


(for official use only)		MEDICAL INFORMATION SHEET – (MEDIF)			
To be completed by ATTENDING PHYSICIAN		<p>This form is intended to provide CONFIDENTIAL information to enable Air Moldova 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>COMPLETING OF THE FORM IN BLOCK LETTERS OR BY TYPEWRITER WILL BE APPRECIATED.</p>			
Ref. Code MEDA 01		PATIENT'S NAME, INITIAL(S), SEX, AGE:			
MEDA 02		ATTENDING PHYSICIAN - Name & Address			
		- Telephone Contact		Business:	Home:
MEDA 03		MEDICAL DATA: - DIAGNOSIS in details (including vital signs)			
		- Day/month/year of first symptoms:		Date of operation:	Date of diagnosis:
MEDA 04		- PROGNOSIS for the flight(s):			
MEDA 05		- Contagious AND communicable disease? No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:			
MEDA 06		- Would the physical and/or mental condition of the patient be likely to cause distress or discomfort to other passengers? No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:			
MEDA 07		- Can patient use normal aircraft seat with seatback placed in the UPRIGHT position when so required? Yes <input type="checkbox"/> No <input type="checkbox"/>			
MEDA 08		- 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:	
MEDA 09		- 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:	
MEDA 10		- Does patient need OXYGEN** equipment in flight? (If yes, state rate of flow) <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div>No <input type="checkbox"/> Yes <input type="checkbox"/></div> <div><input style="width: 40px; height: 20px;" type="text"/></div> <div>No <input type="checkbox"/> Yes <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-around;"> <div>Litres per Minute</div> <div>Continuous?</div> </div>			
MEDA 11		- 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:			
MEDA 12		(b) on board of the AIRCRAFT: No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:			
MEDA 13		- 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:			
MEDA 14		(b) upon arrival at DESTINATION: No <input type="checkbox"/> Yes <input type="checkbox"/> Action:			
MEDA 15		- Other remarks or information in the interest of your patient's smooth and comfortable transportation: None: <input type="checkbox"/> Specify if any**:			
MEDA 16		- Other arrangements made by the attending physician:			
<div style="display: flex; justify-content: space-between;"> <div> <p>NOTE(*): Cabin attendants are NOT authorized to give special assistance (e.g. lifting) 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.</p> </div> <div> <p>IMPORTANT: FEES, IF ANY, RELEVANT TO PROVISION OF THE ABOVE INFORMATION AND FOR CARRIER-PROVIDED SPECIAL EQUIPMENT(**) ARE TO BE PAID BY THE PASSENGER CONCERNED.</p> </div> </div>					
Date:		Place:		Attending Physician's Stamp and Signature:	
PASSENGER'S DECLARATION "I HEREBY AUTHORISE (Name of nominated physician) to provide required information with the purpose of determining my fitness for carriage by air. I agree to reimburse Air Moldova for any special expenditures or costs in connection with my carriage."					
Date:		Place:		Passenger's Signature:	