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Confidential

		<b>Medical information form - medif</b>		For official only	
To be completed by Attending Physician		<p>This form is intended to provide Confidential information, to enable the airlines' Medical Departments to assess the fitness of the passenger to travel. If the passenger is acceptable, this information will permit the issuance of the necessary directives designed to provide for the passenger's welfare and comfort.</p> <p>The Physician Attending the incapacitated passenger is requested to Answer All Questions (Enter a cross «x» in the appropriate «yes» or «no» boxes, and/or give precise concise answers).</p> <p>Use Block Letters or Typewriter when completing this form. Fill in this form in English, German, French or Italian.</p>		Please return the completed form to	
				Address of issuing SAS office	
Airlines' Ref Code Meda01	Patient's name, initial(s), sex, age				
Meda02	Attending Physician - Name & Address				
	- Telephone Contact	Business	Home		
Meda03	Medical Data - Diagnosis in details (including vital signs)				
	- Day/month/Year of first symptoms	Date of operation	Date of diagnosis		
Meda04	- Prognosis for the flight(s)				
Meda05	- Contagious And communicable disease?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Specify	
Meda06	- Would the physical and/or mental condition of the patient be likely to cause distress or discomfort to other passengers?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Specify	
Meda07	- Can patient use normal aircraft seat with seatback placed in the Upright position when so required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Meda08	- Can patient take care of his own needs on board Unassisted *(including meals, visit to toilet, etc)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
		If not, type of help needed			
Meda09	- If to be Escorted, is the arrangement satisfactory to you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
		If not, type of escort proposed by You			
Meda10	- Does patient need Oxygen ** equipment in flight? (If yes, state rate of flow)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Litres per Minute <input type="text"/>	Continuous? No <input type="checkbox"/> Yes <input type="checkbox"/>
Meda11	- Does patient need any Medication *, other than self-administrered, and/or the use of special apparatus such as respirator, incubator, etc **?	(a) on the Ground while at the airport(s)			
		No <input type="checkbox"/>	Yes <input type="checkbox"/>	Specify	
Meda12		(b) on board of the Aircraft			
		No <input type="checkbox"/>	Yes <input type="checkbox"/>	Specify	
Meda13	- Does patient need Hospitalisation? (If yes, indicate arrangements made or, if none were made, indicate «No Action Taken»)	(a) during long layover or nightstop at Connecting Points en route			
		No <input type="checkbox"/>	Yes <input type="checkbox"/>	Action	
Meda14		(b) upon arrival at Destination			
		No <input type="checkbox"/>	Yes <input type="checkbox"/>	Action	
Meda15	- Other remarks or information in the interest of your patient's smooth and comfortable transportation	None <input type="checkbox"/>		Specify if any **	
Meda16	- Other arrangements made by the attending physician				
Note(*) Cabin attendants are Not authorized to give special assistance to (e g lifting) particular passengers, to the detriment of their service to other passengers. -Additionally, they are trained only in First Aid and are Not Permitted to administer any injection, or to give medication.		Important Fees, if any, relevant to the provision to the above information and for carrier – provided special equipment (**) are to be paid by the passenger concerned.			
Date		Place		Attending Physician's Signature	

## Passenger's declaration «I hereby authorize

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(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 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 concerned and that the carrier does not assume any special liability exceeding those conditions/tariffs.

I agree to reimburse the carrier upon demand for any special expenditures or costs in connection with my carriage».

(Where needed, to be read by/to the passenger, dated and signed by him/her, or on his/her behalf).

Place

Date

Passenger's Signature

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