


(for official use only)		MEDICAL INFORMATION SHEET – (MEDIF)					
MUST be completed by ATTENDING PHYSICIAN		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. 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. COMPLETING OF THE FORM IN BLOCK LETTERS OR BY TYPEWRITER WILL BE APPRECIATED.				-The form must be returned to: GROUND OPERATIONS DEPARTMENT, AIR MOLDOVA HEAD OFFICE MEDICAL SERVICE: medservice@airmoldova.md	
		Ref. Code MEDA 01	PATIENT'S NAME, INITIAL(S)		SEX	DATE OF BIRTH	
MEDA 02		ATTENDING PHYSICIAN		Telephone Contact Business:	Name of Hospital or clinic & Specialty:		
MEDA 03		MEDICAL DATA:					
		DIAGNOSIS and TREATMENT in details:					
		Latest vital signs:		Heart rate	Blood Pressure	Respiration rate	Hb
		Day/month/year of first symptoms:			Date of operation/ diagnosis:		
MEDA 04		PROGNOSIS for the flight(s): Please consider the potential effects of the itinerary and physiological stresses of flight on the patient's of health and mention if Terminal case. Narratives should be provided for guarded/ poor. GOOD (no problems anticipated) <input type="checkbox"/> GUARDED (potential problems) <input type="checkbox"/> POOR (problems likely) <input type="checkbox"/> Narrative (e.g. late stage disease, unstable)					
MEDA 05		CONTAGIOUS AND COMMUNICABLE disease? <input type="checkbox"/> No <input type="checkbox"/> Yes				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) No <input type="checkbox"/> Yes <input type="checkbox"/> Specify: 2 <input type="checkbox"/> 4 <input type="checkbox"/> (L/min) Continuous? No <input type="checkbox"/> Yes <input type="checkbox"/>					
MEDA 11		Does patient need any MEDICATION* , other than self-administered, and/or the use of special equipment such as respirator, nebuliser , 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 night stop at CONNECTING POINTS en route:		No <input type="checkbox"/> Yes <input type="checkbox"/> Details:	
MEDA 14				(b) upon arrival at DESTINATION :		No <input type="checkbox"/> Yes <input type="checkbox"/> Details:	
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:					
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.		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.	
MEDICAL CLEARANCE WILL NOT BE PROCESSED WITHOUT COMPLETION OF ALL DETAILS ABOVE & BELOW.							
I confirm that to the best of my knowledge this information is true and complete and not misleading to Air Moldova.							
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:			
Processing MEDIF: The MEDIF should be completed based on passenger's (patient's) condition within 14 days from the date of commencement of air travel and submitted at least 48 hours before travel is due to commence. Must be notified immediately of any change in the patient's condition PRIOR to travel.							