MEDIF-MEDICAL INFORMATION FOR FITNESS TO TRAVEL OR SPECIAL ASSISTANCE  PART A
(To be read and understood before completing MEDIF PART-B & PART-C)

All sections must be completed clearly, dated and signed. Use Block letters. Any MEDIF must be submitted along with the latest medical report from the treating physician at least 72 hours before departure of the flight, but not more than 10 days prior to the commencement date of travel.

MEDIF Part A – Gives guidance to guests and their doctors in order to complete Part B and Part C accurately.
MEDIF Part B – To be completed by the guest or travel agent. Must be signed and dated by the guest.
MEDIF Part C – To be completed by the treating or attending doctor. Must be signed and dated by the doctor.

Guidance for doctors
The Principal factors to be considered when assessing a patient’s fitness for air travel are:
- Reduced atmospheric pressure (Cabin air pressure changes greatly after takeoff and before landing and gas expansion and contraction can cause pain and pressure effects, especially important for gas in the brain, eyes, sinuses, gastrointestinal tract and lungs).
- Reduction in oxygen partial pressure (The cabin is pressurized to an altitude equivalent of 6000 to 8000 feet and oxygen partial pressure is approximately 20% less than on the ground. Patients with cardiorespiratory disease or anaemia may be at risk).

Conditions that require medical clearance
Guests with the following conditions require medical clearance from Etihad Airways.
If the guest:
1. suffers from any disease which is believed to be actively contagious and communicable;
2. because of the physical or behavioural condition, is likely to be a hazard or cause discomfort to other guests;
3. is considered to be a potential hazard to the safety or punctuality of the flight, including the possibility of diversion;
4. is incapable of caring for him or herself and requires special assistance;
5. has a medical condition which may be adversely affected by the flight environment;
6. has recently had a major medical incident;
7. suffers from an unstable physical or psychological (mental health) condition;
8. travels with a premature infant (Etihad Airways does not provide incubators);
9. requires a stretcher;
10. requires in-flight oxygen or is using their own personal oxygen concentrator or ventilator;
11. requires the use of battery-powered medical equipment in-flight or needs to undertake any medical procedure during the flight, e.g. injection.

Therapeutic Oxygen: Etihad Airways provides an oxygen service which is available on all our aircraft in all three zones. This service must be requested at least 72 hours prior to departure. Etihad uses the “Zero Two” oxygen cylinder which is compatible with other medical equipment. For details/specifications please refer to the website http://www.aeromedicgroup.com

Medical Assistive Devices: Federal Aviation Administration (FAA) approved personal electronic respiratory assistive devices such as ventilators, respirators, continuous positive airway pressure machines and portable oxygen concentrators are allowed to be carried and used on all our aircraft. Guests shall ensure that the assistive devices have sufficient battery supply to last for 1.5 times the flight duration. Medical clearance is required.

Processing MEDIF: The MEDIF and the medical report must be received at the Ticketing Office at the latest 72 hours before the travel is due to commence. Further investigation reports may be required by the Etihad Airways Medical Centre. The MEDIF should be completed based on the guest’s condition within 10 days from the date of commencement of air travel. Etihad Airways must be notified immediately of any change in the guest’s condition prior to travel. In the event of a sudden change in the guest’s condition during the trip, we shall ask the guest to obtain another medical report and MEDIF to confirm their fitness to continue further air travel.

Medical Certificate: The Etihad Airways Medical Centre (EAMC) issues a Medical Certificate with approval which is handed over to the guest through the respective Ticketing Office. Guests may be requested to show the certificate at any time during their trip and so are requested to keep this easily available. Separate clearance may be required for the return journey, as advised by the EAMC.

For more details, please see our website www.etihad.com ➔ The Etihad Experience ➔ Family Travel ➔ Special Assistance.
MEDIF-MEDICAL INFORMATION FOR FITNESS TO TRAVEL OR SPECIAL ASSISTANCE  PART B
(To be completed by the guest or travel agent/airline office in block letters.)

1. GUEST DETAILS:  
<table>
<thead>
<tr>
<th>Name (as per PNR)</th>
</tr>
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<tbody>
<tr>
<td>Telephone number</td>
</tr>
</tbody>
</table>

2. FLIGHT DETAILS:  
2.1. OUTBOUND:  

<table>
<thead>
<tr>
<th>PNR</th>
<th>Flight No.</th>
<th>Date</th>
<th>From</th>
<th>To</th>
<th>Class</th>
<th>Status</th>
</tr>
</thead>
<tbody>
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</table>

2.2. INBOUND (RETURN):  

<table>
<thead>
<tr>
<th>PNR</th>
<th>Flight No.</th>
<th>Date</th>
<th>From</th>
<th>To</th>
<th>Class</th>
<th>Status</th>
</tr>
</thead>
<tbody>
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3. NATURE OF INCAPACITATION / MEDICAL PROBLEM:  


4. ASSITANCE REQUIRED (Tick √ against the relevant):  

<table>
<thead>
<tr>
<th>STRETCHER</th>
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<tbody>
<tr>
<td>OXYGEN</td>
</tr>
<tr>
<td>WHEELCHAIR (Specify WCHR, WCHS or WCHC)</td>
</tr>
<tr>
<td>SPECIAL MEAL (Refer to meal types listed on <a href="http://www.etihad.com">www.etihad.com</a>)</td>
</tr>
<tr>
<td>APPROVAL FOR CARRIAGE OF MEDICAL EQUIPMENT</td>
</tr>
<tr>
<td>NO ASSISTANCE REQUIRED</td>
</tr>
</tbody>
</table>

5. ESCORT DETAILS (Tick √ against relevant):  

<table>
<thead>
<tr>
<th>NOT REQUIRED</th>
<th>PERSONAL (NON-MEDICAL) ESCORT</th>
<th>NURSE</th>
<th>DOCTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of the Escort</td>
<td>PNR</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. PASSENGER’S DECLARATION:  
I hereby authorize ………………………………………………………………………………….. (name of nominated physician) to complete Part C for the purpose as indicated overleaf 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(s) concerned and that the carrier(s) do 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 liability for such consequences. I agree to reimburse the carrier upon demand for any special expenditures or costs in connection with my carriage. I have read and understood MEDIF Part A.  

<table>
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<tr>
<th>Guest Signature</th>
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<td>Date</td>
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MEDIF - MEDICAL INFORMATION FOR FITNESS TO TRAVEL OR SPECIAL ASSISTANCE

(To be completed by the treating physician in block letters. All sections are mandatory.)

NAME OF THE GUEST: ___________________________  PNR: ___________________________

Section 1: DECLARATION OF ILLNESS, ACCIDENT AND/OR TREATMENT

a) Diagnosis and date of onset: _____________________________________________

b) Nature and date of any surgery (if applicable): _____________________________

c) Prognosis for a safe trip: ☐ Good ☐ Guarded ☐ Poor (Guarded or Poor requires a medical escort)

d) Contagious and communicable disease (if yes, specify): ☐ No ☐ Yes ________________

e) Intellectual disability (if yes, specify): ☐ No ☐ Yes ________________

f) Vital signs: BP _____ Temp _______ Pulse _______ Respiratory rate _______ Oxygen saturation _______

g) If the patient is on supplementary oxygen, which flow rate does he/she use on the ground: _______

h) Haemoglobin (haemorrhage, major trauma, major surgery, chronic illness, cancer, kidney disease) _______ g/dL

i) Sex: _______________ Age: _______________ Weight (kg): _______________

Section 2: SEATING REQUIREMENTS

☐ Upright (must sit upright during takeoff and landing) ☐ Stretcher ☐ Baby cot (can accommodate a baby of up to 10 months (max. 10kg))

Section 3: TRAVELLING WITH OXYGEN

☐ Option 1 – Etihad Airways provides continuous flow oxygen onboard. Tick √ on the required flow rate.

☐ 1LPM ☐ 2LPM ☐ 3LPM ☐ 4LPM ☐ 8LPM

☐ Option 2 - Personal Oxygen Concentrator - Type: ____________________________ (Only FAA approved)

☐ Option 3 – No supplementary oxygen required.

Section 4: REQUIREMENT OF ESCORT

☐ Option 1 – No assistance required.

☐ Option 2 - The patient needs a private escort to take care of his/her needs onboard, including meals, visiting the toilet, administering medication, etc. If yes, tick √ against relevant: ☐ Doctor ☐ Nurse ☐ Other (Non-medical)

Section 5: OTHER ARRANGEMENTS

1) Wheelchair Requirement (Tick √ on the required one):

☐ To the aircraft (WCHR) ☐ Unable to climb steps (WCHS)

☐ Inside the cabin (WCHC) ☐ Own wheelchair (If electric, must be dry cell operated only)

2) Hospitalization/Ambulance Requirement: ☐ No ☐ Yes (if yes, provide telephone details below)

(Note: All hospital and ambulance arrangements must be made by the guest)

a) Origin: ____________________________  b) Destination: ____________________________

3) Medication Requirement Onboard: ☐ No ☐ Yes (if yes, please specify below)

4) Other Medical Information/Request

Name of the treating or attending doctor: ____________________________

Name and telephone number of hospital: ____________________________

Signature, stamp and date (mandatory): ____________________________