



# MEDIF - Medical Information for Fitness to Travel or Special Assistance

**PART 1**  
To be completed  
by Sales Office /  
agent

All sections must be completed clearly. See MEDIF Part 3 for guidance. Use Block letters or a typewriter when completing this form. Yes/No boxes should be completed with a cross in the relevant box

NB. The MEDIF should be submitted to the carrier at the latest 48 hours before travel is due to commence  
**Passengers travelling with any one of the following conditions are requested to prepare a Medical Information Form (MEDIF) and submit it when making a reservation.**

- Passenger whose medical condition requires oxygen supply, or needs stretcher, medical escort and / or medical treatment onboard the flight.
- Carriage and use of medical equipment or instruments.
- Passenger whose fitness for air travel is in doubt, as evidenced by recent instability, disease, treatment or surgery,
- Passenger who comes under any one of the categories listed on MEDIF part 3 as usually unacceptable for travel, or other serious or unstable sickness / injuries

**1. Passenger Details:**

1.1 Family name , Initials	1.2 Age	1.3 Title	1.4 Languages	1.5 Contact Telephone No.
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<b>2. Itinerary:</b> Note: You may need to allow longer for transfer between flights						<b>Booking Ref. Number:</b> .....					
Date	Flight No.	From	To	Class	Reserv'n status	Date	Flight No.	From	To	Class	Reserv'n status

<b>3. Nature of Incapacitation / Illness</b>	<b>4. Intended Escort Details:</b>	<b>5. Stretcher needed?</b>
	Name, Age, additional languages	Yes <input type="checkbox"/> No <input type="checkbox"/> (All stretcher Cases must be escorted)
	Medical qualification: If unqualified, state "Travel Companion".	<b>Incubator needed?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Type?

**6. Wheelchair needed?**

Can climb steps and can walk in cabin	(WCHR)	<input type="checkbox"/>
Unable to climb steps, can walk cabin	(WCHS)	<input type="checkbox"/>
Unable to climb steps or walk in cabin	(WCHC)	<input type="checkbox"/>

(Choose one)

Own wheelchair?	Collapsible?	Power driven?	Battery type spillable?
No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>

Note Wheelchairs with "spillable" batteries are considered "dangerous cargo"

**7. Have ambulance arrangements been confirmed?**

At Departure port?	Yes <input type="checkbox"/> Not required <input type="checkbox"/>
At Transit port?	Yes <input type="checkbox"/> Not required <input type="checkbox"/>
At Arrival port?	Yes <input type="checkbox"/> Not required <input type="checkbox"/>

**8. Has hospital admission been confirmed at arrival port?** Yes  Not required

<b>Hospital details:</b> (Full name, address, and telephone number)	<b>*Note: All ambulance and hospital arrangements must be arranged by the treating doctor / hospital.</b>
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**9. Are any special in-flight arrangements required?**

Special meals, special seating, extra seat(s), special equipment etc. For provision of special equipment such as oxygen etc., please complete completion Part 2 overleaf.

**10. Do you have a valid FREMEC card? Yes  No**

If yes, add below FREMEC data to your reservation requests.  
If no, (or additional data needed by carrying airline(s)), have physician in attendance complete Part 2 overleaf.

Number :	Issued by:	Valid until:
Incapacitation		Limitation

**Passenger's declaration**

I hereby authorise \_\_\_\_\_ (name of nominated physician)  
to complete Part 2 for the purpose as indicated overleaf 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 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 employee's servants and agents from any liability for such consequences. I agree to reimburse the carrier upon demand for any special expenditures or costs in connection with my carriage.

Passenger or Agent's signature  <b>I have read and understood MEDIF Part 3</b> Signed.....	Date:
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# MEDIF - Medical Information for Fitness to Travel or Special Assistance

**PART 2**  
To be completed  
by attending  
Physician

**NB. The MEDIF should be submitted at least 48 hours before travel is due to commence**

This form is intended to provide confidential information to enable the airlines' medical departments to aid in assessment of fitness for travel and to provide for the passenger's special needs. Please ensure information is accurate and current. All sections must be completed clearly using Block letters or a typewriter. Yes/No boxes should be completed with a cross in the relevant box.

**Notes for completion:**

- **N.B. Cardio-pulmonary cases as well as those requesting continuous oxygen, stretcher or incubator should enclose a recent detailed medical report with the MEDIF (A copy of a specialist or hospital referral would generally be sufficient).**
- Physicians should refer to MEDIF Part 3 for guidance with specific medical conditions.

Cabin attendants are NOT authorised to give special assistance to particular passengers, to the detriment of their service to other passengers, nor are they permitted to administer injections, to give medication, to lift passengers or to assist in the toilet.

<b>MEDA 1</b>	PATIENT'S NAME, INITIAL(S)	SEX	AGE
<b>MEDA 2</b>	ATTENDING PHYSICIAN	Telephone Contact Business:	Name of Hospital or clinic & speciality:
<b>MEDA 3</b>	MEDICAL DATA: <b>DIAGNOSIS</b> in detail (including vital signs as clinically indicated)		Date of operation / diagnosis
	Temp (°C):      Pulse:      BP:      RR:      Oxygen Saturation (Room Air)      %		Day / month / year of first symptoms:
<b>MEDA 4</b>	<b>PROGNOSIS for the flight(s):</b> Please consider the potential effects of the itinerary and physiological stresses of flight on the patient's state of health and mention if Terminal case. Narratives should be provided for guarded / poor. <b>GOOD</b> <input type="checkbox"/> <b>GUARDED</b> <input type="checkbox"/> <b>POOR</b> <input type="checkbox"/> (no problems anticipated)    (potential problems in flight)    (problems likely)		
<b>MEDA 5</b>	<b>CONTAGIOUS AND COMMUNICABLE</b> disease?	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:	
<b>MEDA 6</b>	Would the physical and/or psychological condition of the patient be likely to cause distress or discomfort to other passengers?	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:	
<b>MEDA 7</b>	Can patient use normal aircraft seat with seatback placed in the <b>UPRIGHT POSITION</b> when so required? If "no", patient will need a stretcher on board.	Yes <input type="checkbox"/> No <input type="checkbox"/> Specify:	
<b>MEDA 8</b>	Can patient take care of his own needs on board <b>UNASSISTED</b> (including meals, visit to toilet, etc.)? If not, specify type of help needed:	Yes <input type="checkbox"/> No <input type="checkbox"/> Specify:	
<b>MEDA 9</b>	If to be <b>ESCORTED</b> , is the arrangement satisfactory to you? If not, specify type of escort proposed by you:	Yes <input type="checkbox"/> No <input type="checkbox"/> Specify:	
<b>MEDA 10</b>	Does the patient need <b>SUPPLEMENTARY OXYGEN</b> equipment in flight?	No <input type="checkbox"/> Yes <input type="checkbox"/>	
	GUIDANCE: Patients who can walk 50 metres without dyspnoea generally do not require supplementary Oxygen. provides Air Tanzania flow rates of 2 or 4 Litres per minute of constant flow Oxygen by mask. Please Specify <b>FLOW RATE</b> required.	Constant flow Oxygen (mask, tracheostomy) Specify Flow Rate 2 <input type="checkbox"/> 4 <input type="checkbox"/> (L/min)	
	Can patient go without oxygen for short periods of time? e.g. for toileting	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	For Oxygen use in <b>STRETCHER</b> cases, two types of regulators are available 1. Low output pressure for an adjustable constant flow rate through a humidifier to a facemask or other low-pressure medical equipment and 2. High output pressure and a self-sealing valve outlet needed for high-pressure medical equipment.	Indicate which regulator (No other regulators can be used). <input type="checkbox"/> <b>Low pressure regulator (1 psi)</b> <input type="checkbox"/> <b>High Pressure regulator (40-60 psi)</b>	
<b>MEDA 11</b>	Does patient need any <b>medication</b> other than self-administered, and/or the use of special <b>equipment</b> such as <b>respirator, Incubator, nebuliser</b> etc.? (note all equipment on board must be dry cell battery operated)	(a) on the GROUND while at the airport(s):	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:
<b>MEDA 12</b>		(b) on board of the AIRCRAFT:	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:
<b>MEDA 13</b>	Does patient need <b>HOSPITALISATION</b> ? (If yes, indicate details of arrangements made)  NOTE: The attending physician is responsible for all arrangements.	(a) during long layover or nightstop at CONNECTING POINTS en route:	No <input type="checkbox"/> Yes <input type="checkbox"/> Details:
<b>MEDA 14</b>		(b) upon arrival at DESTINATION:	No <input type="checkbox"/> Yes <input type="checkbox"/> Details:
<b>MEDA 15</b>	Other remarks or information in the interest of your patient's smooth and comfortable transportation (specify if any):		
<b>MEDA 16</b>	Other arrangements made by the attending physician:		
Attending Physician's Signature.			Date:
I have Read and understood Part 3 of the MEDIF form.....			



## MEDIF Part 3

### NOTES FOR THE GUIDANCE OF MEDICAL PRACTITIONERS AND PASSENGERS

#### The Principal factors to be considered when assessing a patient's fitness for air travel are:

- Reduced atmospheric pressure (Cabin air pressure changes greatly during 15-30 minutes after takeoff and before landing and gas expansion and contraction can cause pain and pressure effects)
- Reduction in oxygen tension. (The cabin is at a pressure equivalent to an altitude of 6,000 to 8,000 feet and oxygen partial pressure is approximately 20% less than on the ground).

**Any medical condition which would render a passenger unable to complete the flight safely, without requiring extraordinary medical assistance during the flight is considered unacceptable for air travel.**

**Conditions usually considered unacceptable for air travel** (Although these are suggested limiting factors, each individual case must be considered on its merits and is dependent on whether or not the passenger is accompanied by a professional escort)

- Anaemia of severe degree.
- Severe cases of Otitis Media and Sinusitis.
- Acute, Contagious or Communicable Disease.
- Those suffering from Congestive Cardiac Failure or other cyanotic conditions not fully controlled.
- Uncomplicated Myocardial Infarction within 2 weeks of onset complicated MI within 6 weeks of onset.
- Those suffering from severe respiratory disease or recent pneumothorax.
- Those with GI lesions which may cause hematemesis, melaena or intestinal obstruction.
- Post operative cases:
  - a) Within 10 days of simple abdominal operations.
  - b) Within 21 days of chest or invasive eye surgery (not laser).
- Fractures of the Mandible with fixed wiring of the jaw (unless medically)escorted
- Unstable Mental illness without escort and suitable medication for the journey.
- Uncontrolled seizures unless medically escorted,
- Uncomplicated single Pregnancies beyond the end of the 36<sup>th</sup> week or multiple pregnancies beyond end of the 32<sup>nd</sup> week.
- Infants within 7 days of birth.
- Introduction of air to body cavities for diagnostic or therapeutic purposes within 7 days.

#### Notes on other Specific items

**Allergies:** Simple requests for a special meal do not require completion of this form. If your patient has a life threatening food allergy that may require treatment in-flight, particularly if they react to the presence of traces of food in the air, this form should be completed. Note; Air Tanzania cannot guarantee peanut free meals.

**Asthma:** Medication must be carried in *cabin baggage*. Nebulisers require their own power source. Spacer devices used with an inhaler are an effective on-board alternative.

**Fractures:** All new long bone fractures and full leg casts (cast must be at least 48hrs old) require a medical certificate. Plasters should be split for fresh injuries (48hrs or less), which could swell inside the cast on a long flight. Extra legroom for leg elevation is not possible in economy class; however an aisle seat can be reserved. Please state whether the injury is left or right.

**Lung or Heart Disease:** Cardiopulmonary disease which causes dyspnoea on walking more than 100m on the flat, or has required oxygen in hospital or at home (or in-flight previously) may require supplementary oxygen. The aircraft oxygen is for emergency use only. Serious **cardiopulmonary** cases as well as those requesting continuous oxygen, stretcher, or incubator should **enclose a recent detailed medical report** with the medical certificate. (A copy of a specialist or hospital referral would generally be sufficient).

**Physical Disabilities:** There is no need for this form if you simply require a wheelchair as far as the aircraft door; the travel agent can indicate this on the reservation if you wish. Note: Civil Aviation Rules require all passengers to be able to use the aircraft seat with the seat-back in the upright position.

**Special Meals:** Special diets for religious or other medical reasons can be ordered direct from your travel agent without using this form. If you have a food allergy please see the section on "allergies" above.

**Terminal Illness:** Passengers in the advanced stages of terminal illness will normally require a medical or nursing escort.

**In-flight care:** AIR TANZANIA does not provide **nursing attendants** for invalid passengers. Cabin crew are trained in First Aid only.

**Escorts:** should ensure that they have all appropriate items for the proper care of their patient, and are responsible for attending to all aspects of their patient's bodily needs. Due to food handling regulations, Cabin Staff cannot assist with these needs.

#### Processing MEDIFs

- The MEDIF should be completed based on passenger's (patient's) condition **within one month** from the date of commencement of air travel and submitted at least 48 hours before travel is due to commence. Please be advised that Air Tanzania Medical Services may request further information or clarification prior to approval of the MEDIF. AIR TANZANIA must be notified immediately of any **change in the patient's condition** PRIOR to travel.