email:	

PART 6 : RESERVATION INFORMATION — **TO BE COMPLETED BY MALAYSIA AIRLINES/AGENT**

REMARKS :