



Thai Airways International Public Company Limited

MEDIF

PART 1 To be completed by SALES OFFICE/AGENT	INCAPACITATED PASSENGERS HANDLING ADVICE (INCAD) HANDLING INFORMATION — PART 1 Answer ALL questions — put a cross (x) in "YES" or "NO" boxes. Use BLOCK LETTERS or TYPEWRITER when completing this form.	Category
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A	NAME / INITIALS / TITLE										
B	PROPOSED ITINERARY (airline (s), flight number (s), class (es), date (s), segments (s), reservation status of continuous air journey)		Transfer from one flight to another often requires LONGER connecting time								
C	NATURE OF INCAPACITATION:		MEDICAL CLEARANCE REQUIRED? No <input type="checkbox"/> Yes <input type="checkbox"/>								
D	IS STRETCHER NEEDED ON BOARD? (all stretcher cases MUST be escorted.)	No <input type="checkbox"/> Yes <input type="checkbox"/>	Request rate if unknown								
E	INTENDED ESCORT (Name, sex, age, professional qualification, segments 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"/> Categories are Yes <input type="checkbox"/> WCHR WCHS WCHC Wheelchair Category: <input type="text"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:25%;">OWN wheelchair</th> <th style="width:25%;">Collapsible</th> <th style="width:25%;">Power driven?</th> <th style="width:25%;">Battery Type (spillable?)</th> </tr> <tr> <td>No <input type="checkbox"/> Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/> Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/> Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/> Yes <input type="checkbox"/></td> </tr> </table>	OWN wheelchair	Collapsible	Power driven?	Battery Type (spillable?)	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	Wheelchairs with spillable batteries are "restricted articles" and are permitted on passenger aircraft only under certain conditions, which can be obtained from the airline(s). In addition, certain countries may impose specific restrictions.
OWN wheelchair	Collapsible	Power driven?	Battery Type (spillable?)								
No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>								
G	AMBULANCE NEEDED? No <input type="checkbox"/> Yes <input type="checkbox"/>	To be arranged by AIRLINE No <input type="checkbox"/> Specify ambulance company contact: <input type="text"/> Yes <input type="checkbox"/> Specify destination address: <input type="text"/>	Request rate(s) if unknown								
H	OTHER GROUND ARRANGEMENTS NEEDED No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, SPECIFY below and indicate for each item: (a) the ARRANGING airline or other organisation, (b) at whose EXPENSE, and (c) CONTACT addresses/phone numbers where appropriate, or whenever specific persons are designated to meet/assist the passenger.									
	1 Arrangements for delivery at airport of DEPARTURE	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify <input type="text"/>									
	2 Arrangements for assistance at CONNECTING POINTS	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify <input type="text"/>									
	3 Arrangements for meeting at airport of ARRIVAL	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify <input type="text"/>									
	4 Other requirements or relevant information	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify <input type="text"/>									
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"/>	If yes, DESCRIBE and indicate 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 PART 2 overleaf.								
L	DOES PASSENGER HOLD A "FREQUENT TRAVELLER'S MEDICAL CARD" VALID FOR THIS TRIP? (FREMEC)	No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, add below FREMEC date to your reservation requests If no (or if additional data needed by carrying airline(s)). have physician in attendance complete PART 2 hereof.								
	FREMEC / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (FREMEC Number) (Issued by) (Valid until) (Sex) (Age) (Incapacitation)										
	<input type="text"/>	<input type="text"/>									
	(Incapacitation continued)	(Limitations)									



Thai Airways International Public Company Limited

CONFIDENTIAL

PART 2

MEDICAL INFORMATION SHEET - MEDIF

For official use only.

To be completed by
ATTENDING PHYSICIAN

This form is intended to provide CONFIDENTIAL information to enable the airlines' MEDICAL Departments 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.
IN CASE OF HIV POSITIVE PATIENT, THE LATEST CHEST X-RAY RESULT SHOULD BE ATTACHED TO THIS MEDICAL INFORMATION SHEET.
COMPLETING OF THE FORM IN BLOCK LETTERS OR BY TYPEWRITER WILL BE APPRECIATED.

Please return the completed form to

ADDRESS of TG issuing office

MEDA01	PATIENT'S NAME, INITIAL(S), SEX, AGE:				
MEDA02	ATTENDING PHYSICIAN				
	- Name & Address - Telephone Contact	Business:	Home:		
MEDA03	MEDICAL DATA: - DIAGNOSIS and TREATMENT in details				
	- Latest vital signs:	BP	PR	RR	TEMP
	- Day/month/year of first symptoms:		Date of diagnosis:		
MEDA04	PROGNOSIS for the flight (s):				
MEDA05	- Contagious AND communicable disease?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Specify:	
MEDA06	- 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:	
MEDA07	- Can patient use normal aircraft seat with seatback placed in the UPRIGHT position when so required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
MEDA08	- 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	
MEDA09	- 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	
MEDA10	- Does patient need OXYGEN ** equipment in flight? (if yes, state rate of flow).	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Litres per Minute <input type="text"/>	Continuous Yes <input type="checkbox"/> No <input type="checkbox"/>
MEDA11	- Does patient need any MEDICATION * other than self-administered and/or the use of special apparatus such as respirator, incubator, etc. **?	(a) on the GROUND while at the airport(s):			
		No <input type="checkbox"/>	Yes <input type="checkbox"/>	Specify:	
MEDA12		(b) on board of the AIRCRAFT:			
		No <input type="checkbox"/>	Yes <input type="checkbox"/>	Specify:	
MEDA13	- Does patient need HOSPITALISATION? (if yes, indicate arrangements made or, if none were made, indicate "NO ACTION TAKEN")	(a) during long layover or nightstop at CONNECTING POINTS en route:			
		No <input type="checkbox"/>	Yes <input type="checkbox"/>	Action	
MEDA14		(b) upon arrival at DESTINATION			
		No <input type="checkbox"/>	Yes <input type="checkbox"/>	Action	
MEDA15	- Other remarks or information in the interest of your patient's smooth and comfortable transportation.	None <input type="checkbox"/>	Specify if any**		
MEDA16	- 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 injection or to give medication.

IMPORTANT: FEES, IF ANY, RELEVANT TO THE PROVISION OF THE ABOVE INFORMATION AND FOR CARRIER-PROVIDED SPECIAL EQUIPMENT (**) ARE TO BE PAID BY THE PASSENGER CONCERNED.

Place : _____ Date: _____ Attending Physician's Signature: _____

PASSENGER'S DECLARATION

"I HEREBY AUTHORIZE..... (name of nominated 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 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 : _____