

To be completed by SALES OFFICE/ AGENT/PASSENGER In accordance with IATA Resolution 700 Attachment A, 29<sup>th</sup> Edition June 2009

**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** \_\_\_\_\_  
 \_\_\_\_\_

**D** Is **STRETCHER** needed on board? No  Yes   
 (All stretcher cases must be escorted)

**E** Intended **ESCORT** (Name, sex, age, professional qualification, routing if different from passenger). If untrained, state "TRAVEL COMPANION" \_\_\_\_\_  
 \_\_\_\_\_

**F** **WHEELCHAIR** needed? No  Yes  Wheelchair Categories:  
 WCHR–Pax able } To ascend } OWN Wheelchair } Collaps- } Power } Spillable } For wheelchairs with  
 WCHC–Pax unable } descend } No  No  No  No  spillable batteries,  
 WCHC–Pax completely } a/c steps } Yes  Yes  Yes  Yes  Yes  special restrictions  
 immobile } } } } } } imposed by airlines  
 or countries apply.

**G** **AMBULANCE** needed? No  Yes  To be organized by assistance/insurance/passenger  
 No  specify Ambulance Company contact: \_\_\_\_\_  
 Yes  specific destination address: \_\_\_\_\_

**H** **OTHER GROUND ARRANGEMENTS** needed? SPECIFY for each item: a) the arranging airline or other organisation, b) at whose expenses and c) contact addresses/phone where appropriate, of specific persons/organisations designated to meet/assist the passenger.

**1** Arrangements for delivery at airport of departure: \_\_\_\_\_  
 \_\_\_\_\_

**2** Arrangements for assistance at connecting points: \_\_\_\_\_  
 \_\_\_\_\_

**3** Arrangements for meeting at airport of arrival: \_\_\_\_\_  
 \_\_\_\_\_

**4** Other requirements or relevant information: \_\_\_\_\_  
 \_\_\_\_\_

**K** **SPECIAL IN-FLIGHT ARRANGEMENTS** needed such as: special meals, special seating, leg-rest, extra seat(s), special equipment, etc. No  Yes  SPECIFY for each item: a) segment(s) on which required, b) airline-arranged or arranging third party and c) at whose expense. Provision of special equipment such as oxygen etc. always requires completion of MEDIF.  
 \_\_\_\_\_  
 \_\_\_\_\_

**L** Does passenger hold a **FREMEC** (Frequent Traveller's Medical Card) valid for this trip? No  Yes  If additional data needed by carrying airline(s), have physician in attendance complete the MEDIF.  
 Add below FREMEC data to your reservation requests.  
 \_\_\_\_\_  
 Sex \_\_\_\_\_ Age \_\_\_\_\_ Incapacity \_\_\_\_\_  
 FREMEC Number \_\_\_\_\_ Issued by \_\_\_\_\_ Valid until \_\_\_\_\_ 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 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, 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 \_\_\_\_\_

To be completed by <b>ATTENDING PHYSICIAN</b>	The 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 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 answers. Use block letters when completing this form.	Decision of Croatia Airlines doctor:  Please return the completed form to:  (Address of issuing Croatia Airlines office)
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<b>MEDA 01</b>	Airlines Ref. Code	Patient's Name, Initials, Sex, Age		
<b>MEDA 02</b>	Attending Physician's Name, Address			
	Phone numbers:	Business:	Home:	
<b>MEDA 03</b>	<b>MEDICAL DATA:</b> Diagnosis in details (including vital signs)			
	Day/ month/ year of first symptoms:	Date of diagnosis:		
<b>MEDA 04</b>	Prognosis for the trip:			
<b>MEDA 05</b>	Contagious and communicable disease?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Specify: _____
<b>MEDA 06</b>	Is patient in any way <u>offensive</u> to other passengers?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Specify: _____
<b>MEDA 07</b>	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"/>	
<b>MEDA 08</b>	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"/>	
	If not, type of help needed _____			
<b>MEDA 09</b>	If to be <u>escorted</u> , is the arrangement satisfactory to you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	If not, type of escort proposed by you _____			
<b>MEDA 10</b>	Does patient need <u>oxygen**</u> equipment in flight? (If yes, state rate of flow)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Litres per minute <input style="width: 50px;" type="text"/> Continuous: Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>MEDA 11</b>	Does patient need any <u>medication*</u> other than self-administered and/or the use of special apparatus such as respirator, incubator, etc.**?	a) on the <u>ground</u> while at the airport(s)?		
<b>MEDA 12</b>		No <input type="checkbox"/>	Yes <input type="checkbox"/>	Specify: _____
<b>MEDA 13</b>	Does patient need <u>hospitalisation</u> ? If yes, indicate arrangements made or, if none were made, indicate "NO ACTION TAKEN".	b) on board the <u>aircraft</u> ?		
<b>MEDA 14</b>		No <input type="checkbox"/>	Yes <input type="checkbox"/>	Specify: _____
<b>MEDA 13</b>		a) during long layover or nightstop at connecting points en route?		
<b>MEDA 14</b>		No <input type="checkbox"/>	Yes <input type="checkbox"/>	Action: _____
<b>MEDA 14</b>		b) upon arrival at destination?		
<b>MEDA 15</b>	Other remarks or information in the interest of the smooth and comfortable transportation of your patient:			
<b>MEDA 16</b>	Other arrangements made by the attending physician:			

\*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.

\*\* 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.

Place:	Date:	Attending Physician's Signature
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**IZJAVA**

u svezi s prijevozom bolesnika uz upotrebu  
boce s medicinskim kisikom tijekom leta

**STATEMENT**

relating to the transport of patients in need of  
medical oxygenation during the flight

Molimo koristite tiskana slova  
Please use capital letters

Ime i prezime putnika/pratitelja \_\_\_\_\_  
Full name of passenger/escort

Stalna adresa \_\_\_\_\_  
Permanent address

**Flight details / Let**

Flight No. \_\_\_\_\_ Date \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Flight No. \_\_\_\_\_ Date \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Dolje potpisani ovim izjavljuju, pod punom odgovornošću,  
da je osposobljen za rukovanje i zamijenu boce koja  
sadrži medicinski kisik a prema uputi na poleđini

The undersigned hereby declares, under full responsibility,  
this qualified to use and replace the bottle containing  
medical oxygen, in accordance with instructions written on  
the back of this statement.

Mjesto i datum  
Place and date

Potpis putnika ili pratitelja  
Signature of passenger or escort

## Prijenosni uređaj za terapiju kisikom

Prijenosna jedinica za terapiju kisikom smještena je u čvrst aluminijski kovčeg i namijenjena je za provođenje terapije kisikom tijekom putovanja.

Uređaj je opremljen kvalitetnim membranskim redukciskim ventilom sa tlakomjerom koji pokazuje količinu kisika u boci. Redukciski ventil opremljen je protokomjerom sa mjernim stupom koji ima mogućnost točnog podešavanja protoka kisika od 1-15 lit/min. Pripadajući ovlaživač omogućuje dugotrajno uzimanje kisika.

### Upute za rukovanje

Prije stavljanja Prijenosne jedinice u funkciju neophodno je provjeriti da su svi sastavni dijelovi dobro spojeni u jednu cjelinu.

1. Kovčeg postaviti u uspravan položaj i otvoriti poklopac kovčega. Zakrenuti bocu tako da sklop reduktora bude van kovčega.
2. Provjeriti da je sklop reduktora dobro spojen na bocu kisika. Po potrebi spojnu maticu sklopa reduktora dotegnuti rukom.
3. Odviti bočicu ovlaživača i u nju uliti vodu iz priručne boce s destiliranom vodom. Razina vode u ovlaživaču mora biti između crta MIN/MAX.
4. Bočicu ovlaživača ponovno spojiti na sklop reduktora i rukom dobro zategnuti.
5. Uzeti masku iz pretinca te cijev maske priključiti na izvod bočice ovlaživača.
6. Namjestiti masku za provođenja terapije na lice korisnika.
7. Otvoriti ventil na vrhu boce kisika okretanjem u smjeru suprotnom kazaljci sata.
8. Ventilom regulatora protoka, odabire se protok kisika. Na ventilu se nalaze dva prozorčića, i oba pokazuju isti odabrani protok.
9. Po završetku terapije, zatvoriti ventil na boci kisika okretanjem u smjeru kazaljke sata.
10. Cijev maske odvojiti od bočice ovlaživača.
11. Ispustiti sav preostali kisik iz sklopa reduktora tako da na ventilu protoka selektiramo protok 15l.
12. Ventil regulatora protoka okretanjem u smjeru suprotnom kazaljci sata, postaviti na 0.
13. Bočicu ovlaživača odvojiti te izliti vodu. Potom bočicu ponovno pritegnuti na sklop reduktora.
14. Zakrenuti bocu tako da sklop reduktora uđe u kovčeg te zatvoriti poklopac kovčega.

### Premještanje sklopa reduktora na drugu bocu kisika (po potrebi)

Ponekad je terapiju potrebno nastaviti kisikom iz druge boce. Tada se druga boca stavlja u funkciju premještanjem sklopa reduktora na tu bocu kako slijedi:

1. Tijekom premještanja sklopa reduktora, poklopac kovčega biti će potpuno otvoren. Obje boce će pritom trebati zakrenuti tako da se omogući premještanje sklopa reduktora.
2. Spojnu maticu sklopa reduktora okretati rukom suprotno smjeru kazaljke sata, te tako sklop reduktora odvojiti od iskorištene boce.  
Napomena: Brtva koja postoji u priključku sklopa reduktora u pravilu će nakon odvajanja ostati na priključku. U slučaju da je neispravna treba je zamijeniti novom brtvom.
3. Premjestiti sklop reduktora na drugu (punu) bocu. Spojnu maticu sklopa reduktora okretati u smjeru kazaljke sata rukom i dobro je dotegnuti.
4. Nastaviti s pružanjem terapije

Približno trajanje terapije kisikom u ovisnosti o brzini protoka (tipično: 4 l/min)

Prosječna potrošnja lit/min	Trajanje terapije (MIN)	
	Jedna boca	Dvije boce
1	320	640
2	160	320
3	107	214
4	80	160
5	64	128
6	53	106
9	36	72
12	27	54
15	21	42

## Portable Oxygen Therapy Unit (Insufflators)

The portable oxygen therapy unit (insufflators) comes in a reinforced aluminum case and is intended for use in rendering oxygen therapy during travel.

The unit is equipped with a high-quality membrane reduction valve and a manometer that indicates the quantity of oxygen in the cylinder.

A reduction valve is equipped with a flow meter with a measuring pole capable of adjusting accurately oxygen flow rate between 1 and 15l/min. Associated humidifier allows prolonged use of oxygen.

### Handling instructions

Prior to use, it is essential to verify whether all components are firmly tightened.

1. Place the case in an upright position and open it. Turn the cylinder in a way that the reduction valve is outside the case.
2. Verify that the reduction valve is firmly tightened to the oxygen cylinder - if not; tighten the valve by hand.
3. Disconnect the humidifier bottle and pour in distilled water. The level of distilled water should be between the two horizontal lines marked "MIN/MAX".
4. Reconnect the humidifier bottle and hand tighten well.
5. Take the mask out from the case and connect the mask tube to the humidifier outlet.
6. Adjust the mask to the face of conducting therapy user.
7. Open the valve on top of the oxygen cylinder rotating it in a counterclockwise direction.
8. Flow regulator valve sets the flow of oxygen. The valve has two windows and both show the same selected flows.
9. Upon completion of therapy, close the oxygen cylinder valve by turning it clockwise.
10. Detach the mask tube from the humidifier bottle.
11. Drain any remaining oxygen out of the reducer so that the flow valve selects the flow of 15l
12. Set flow regulator valve to 0 by turning it counterclockwise.
13. Disconnect the humidifier bottle and pour out the water. Then reconnect the bottle again.
14. Turn the cylinder in a way that the reduction valve is inside the case and close it.

### Removal and installation of the reduction valve to another cylinder (if needed)

Sometimes it is necessary to continue therapy with oxygen from the second cylinder. Then the second cylinder is placed in the function by transferring the reduction valve from the first cylinder as follows:

1. During removal of the reduction valve, cover of the case has to be open. Both cylinders have to be turned in a way that permits removal of reduction valve.
2. Rotate the reduction valve nut by hand counterclockwise so it separates from the used cylinder.  
Note: The reduction valve gasket will generally remain on the connector. In case the gasket is operative, it should be replaced with a new one.
3. Move the reduction valve on the other cylinder. Rotate the reduction valve nut clockwise by hand and tighten well.
4. Continue to provide therapy.

Approximate duration of oxygen therapy, depending on the flow rate:

Rated consumption lit/min	Duration of oxygen supply (MIN)	
	One cylinder (bottle)	Two cylinders (bottles)
1	320	640
2	160	320
3	107	214
4	80	160
5	64	128
6	53	106
9	36	72
12	27	54
15	21	42