



CHE 0411-01/ANAC  
CHETA 2006-12-OVR-01-00

### MEDIF - MEDICAL INFORMATION FORM FOR AIR TRAVEL

Filling in the MEDIF is a medical act and the information provided is subject to the Medical Code of Ethics.

#### IATA - Resolution 700 Annex A - Sheet to be filled by the passenger or legal guardian

FILL IN ALL FIELDS LEGIBLY, OTHERWISE THE MEDICAL DOCUMENT WILL NOT BE ACCEPTED.

1. Full name: ..... Age: .....

2. Locator: ..... 3. Route provided: .....

4. Reason for travel:  Tourism or Business  Medical Treatment  Inter Hospital Transfer

5. Nature of disability or illness: .....

6. Does the passenger need a stretcher on board:  No  Yes passenger's weight..... Kg Height .....

In all cases where a stretcher is required, the passenger MUST be accompanied.

7. Will the companion be able to meet all the needs on board:  Yes  No

Name..... Age ..... Locator: .....

Profession\*: .....

\* Physicians or nurses must inform their registration number in the Council and attach copy of the document.

In cases of the visually impaired specify whether you will be accompanied with guide dog:  Yes  No

8. Does the passenger need a wheelchair:  Yes  No Own wheelchair:  Yes  No

Motorized:  Yes  No Battery Type:  Dry  Liquid (Liquid battery is considered "hazardous cargo")

9. Does the passenger need an ambulance:  Yes  No (Passenger is accountable for contracting transfer services for boarding and/or disembarkation / From-To Ambulance / From-To Aircraft)

If so, specify the name of the contracted Ambulance Company, telephone number, contact and indicate the destination address:  
.....  
.....  
.....

10. Other needs on the ground:  Yes  No

If so, please specify here.....  
In cases of use of supplemental oxygen, the passenger must provide the supply of oxygen at the airport(s) (Boarding / Connections / Disembarkation)

11. Equipment and Special Needs on board (subject to additional charge)  Yes  No

Specify equipment (special belt, child seat, oxygen on board) .....

Specify special services (extra seat, belt extender) .....

#### 12. Passenger statement

I authorize the ..... (physician appointed and CRM-UF) to provide information, complete MEDIF, issue additional reports when requested for the stated purpose, and in consideration, release you from your duty of confidentiality with respect to this information, and I agree to comply with the fees thereof, if necessary.

**Note1:** Special supplies, such as oxygen, stretcher, always require the complete completion of MEDIF and the dispatch at least 72 hours in advance for analysis of the medical department of the airline, and **the passenger's boarding is subject to the passenger's authorization.**

**Note2:** If transportation is accepted, fees, when necessary, relevant to the provision of the equipment or needs mentioned above must be paid by the passenger. I agree to refund the carrier, if requested, for any special expenses arising from my trip.



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I accept that the airline can deny my boarding if my condition is incompatible with the data provided or if my carriage may endanger other passengers, the flight operation or my own health. I release the carrier and its employees from any liability in relation to any consequences to my state of health during or as a result of air transport.

**Important Note:** The amounts paid in case of no-show of the passenger without prior cancellation with reservation of stretcher and / or oxygen will not be refunded.

Location: .....

Date: .....

Signature of the passenger or legal guardian .....



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# MEDIF - MEDICAL INFORMATION FORM FOR AIR TRAVEL

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IATA - Resolution 700 Annex B - Part One - Sheet to be filled in by the physician

FILL IN ALL FIELDS LEGIBLY, OTHERWISE THE MEDICAL DOCUMENT WILL NOT BE ACCEPTED.

1. Patient's full name..... Age .....

2. Name of the attending physician ..... CRM (license) ..... e-mail..... Tel. ....

3. Diagnosis (Provide a brief history of the current clinical picture, evolution, treatment, etc.). - Do not include only the CID or diagnosis, otherwise the document will be returned)

.....  
.....  
.....  
.....

4. Vitals: PA ..... FC ..... FR ..... TEMP ..... Sat O<sub>2</sub> .....

### 5. Additional clinical information

- Anemia  Yes  No If so, attach recent blood count (maximum 10 days)
- Recent surgery  Yes  No If so, what surgery and date .....
- Immobilization  Yes  No If so, what type of immobilization and date .....
- Altered bladder control  Yes  No If so, indicate the form of control .....
- Altered bowel control  Yes  No If so, indicate the form of control .....

6. The 25% to 30% reduction in the partial pressure of ambient oxygen (relative hypoxia) can affect your patient's medical condition. (Cabin pressure becomes the equivalent of a trip to a mountain at an altitude of 2400 meters (8000 feet) above sea level. This altitude may be well tolerated by healthy passengers at rest, but it can seriously affect the clinical condition of their patient, which can cause respiratory failure with serious consequences. In commercial aircraft there is no advanced life support equipment.

Does this situation above prevent you from flying?  Yes  No

### 7. Flight companion

Will the patient able to travel unaccompanied?

Yes  No

If not, is the companion trained to meet all needs on board?

Yes  No

Does the passenger need to travel with a health professional? If so, attach professional registration from the Council

Yes  No

### 8. Mobility

Does the passenger need a wheelchair for boarding?  Yes  No

Type of chair: WCHR\_\_\_\_\_ (patient climbs ladder/walks in cabin) WCHS\_\_\_\_\_ (does not climb ladder/walk in cabin) WCHC\_\_\_\_\_ (still)

9. Can the patient use the aircraft seat in the VERTICAL position when necessary?  Yes  No

If not, justify .....

10. Can the patient sit in the aircraft seat with his knees bent?  Yes  No

If not, justify .....

11. Can the patient sit in the aircraft seat?  Yes  No

If so, justify .....

12. Need STRETCHER ON BOARD?  Yes  No If so, report the patient's weight ..... Kg

### 13. List of Medicines in use

.....  
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14. Other medical information.....

Signature and stamp of the physician authorized by the patient..... Date.....



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**IATA - Resolution 700 Annex B - Part Two**

**1. Cardiovascular disease**       Yes  No

If so, indicate diagnosis, current clinical condition.

**1.1 Is it compensated /stabilized?**    Yes  Not.....

.....  
.....  
.....

**2. Pulmonary disease**       Yes  No

If so, indicate diagnosis(s), current clinical condition.

**2.1 Is it compensated /stabilized?**    Yes .....

.....  
.....  
.....

**3. Is there need for additional oxygen on board**       Yes  No

If so, attach recent blood count and arterial blood gases (10-day validity). Necessarily harvest arterial blood gases with volume of oxygen used in land (if used)

**4. Oxygen on the ground**       Yes  No

If so, inform the volume ..... liters/minute

NOTE: Oxygen on board is supplied only continuously in a 2 to 8 Liter/minute mask

Indicate how arterial blood gas analysis       air       oxygen was collected ..... Liters/minute

**5. Psychiatric Illness**       Yes       No

If so, indicate diagnosis, current clinical condition.

**5.1 Is it compensated/stabilized?**       Yes       No

.....  
.....

**6. Other diseases (e.g.: endocrine, neurological, rheumatologic, gynecological/obstetric, etc.)**       Yes       No

If so, indicate diagnosis, current clinical condition.

**6.1 Is it compensated/stabilized?**       Yes       No

.....  
.....

**7. Seizures**       Yes       No

If so, what is the date of the last seizure? .....

Are they well controlled by medication?    Yes       No

**8. Recent hospitalization**       Yes       No      Date of Hospital Discharge .....

Attach hospital discharge summary

**9. Prognosis for the travel**       Fit       Not fit (not indicated flight in commercial aviation)

Location and Date .....

Signature and stamp of the doctor .....

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### Part Three - Additional information for MEDIF analysis

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In order to facilitate the medical review process, please make sure that all information has been entered in Annex B part 1 and 2 and be careful of the following additional information

In the case of visual, hearing, intellectual, mental and psychosocial disabilities, documentation must be provided by a specialist in the relevant field (see specialties below).

A specialist is a doctor who has a RQE (Specialty Qualification Record). This is a number given to doctors who have a medical specialty recognized in Brazil. This registration is granted by the CRM (Regional Council of Medicine) of the state where the doctor works, after proving training in a specific medical specialty. Having an RQE is a way of assuring the public that the doctor really is a specialist in the area they claim to be.

- **Disabling/unstable illness or health condition:** form must be completed by a doctor familiar with the condition in question (doctor who is directly involved in the patient's treatment).
- **Recent surgery:** form must be completed by a doctor who accompanied the surgery or who is directly involved in the patient's post-operative care.
- **Visually impaired:** form must be completed by an ophthalmologist with RQE. A medical report, opinion or report drawn up by an ophthalmologist with RQE must also be attached.
- **Hearing impairment:** form must be completed by an ENT doctor with an RQE. Tonal audiometry must also be attached.
- **Intellectual, mental or psychosocial disability:** form must be completed by a psychiatrist with an RQE, a neurologist with an RQE or a neuropediatrician with an RQE (when children/adolescents are involved). A medical report, opinion or report drawn up by a specialist with an RQE must also be attached. The document must deal with the definitive diagnosis and changes in existing adaptive skills (assessment of daily living skills, such as self-care, social skills and functioning at home and in the community).

**How can I check the RQE of a specialist doctor?** Go to the website of the CFM (Federal Council of Medicine) or the website of the CRM where the doctor practices (it is possible to consult registered doctors, including the RQE).

#### INFORMATION FOR GUIDANCE OF THE ASSISTANT DOCTOR AUTHORIZED

**Note1:** Crew is not allowed to provide special assistance to a passenger (e.g., carry/lift) in a particular way to the detriment of their service to other passengers. Additionally, it is trained only in first aid and is not authorized to apply or provide any medication.

**Note2:** If the passenger is accepted, this information will allow the necessary measures to be taken for the safety and comfort of the passenger.

**The 25% to 30% reduction in the partial pressure of ambient oxygen (relative hypoxia) affects the patient's medical condition** (Cabin pressure becomes the equivalent of a trip to a mountain at an altitude of 2400 meters (8000 feet) above sea level)

The main factors to be considered when assessing a patient's fitness for air transport are the effects of atmospheric pressure variations.

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**Part Three - Additional information for MEDIF analysis**

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The following conditions are considered UNACCEPTABLE for air travel.

- Severe anemia.
- Disease in acute, infectious or compulsory notification phase.
- Congestive Heart Disease or other cyanotic diseases not fully controlled.
- Acute infarction of the ground cassava, with less than 6 (six) weeks.
- Severe Respiratory Disease or Recent Pneumothorax
- Gastrointestinal injuries that may cause hematemesis, melena or intestinal obstruction.
- Recent post-operative - Including plastic surgery: 10 days for abdominals simple surgeries, 21 days for invasive thoracic or eye surgeries (except laser). Mental illness without a companion and appropriate medication for the trip.
- Mandible fracture with fixation (except with medical follow-up).
- Recent introduction of air into the body cavity for diagnostic or therapeutic purposes consider at least 7 (seven) days.
- Pregnant women over 36 weeks or multiple pregnancies over 32 weeks.
- Children younger than 7 (seven) days old.
- Severe cases of otitis and sinusitis.
- Fractures: with the presence of plastered immobilization for up to 48 hours after placement

The above list is neither definitive nor unique and each case will be clinically evaluated on an individual basis according to the circumstances.

**Signature and stamp of the MD..... Location and Date .....**