

PART 1 To be completed by SALES OFFICE/AGENT	M E D I F STANDARD MEDICAL INFORMATION FORM FOR AIR TRAVEL															
Answer ALL questions. Put a cross (x) in YES or NO boxes. Use BLOCK LETTERS or TYPEWRITER when completing this form.																
A	NAME , Initials, Title _____ Address, Phone _____															
B	Proposed ITINERARY Routing, flight number(s), class, date(s), reservation status _____					Transfer from one flight to another often requires longer connecting time.										
C	NATURE OF INCAPACITY _____					MEDICAL CLEARANCE REQUIRED? No <input type="checkbox"/> Yes <input type="checkbox"/>										
D	Is STRETCHER needed on board ? (All stretcher cases <u>must</u> be escorted) No <input type="checkbox"/> Yes <input type="checkbox"/>					Request rate if unknown										
E	Intended ESCORT (Name, sex, age, professional qualification, routing if different from passenger). If untrained, state "TRAVEL COMPANION". _____					For blind and/or deaf, state if escorted by trained dog.										
F	WHEELCHAIR needed ? No <input type="checkbox"/> Yes <input type="checkbox"/> Wheelchair Categories: <table style="display: inline-table; vertical-align: middle; margin-left: 10px;"> <tr> <td style="border: none;"> WCHR - Pax able WCHS - Pax unable WCHC - Pax completely immobile </td> <td style="border: none; padding: 0 5px;">} to ascend descend a/c steps</td> <td style="border: none;"> <input type="checkbox"/> wheelchair <input type="checkbox"/> No <input type="checkbox"/> Yes </td> <td style="border: none; padding: 0 5px;">} Collapsible</td> <td style="border: none;"> <input type="checkbox"/> No <input type="checkbox"/> Yes </td> <td style="border: none; padding: 0 5px;">} Power driven</td> <td style="border: none;"> <input type="checkbox"/> No <input type="checkbox"/> Yes </td> <td style="border: none; padding: 0 5px;">} Spillable battery</td> <td style="border: none;"> <input type="checkbox"/> No <input type="checkbox"/> Yes </td> <td style="border: none; padding-left: 10px;">} For wheelchairs with spillable batteries, special restrictions imposed by airlines or countries apply.</td> </tr> </table>						WCHR - Pax able WCHS - Pax unable WCHC - Pax completely immobile	} to ascend descend a/c steps	<input type="checkbox"/> wheelchair <input type="checkbox"/> No <input type="checkbox"/> Yes	} Collapsible	<input type="checkbox"/> No <input type="checkbox"/> Yes	} Power driven	<input type="checkbox"/> No <input type="checkbox"/> Yes	} Spillable battery	<input type="checkbox"/> No <input type="checkbox"/> Yes	} For wheelchairs with spillable batteries, special restrictions imposed by airlines or countries apply.
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G	AMBULANCE needed ? No <input type="checkbox"/> Yes <input type="checkbox"/> To be arranged by airline: <table style="display: inline-table; vertical-align: middle; margin-left: 10px;"> <tr> <td style="border: none;">No <input type="checkbox"/></td> <td style="border: none;">-> specify Ambulance Company contact: _____</td> </tr> <tr> <td style="border: none;">Yes <input type="checkbox"/></td> <td style="border: none;">-> specify destination address: _____</td> </tr> </table>					No <input type="checkbox"/>	-> specify Ambulance Company contact: _____	Yes <input type="checkbox"/>	-> specify destination address: _____	Request rate(s) if unknown						
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H	OTHER GROUND ARRANGEMENTS needed ? SPECIFY for each item: a) the <u>arranging airline</u> or other organisation, b) at whose <u>expenses</u> and c) <u>contact addresses / phone</u> where appropriate, of specific persons / organisations designated to meet/assist the passenger.															
1	Arrangements for delivery at airport of <u>departure</u> _____															
2	Arrangements for assistance at <u>connecting points</u> _____															
3	Arrangements for meeting at airport of <u>arrival</u> _____															
4	Other requirements of relevant information _____															
K	SPECIAL IN-FLIGHT ARRANGEMENTS needed such as: special meals, special seating, leg-rest, extra seat(s), special equipment, etc. (See *NOTE at the end of PART 2 overleaf) No <input type="checkbox"/> Yes <input type="checkbox"/> SPECIFY for each item: a) <u>segment(s)</u> on which required, b) airline- <u>arranged</u> or arranging third party and c) at whose <u>expense</u> . Provision of special equipment such as oxygen etc. always requires completion of PART 2 overleaf.															
L	Does passenger hold a FREMEC (Frequent Traveller's Medical Card) <u>valid</u> for this trip ? No <input type="checkbox"/> Yes <input type="checkbox"/> If additional data needed by carrying airline(s), have physician in attendance complete PART 2 hereof. Add below FREMEC data to your reservation requests.															
	FREMEC Number _____ Issued by _____ Valid until _____ Sex _____ Age _____ Incapacity _____ Limitations _____															
PASSENGER'S DECLARATION (To be completed for interline travel or at CROATIA AIRLINES request)																
"I hereby authorize _____ (name of designated 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 there of 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 there with. I take note that, if accepted for carriage, my journey will be subject to the general conditions of carriage/tariffs of the carrier concerned and that the carrier does 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 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." (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											

<p>PART 2</p> <p>To be completed by ATTENDING PHYSICIAN</p>	<p>MEDICAL INFORMATION SHEET</p> <p>This form is intended to provide confidential information, to enable the airlines' Medical Department to assess the fitness of the passenger to travel as indicated in Part 1 hereof. 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 answers.</p> <p>Use BLOCK LETTERS or typewriter when completing this form. Fill in this form in English.</p>	<p>Decision of CROATIA AIRLINES doctor:</p> <p>Please return the completed form to:</p> <p>Address of issuing CROATIA AIRLINES office</p>
<p>Airlines Ref. Code MEDA 01</p>	<p>Patient's Name, Initials, Sex, Age</p>	
<p>MEDA 02</p>	<p>Attending Physician's Name, Address</p> <p>Phone numbers</p>	<p>Business: _____</p> <p>Home: _____</p>
<p>MEDA 03</p>	<p>MEDICAL DATA :</p> <p>- Diagnosis in details (including vital signs)</p>	<p>Day/month/year of first symptoms: _____</p> <p>Date of diagnosis: _____</p>
<p>MEDA 04</p>	<p>- Prognosis for the trip:</p>	
<p>MEDA 05</p>	<p>- Contagious <u>and</u> communicable disease ? No <input type="checkbox"/> Yes <input type="checkbox"/> Specify: _____</p>	
<p>MEDA 06</p>	<p>- Is patient in any way <u>offensive</u> to other passengers ? No <input type="checkbox"/> Yes <input type="checkbox"/> Specify: _____</p>	
<p>MEDA 07</p>	<p>- Can patient use normal aircraft seat with seatback placed in <u>upright</u> position when so required ? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>MEDA 08</p>	<p>- Can patient take care of his own needs on board <u>unassisted</u> * (including meals, visit to toilet, etc.) ? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If not, type of help needed _____</p>	
<p>MEDA 09</p>	<p>- If to be <u>escorted</u>, is the arrangement proposed in PART 1/E hereof satisfactory for you ? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If not, type of escort proposed by you _____</p>	
<p>MEDA 10</p>	<p>- Does patient need <u>oxygen</u> ** equipment in-flight ? No <input type="checkbox"/> Yes <input type="checkbox"/> Litres per minute <input type="checkbox"/> Continuous: Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>MEDA 11</p>	<p>- Does patient need any <u>medication</u> *, other than self-administered, and/or the use of special apparatus such as respirator, incubator, etc. ** ?</p> <p>a) on the <u>ground</u> while at the airport(s): No <input type="checkbox"/> Yes <input type="checkbox"/> Specify: _____</p>	
<p>MEDA 12</p>	<p>b) on board the <u>aircraft</u>: No <input type="checkbox"/> Yes <input type="checkbox"/> Specify: _____</p>	
<p>MEDA 13</p>	<p>a) during long layover or nightstop at <u>connecting points</u> en route: No <input type="checkbox"/> Yes <input type="checkbox"/> Action: _____</p>	
<p>MEDA 14</p>	<p>b) upon arrival at <u>destination</u>: No <input type="checkbox"/> Yes <input type="checkbox"/> Action: _____</p>	
<p>MEDA 15</p>	<p>- Other remarks or information in the interest of the smooth and comfortable transportation of your patient:</p>	
<p>MEDA 16</p>	<p>- Other arrangements made by the attending physician:</p>	
<p>*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 injections, or to give medication.</p>		
<p>**IMPORTANT : Fees, if any, relevant to the provision of the above information and for special equipment provided by the carrier, are to be paid by the passenger concerned.</p>		
<p>Date:</p>	<p>Place:</p>	<p>Attending Physician's Signature</p>