



Garuda Indonesia

# MEDIF

Standard medical information form for air travel

Part 1

Answer all questions. Put a cross (X) in "Yes or No" boxes  
Use block letters or typewriter when completing this form

To be completed by  
Sales Office / Agent

<b>A</b>	Name/Initials/Title		
<b>B</b>	Proposed itinerary (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	
<b>C</b>	Nature of incapacitation	Medical clearance required?	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>D</b>	Is stretcher needed on board? (all stretcher cases must be escorted)	No <input type="checkbox"/> Yes <input type="checkbox"/>	Request rate if unknown
<b>E</b>	Intended escort (Name, sex, age, professional qualification, segments, if different from passenger) if untrained, state 'Travel companion'	For blind and/or deaf state if escorted by trained dog	
<b>F</b>	Wheelchair needed? No <input type="checkbox"/> Categories are WCHR, WCHS, WCHC Yes <input type="checkbox"/> Wheelchair category <input type="text"/>	Own Wheelchair? No <input type="checkbox"/> Yes <input type="checkbox"/>	Collapsible? No <input type="checkbox"/> Yes <input type="checkbox"/>
		Power driven? No <input type="checkbox"/> Yes <input type="checkbox"/>	Battery type (spillable) No <input type="checkbox"/> Yes <input type="checkbox"/>
		Wheelchairs with spillable 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.	
<b>G</b>	Ambulance needed? No <input type="checkbox"/> Yes <input type="checkbox"/>	To be arranged by airline No <input type="checkbox"/> specify Ambul Company contact <input type="text"/> Yes <input type="checkbox"/> specify destination address <input type="text"/>	Request rate(s) if unknown <input type="text"/>
<b>H</b>	Other ground arrangements needed No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, specify below and indicate for each item, (a) the arranging airline or other organisation, (b) at whose expense, and c) contact addresses/phones where appropriate, or whenever specific persons are designated to meet/assist the passenger.	
1	Arrangements for delivery at airport of departure	No <input type="checkbox"/> Yes <input type="checkbox"/>	specify <input type="text"/>
2	Arrangements for assistance at connecting points	No <input type="checkbox"/> Yes <input type="checkbox"/>	specify <input type="text"/>
3	Arrangements for meeting at airport of arrival	No <input type="checkbox"/> Yes <input type="checkbox"/>	specify <input type="text"/>
4	Other requirements or relevant information	No <input type="checkbox"/> Yes <input type="checkbox"/>	specify <input type="text"/>
<b>K</b>	Special in-flight arrangements needed, such as: special meals, special seating, leg rest, extra seat(s), special equipment etc. No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, describe and indicate for each item, (a) segment(s) on which required, (b) airline 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.	
	(See 'Note(*)' at the end of Part 2 overleaf)	<input type="text"/>	
<b>L</b>	Does passengers hold a 'Frequent traveller's medical card' valid for this trip? (FREMEC) No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, add below FREMEC data to your reservation requests. If no, (or if additional data needed by carrying airline(s), have physician in attendance complete Part 2 overleaf.	
	FREMEC <input type="text"/>	(FREMEC Nr) <input type="text"/>	(Issued by) <input type="text"/>
	<input type="text"/>	(valid until) <input type="text"/>	(sex) <input type="text"/> (age) <input type="text"/> (incapacitation) <input type="text"/>
	(Incapacit. contd.) <input type="text"/>	(Limitations) <input type="text"/>	

**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(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 for my state of health and I release the carrier, its employees, servants and agent(s) from any liability for such consequences.

I agree to reimburse the carrier(s) 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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To be completed by  
**Attending physician**

Return this form to :

This form is intended to provide confidential information to enable the airlines' medical departments to assess the fitness of the passenger to travel as indicated in Part 1 overleaf 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. 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).  
**Completion of the form in block letters or by typewriter will be appreciated.**

**Garuda Indonesia Medical Center**  
Telephone :  
62-21-4241000  
62-21-4241192  
62-21-4241385  
Facsimile :  
62-21-4243227

Carrier's designated office

Airlines' ref code <b>MEDA01</b>	Patient's name, initial(s), sex, age				
<b>MEDA02</b>	Attending physician Name and address				
	Telephone contact	Business :	Home :		
<b>MEDA03</b>	Medical data : Diagnosis in details ( including vital signs )				
	Day/month/year of first symptoms :			Date of diagnosis :	
<b>MEDA04</b>	Prognosis for the trip :				
<b>MEDA05</b>	Contagious and communicable disease ?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	specify	
<b>MEDA06</b>	Is patient in any way offensive to other passengers? (smell, appearance, conduct)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	specify	
<b>MEDA07</b>	Can patient use normal aircraft seat with seatback placed in the upright position when so required ?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
<b>MEDA08</b>	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			
<b>MEDA09</b>	If to be escorted, is the arrangement Proposed in Part 1/E overleaf satisfactory for you?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
		If not, type of escort proposed by you			
<b>MEDA10</b>	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 ? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>MEDA11</b>	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 <input type="checkbox"/>	Yes <input type="checkbox"/>	specify	
<b>MEDA12</b>		(b) on board the aircraft			
		No <input type="checkbox"/>	Yes <input type="checkbox"/>	specify	
<b>MEDA13</b>	Does patient need hospitalisation ? (If yes, indicate arrangements made or, if none were made indicate 'No action taken')	(a) during long layover or nighstop at connecting point an route			
		No <input type="checkbox"/>	Yes <input type="checkbox"/>	specify	
<b>MEDA14</b>		(b) upon arrival at destination			
		No <input type="checkbox"/>	Yes <input type="checkbox"/>	specify	
<b>MEDA15</b>	Other remarks or information in the interest of your patient's smooth and comfortable transportation	None <input type="checkbox"/>		Specify if any**	
<b>MEDA16</b>	Other arrangements made by the attending physician.				

**Note (\*) :** Cabin attendants are not authorized to give special assistance to 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 of the above information and for carrier - provided special equipment (\*\*) are to be paid by the passenger concerned.

Attending physician's name :

Approved by Garuda Indonesia Medical Department

Address :

Date :

Name :

Phone :

Signature

Date :



Garuda Indonesia

### MEDICAL CERTIFICATE

NAME : ..... (full name)  
 DATE OF BIRTH : ..... NATIONALITY: .....  
 ADDRESS : .....  
 : .....  
 TELP : .....

PATIENT HISTORY / COMPLAINT:

**VITAL SIGNS:**

GCS : ..... TEMPERATURE: ..... RESPIRATORY RATE : .....  
 BLOOD PRESS : ..... mmHg PULSE RATE : .....

PHYSICAL EXAMINATION : (HEAD, CHEST, ABDOMEN, EXTREMITY, Etc.)

OTHERS EXAMINATION ( RADIOLOGY, LAB, ECG,ST SCAN, USG,Etc.)

DIAGNOSIS :

TREATMENT / MEDICATION :

PATIENT REQUEST FOR REPATRIATION / MEDICAL EVACUATION : Yes / No  
 IN DOCTOR'S OPINION THIS MEDICALLY NECESSARY : Yes / No  
 PATIENT CAN TRAVEL : Yes / No  
 PATIENT CAN TRAVEL :  Unescorted  With Medical escort  With Not Medical Escorted  
 PATIENT NEED  Ordinary seat  Wheelchair assistance  Stretcher Case

DOCTOR'S RECOMMENDATION:

ATTENDING PHYSICIAN