



SAS Medical
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Confidential

		Medical information form - medif		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,</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	Date of	Date of		
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	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

(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

Data Protection Notice and Passenger Consent Declaration Form for the Processing of Special Category Data (Including Medical Data)

1. Information on the Processing of Personal Data

If you require special assistance, have specific requests, or need an assessment of the passenger's fitness for flight, we may process special category data, including medical information provided by you or your representative.

Purpose: Please be informed that we process such data to assess and manage your requests, organize necessary assistance, care, and equipment, and evaluate your fitness for the flight.

Recipients: We handle the protection of any special category data you provide or that is provided by your representative with utmost care. We may share this information only when necessary for managing requests, providing assistance, or conducting assessments. This may include sharing information with medical professionals, service providers, airports (when necessary for the service), authorized airline employees, other airlines in your itinerary, governmental bodies, and border control authorities when required by regulations.

Retention: The data you or your representative provide may be stored for up to two years. In case of an unresolved dispute within the mentioned period where the information is relevant, we may retain it for a longer duration until the dispute is resolved.

Your Rights and Withdrawal of Consent: You have the right to withdraw your consent at any time by directing your request to request@airbaltic.com or by mail, clearly specifying your intention to revoke consent for the processing of special category data. Please be informed that in case you withdraw your consent, but we require your data for which consent is necessary to proceed with your request or assess your fitness for the flight, we may need to cease processing your request further. The withdrawal of consent does not affect the lawfulness of processing based on consent before its withdrawal. You also have other rights under the GDPR, including the right of access and the right of rectification. Additional information on your rights and data processing can be found in our Privacy Policy, available at: <https://www.airbaltic.com/en/privacy-policy>

For the aforementioned purposes, we require your consent in accordance with the EU General Data Protection Regulation No. 679/2016 (hereinafter referred to as GDPR), paragraph 2 of Article 9.

2. Consent

Hereby, I, the undersigned below, consent that "Air Baltic Corporation" AS, registration No. 40003245752 (hereinafter referred to as airBaltic), processes my special categories of personal data, including information about my health, state of health, and any documents I have provided to airBaltic containing such information for the purposes specified in this form.

in connection with the following flight:

- Flight number: _____
- Date of flight: _____
- Reservation number: _____,

or

in connection with any service or flight with airBaltic,

I certify that I have signed this consent by hand, that the consent reflects my intention, and that I understand the essence of such consent. I am aware of my rights and have read the Privacy Policy published on the website of airBaltic.

Date: ____/____/____

Name, Surname and signature