MEDIF

Information for Passengers Requiring Special Assistance

טופס מידע לטובת הטסה רפואית / מיוחדת

REVISION: 4
27-FEB-25

1.	Name, first name	Title	Age	Gender
2.	Passenger Name Record (PNR/ reservation number)			

	Routing from	to	Flight number	Class	Date
3.					

4. Stretcher transport required.

☐ Yes ☐ No

5. Escort for the journey required ☐ Yes ☐ No

Designated escort (Name)_____ Medical qualification ☐ physician ☐ nurse/paramedic ☐ none

☐ other applicable person (Name)_____ PNR (if different)

6. Type of disability or required assistance

_____

Wheelchair required ☐ Yes ☐ No

☐ WCHR ☐ WCHS ☐ WCHC

Own wheelchair	Battery-driven	collapsible	Size (W/H/L cm)	Weight (kg)
☐ WCH OWN	☐ WCBD/ WCBL	☐		

7. Hospital at destination ☐ Yes ☐ No

Designated Ambulance (to be organized by assistance/insurance/passenger) _____
contact (phone/email)

8. Assistance/support while in the airport required ☐ Yes ☐ No

Designated person/organisation
contact (phone/email)

9. Other assistance/support while in the airport required ☐ Yes ☐ No

Which and where? Departure/transit/arrival? Organized by assistance/insurance/passenger.
contact (phone/email)

10. Specific needs/support/equipment required in-flight/on board ☐ Yes ☐ No

Please specify (e.g. special meal, extra seat, type of equipment, etc.)

Facultative expenses on account of passenger. **For oxygen concentrator please ask for the specific document**.
Technical clearance issued by airline.

☐ Yes ☐ No

- **לשאלות / מידע תפעולי מלא / טופס MEDIF מלא יש לשלוח לישראייר למייל medical@israir.co.il**
- לאחר אישור רופא ישראייר, באחריות הגורם המבקש את הטסת הנוסע להעביר טופס מלא וחתום זה לנוסע או מי מטעמו כך שיהיה זמין להצגה לצוות הקרקע והמטוס.
- ציוד רפואי יש לאשר מראש וכן להציג לצוות הקרקע לבדיקה

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The conditions of carriage, in particular the rules of liability contained in the terms and conditions of ISRAIR Airline, will apply.

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Note for the attending physician:
The details requested in here will be treated confidentially; they should enable the Medical Services of the airline(s), as it is their obligation, to judge by their specific air medical knowledge and experience if and under what conditions the patient can be permitted to travel by aircraft as requested. These details will also help the Medical Service in issuing appropriate instructions for the patient's care which duly consider both his/her diagnosis and the special circumstances of the requested air journey.
Kindly answer all questions by cross or in block letters, as necessary. Please fill in this form on your PC to enhance readability and clarity. You can easily typewrite into the grey fields. Thank you for your cooperation!
For any further information please do not hesitate to contact us immediately via phone or email.

1. Patient's name

Date of Birth | Sex | Height | Weight

2. Attending physician

Address

e-mail | Telephone, indicate country and area code | Fax

3. Diagnosis (including short history, onset of current illness, episode or accident and treatment, specify if contagious)

Nature and date of any recent and/or relevant surgery

4. Current symptoms and severity **Date of onset**

5. Will a 25% to 30% reduction in the ambient partial pressure of oxygen (relative hypoxia) affect the passenger's medical condition? (Cabin pressure to be the equivalent of a fast trip to a mountain elevation of 2.400 meters (8.000 feet) above sea level) ☐ yes ☐ no ☐ not sure

6. Additional clinical information ☐ yes ☐ no

a. Anaemia	☐ yes	☐ no	If yes, give recent result in grams of haemoglobin per litre
b. Psychiatric conditions	☐ yes	☐ no	If yes, see Part 2
c. Cardiac disorder	☐ yes	☐ no	If yes, see Part 2
d. Normal bladder control	☐ yes	☐ no	If no, give mode of control
e. Normal bowel control	☐ yes	☐ no	
f. Respiratory disorder	☐ yes	☐ no	If yes, see Part 2
g. Does the patient require oxygen at home?	☐ yes	☐ no	If yes, specify how much
h. Oxygen needed during flight?	☐ yes	☐ no	If yes, specify ☐ 2 LPM ☐ 4 LPM other ☐ pulse ☐ continues
i. Seizure disorder	☐ yes	☐ no	If yes, see Part 2

7. Escort

a. Is the patient fit to travel unaccompanied? ☐ yes ☐ no
b. Is the patient able to sit in a usual aircraft seat? ☐ yes ☐ no
c. Is the patient able to embark and disembark the aircraft independently? ☐ yes ☐ no
d. If no, will the patient have a private escort to take care of his/her needs on board? ☐ yes ☐ no
e. If yes, who should escort the passenger? ☐ Doctor ☐ Nurse/Paramedic ☐ Other
f. If other, is the escort fully capable to attend to all above needs? ☐ yes ☐ no

8. Mobility

a. able to walk without assistance ☐ yes ☐ no b. Wheelchair required for boarding ☐ to aircraft ☐ to seat

9. Medication list (incl. doses)

10. Other medical information

Note: Cabin attendants are not authorized to give special assistance (e.g. lifting, feeding) to 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 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.

1. Cardiac condition ☐ yes ☐ no

Angina ☐ yes ☐ no When was last episode?

- Is the condition stable? ☐ yes ☐ no

- Functional class of the patient? ☐ No symptoms ☐ Angina with moderate exertion☐ Angina with minimal exertion ☐ Angina at rest

- Can the patient walk 100 metres at a normal pace or climb 10-12 stairs without symptoms? ☐ yes ☐ no

Myocardial infarction ☐ yes ☐ no Date

- Complications? ☐ yes ☐ no If yes, give details

- Stress EKG done? ☐ yes ☐ no If yes, what was the result? MET or Watt

- If angioplasty or coronary bypass,

Can patient walk 100 yards/metres at a normal pace or climb 10-12 stairs without symptoms? ☐ yes ☐ no

Cardiac failure ☐ yes ☐ no When was last episode?

- Is the patient controlled with medication? ☐ yes ☐ no

- Functional class of the patient? ☐ No symptoms ☐ Shortness of breath (SOB) with moderate exertion

☐ SOB with minimal exertion ☐ Shortness of breath at rest

Syncope ☐ yes ☐ no When was last episode?

- Investigations ☐ yes ☐ no If yes, state results

2. Pulmonary condition ☐ yes ☐ no

a. if yes ☐ acute ☐ chronic

b. mode of respiration ☐ spont ☐ oxygen ☐ ventilation

c. Has the patient had recent arterial blood gases? ☐ yes ☐ no

b. Blood gases were taken on ☐ room air ☐ Oxygen litres per minute (LPM)

If yes, what were the results pCO_2 [kPa/mmHg] pO_2 [kPa/mmHg]

% Saturation Date of exam

If not, what is the pulse oximetry ☐ room air ☐ Oxygen litres per minute (LPM)

% Saturation _____ altitude _____ meters / feet above sea level

c. Does the patient retain CO_2? ☐ yes ☐ no

d. Has his/her condition deteriorated recently? ☐ yes ☐ no

e. Can patient walk 100 yards/metres at a normal pace or climb 10-12 stairs without symptoms? ☐ yes ☐ no

f. Has the patient ever taken a commercial aircraft in in his/her current medical status? ☐ yes ☐ no

- If yes, when? - Did the patient have any problems?

3. Psychiatric conditions ☐ yes ☐ no

a. Is there a possibility that the patient will become agitated during flight? ☐ yes ☐ no

b. Has he/she taken a commercial aircraft before? ☐ yes ☐ no

- If yes, date of travel? Did the patient travel ☐ alone ☐ escorted?

4. Seizure ☐ yes ☐ no

a. Type? b. Frequency? **c.** When was the last seizure? d. Are the seizures controlled by medication? ☐ yes ☐ no

5. infectious disease ☐ positive ☐ negative ☐ _____

6. Prognosis for the trip ☐ Good ☐ Poor

The above mentioned passenger is FIT TO FLY.

Physician signature (or facsimile) _____ **Date**_____

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COMMENT BY ISRAIR PHYSICIAN

PAX NAME_____

☐ **Acceptable** ☐ **not acceptable**

☐ Stretcher ☐ 1 extra seat ☐ 2 extra seat ☐ normal seat

☐ WchR ☐ WchS ☐ WchC ☐_____

Escort ☐ physician ☐ paramedic / nurse ☐ non-medical ☐ none

Oxygen ☐ no need ☐ yes ☐ 0.5 lpm ☐ 2 lpm ☐ 4lpm ☐ POC ___lpm

Type of flight ☐ HOSP ☐ MEDIVAC

Physician name _____ **Physician signature** _____ **Date**_____

If Advice given by phone,
Received by _____ Signature _____ Date_____

- לאחר אישור רופא ישראייר, באחריות הגורם המבקש את הטסת הנוסע להעביר טופס מלא וחתום זה לנוסע או מי מטעמו כך שיהיה זמין להצגה לצוות הקרקע והמטוס.
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INSTRUCTION FOR GROUND CREW

- **Prior to flight - Make sure correct SSR in DCS**
- **Check proper seating as for medical instruction above**
- **In case of medical escort, make sure all items are checked for DG prior to acceptance.**
- **Hand this page to crew.**
- **Make sure a correct PSM is sent**

medical@israir.co.il

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