

## Medical Certificate of Fitness for Air Travel (MEDIF form)

This form is intended to provide confidential information to enable the airline Medical Doctor to assess the fitness for travel and provide for the passenger's special needs. It must be dated not more than one month prior to date of flight departure.

The physician attending the incapacitated passenger is requested to answer all questions.

Put a cross (X) in 'Yes' or 'No' boxes. Use BLOCK LETTERS or TYPEWRITER when completing this form.

ITEM 1	<b>Passenger's Name:</b>		SEX:	AGE:
	Address:		Phone(H):	Mobile:
	Email:			
	Itinerary – Flight Details Mandatory		Booking Reference:	
	Flight No:	Date:	From:	To:
	Flight No:	Date:	From:	To:
	Note: Transfer from one flight to another requires LONGER connecting time.			
<b>To be completed by Attending Physician/Treating Doctor:</b>				
ITEM 2	<b>Attending Physician/Treating Doctor</b> Name of Hospital or Clinic (if relevant)	Name:		
		Address:		
		Email:		
		Business:	HOME:	Fax:
ITEM 3	<b>NATURE OF INCAPACITATION:</b>  Note: Non autonomous pax must be accompanied by an able-bodied passenger familiar with his/her needs	<b>Medical Clearance required if patient non autonomous.</b>  Can patient travel in a sitting position for the duration of flight? <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> NO           <input type="checkbox"/> YES         </div> Whether infectious? <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> NO           <input type="checkbox"/> YES         </div> Whether patient has full control of bowels & bladder? <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> NO           <input type="checkbox"/> YES         </div>		
		<b>Diagnosis of condition:</b>		
		<b>Present Symptoms:</b>	Whether patient displays suicidal tendencies or is subject to fits of violence? <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> NO           <input type="checkbox"/> YES         </div>	

ITEM 4	<p><b>Wheelchair Needed?</b></p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES →</p> <p>Categories are:</p> <p><b>WCHR (wheelchair ramp)</b>  <b>WCHS (wheelchair step)</b>  <b>WCHC (wheelchair Cabin)</b></p> <p><b>Wheelchair category:</b></p> <div style="border: 1px solid black; height: 20px; width: 150px; margin: 5px 0;"></div> <p>(If answer is 'YES', then you should fill in the next columns).</p>	<table border="1"> <thead> <tr> <th><u>OWN Wheelchair</u></th><th><u>Collapsible</u></th><th><u>Power Driven</u></th><th><u>Battery type (Spillable)</u></th><th><u>WCHC needed, advise if autonomous or non-autonomous on board</u></th></tr> </thead> <tbody> <tr> <td><input type="checkbox"/> NO</td><td><input type="checkbox"/> NO</td><td><input type="checkbox"/> NO</td><td><input type="checkbox"/> NO</td><td><input type="checkbox"/> Non-autonomous on board</td></tr> <tr> <td><input type="checkbox"/> YES</td><td><input type="checkbox"/> YES</td><td><input type="checkbox"/> YES</td><td><input type="checkbox"/> YES</td><td><input type="checkbox"/> Autonomous on board</td></tr> </tbody> </table> <p>Wheelchairs with spillable batteries are 'dangerous goods' and are permitted on passenger aircraft only under certain conditions, which can be obtained from the airline(s).</p> <p>Wheelchairs are stowed in the aircraft hold. Wheelchair and battery must be claimed and rechecked at each interline transfer point</p> <p>If own wheelchair, is it:  WCMP (manual power)  WCBD (dry cell battery)  WCBW (wet cell battery)</p>	<u>OWN Wheelchair</u>	<u>Collapsible</u>	<u>Power Driven</u>	<u>Battery type (Spillable)</u>	<u>WCHC needed, advise if autonomous or non-autonomous on board</u>	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> Non-autonomous on board	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> Autonomous on board
<u>OWN Wheelchair</u>	<u>Collapsible</u>	<u>Power Driven</u>	<u>Battery type (Spillable)</u>	<u>WCHC needed, advise if autonomous or non-autonomous on board</u>													
<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> Non-autonomous on board													
<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> Autonomous on board													
ITEM 5	<p><b>Cardiac Cases:</b></p> <p>Nature of Treatment</p>																
ITEM 6	<p><b>IS STRETCHER NEEDED ON BOARD?</b>  (All stretcher cases must be escorted by trained medical personnel &amp; always require <u>completion</u> of MEDIF form).</p> <p><b>Intended Escort</b> (Name, professional qualification):</p>	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"><input type="checkbox"/> NO</div> <div style="text-align: center;"><input type="checkbox"/> YES</div> </div>															
ITEM 7	<p><b>IS OXYGEN NEEDED ON BOARD?</b>  Specify rate of flow (Litres per minute)</p>	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"><input type="checkbox"/> NO</div> <div style="text-align: center;"><input type="checkbox"/> YES</div> </div> <p>All details as to amount of oxygen required on board i.e. debit litres per minute/continuous/intermittent or only at take off /landing should be specified.</p> <p><b>Flow Rate to be specified.</b> <input style="width: 50px;" type="text"/>  Litre per minute (L/M)</p> <p><b>Continuous:</b></p> <p><b>Intermittent:</b></p>															

ITEM 8	<p><b>If an Ambulance is required, have all the necessary arrangements been made?</b></p> <p>Note:</p> <p><b>Only Air Mauritius oxygen bottles/cylinders are accepted for use onboard. Alternative arrangements SHOULD be made for provision of oxygen on ground or during TRANSIT.</b></p>	<p><b>To be arranged by SPONSOR:</b></p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> NO         </div> <div style="text-align: center;"> <input type="checkbox"/> YES         </div> </div> <p>a) during long layover or night stop at CONNECTING POINTS en route</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> NO         </div> <div style="text-align: center;"> <input type="checkbox"/> YES         </div> </div> <p>(b) upon arrival at DESTINATION</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> NO         </div> <div style="text-align: center;"> <input type="checkbox"/> YES         </div> </div>
Specify Details:		
ITEM 9	<p><b>Life Support Equipment:</b></p> <p>Does patient need the use of SPECIAL EQUIPMENT such as respirator, nebulizer, defibrillator, ventilator etc.</p>	<p><b>To be arranged by SPONSOR:</b></p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> NO         </div> <div style="text-align: center;"> <input type="checkbox"/> YES         </div> </div> <p>(Electrical equipment must be MK authorized for <u>safety &amp; security</u> reasons.)</p>
Specify Details:		
ITEM 10	<p><b>Other arrangements made by the attending physician:</b></p>	

It is certified that in my opinion the above named is medically fit to travel by air from ..... to ..... and that the patient will not, in any way, adversely affect the welfare and comfort as well as endanger the lives of other passengers.

**Attending Doctor's name:** .....

**Signature:** .....

**Date:** .....3333333.....

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I ..... hereby indemnify and hold AIR MAURITIUS harmless from and against any liability arising out of any bodily injury and/or death, damage or loss that I may suffer and against any other damage, payments, of accepting me for carriage on its flights, and I do hereby undertake to repay AIR MAURITIUS the same damages, payments, expenses., fees and costs.

I also understand and agree that any such payments, expenses, fees and costs made or incurred by AIR MAURITIUS shall be solely for my welfare and will be without prejudice and entirely without admission of any liability on the part of AIR MAURITIUS.

**Signature of Passenger** .....

**Date:** .....3333333.....

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*Remarks of Airline Medical Doctor:*

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Address: Clinic Fortis Darné      Phone No: 601 2300      Fax No: 696 1209

**Signature:** .....

**Date:** .....3333333.....