

MEDICAL INFORMATION (MEDIF) FORM

TO BE COMPLETED BY THE ATTENDING PHYSICIAN / HOSPITAL or KQ APPOINTED PMC DOCTOR

This form is intended to provide CONFIDENTIAL information to enable the airlines' MEDICAL Department 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 passengers' welfare and comfort. The PHYSICIAN ATTENDING the incapacitated passenger is requested to ANSWER ALL QUESTIONS. Enter a cross 'X' or tick '✓' in the appropriate 'Yes or No' Boxes and/or give precise concise answers). PLEASE COMPLETE THIS FORM IN BLOCK LETTERS

This form must be returned to the Head of Medical and Occupational Health

KQ MEDA01	PATIENTS Title / Name		NATIONALITY		AGE	M	F	
	FLIGHT DETAILS		FROM	TO	DATE			
MEDA02	RELEVANT MEDICAL HISTORY / OTHER RELATED MEDICAL CONDITIONS -							

	ALL PATIENTS		COMPULSORY TESTS		RESULT	Date Checked		
	All Adults		Blood Pressure					
	All passengers		Oxygen Saturation in room air (%) [current]					
	Diabetics		Random Blood Sugar					
	CNS Cases		Glasgow Coma Scale Score					
	Pregnant Mothers		Gestational Weeks					
			Due date					
			Complications so far					
	Stretcher / Wheelchair / assisted passengers		Weight (kg)					
			Height (cm)					
	Any Other Additional / Relevant Tests							
	Current Hemoglobin Level (Compulsory); _____ g/dl Date Checked; _____							
PLEASE NOTE: THIS DOCUMENT IS ONLY VALID IF TESTS WERE COMPLETED WITHIN 5 DAYS OF SUBMISSION OF FORM								
DETAILED DIAGNOSIS _____								
CURRENT CLINICAL STATUS _____								
MEDA03	RECENT SURGICAL HISTORY		DIAGNOSIS/REASON FOR SURGERY					
	YES	NO	DATE SURGERY DONE					
MEDA04	Will a 25% to 30% reduction in the ambient partial pressure of oxygen (relative hypoxia) affect the passenger's medical condition? <i>(Cabin pressure to be the equivalent of a fast trip to a mountain elevation of 2400 meters [8000 feet] above sea level)</i>					YES	NO	NOT SURE
MEDA05	Any Contagious AND communicable diseases?		NO	YES (Specify)				
MEDA06	Would the physical and /or mental condition of the patient cause distress or discomfort to other passengers?			NO	YES Specify			
MEDA07	Is the passenger able to walk without assistance?			NO	YES			
	Is a wheelchair required for boarding / disembarking passenger			NO	YES			
	Can patient use normal aircraft seat with seat back placed in upright position when so required?			NO	YES Specify			
MEDA08	Can patient take care of his own needs on board UNASSISTED* (Including meals, visit to toilet, etc)?		YES	NO	If not, indicate the kind of help needed			
	Does the passenger require special meals on board?		YES	NO	If yes, indicate the type of meal/s needed			
MEDA09	According to your evaluation, does the passenger need an escort?		NO	Medical escort (Attach Professional Certificate)				
			YES	IF YES	Non-Medical escort			
<p>Kenya Airways' medical clearance process begins with a declaration of illness or incapacitation by a passenger at first point of contact with the company. It involves getting information from your medical doctor or other healthcare provider. Kenya Airways will uphold professional ethics and high integrity, and reserves the right and discretion to accept, reject or cancel any medical clearances received. Medical clearance will be done based on PMC conditions as defined by the airline according to IATA guidelines.</p>								



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MEDA010	Does the patient need OXYGEN?		YES	Stand-by Oxygen	Continuous Flow Oxygen	If continuous, what is the rate in liters/Min? _____	
			NO				
	Does the patient need medical equipment in flight						Yes
Type of equipment		Powered	Battery powered?		Voltage _____ Volts		
		Manual	Electrical power source? DC / AC				
MEDA011	Does patient need any MEDICATION during the flight?		YES	NO			
	If yes, indicate type of medicine and instructions. 1. _____ 4. _____ 2. _____ 5. _____						
NOTE that all medication needed for use by the passenger must be carried in the carry-on baggage							
MEDA012	a) Does patient need hospitalization during long layover night stop at CONNECTING POINTS en route? NO___ YES___ Have any arrangement been made for that ? Yes ___ No _____						
	b) Any arrangement made for an ambulance to pick up the passenger? Yes ___ No _____						
MEDA013	Please indicate any other information necessary for the patient's smooth and comfortable flight. _____ _____ _____						
MEDA014	Other arrangements made by the attending physician: _____ _____						

NOTE.
Cabin Crew are NOT authorized to give extraneous services (e.g. lifting) to particular passengers, to the detriment of service to other passengers. Additionally, they are trained only in FIRST AID and are **NOT PERMITTED** to administer or give any medication.

IMPORTANT:
Any fees that is payable in respect of the provision of the above information and any special equipment provided by the airline is payable by the passenger concerned and prior arrangements have to be made.

NOTE: All Stretcher Cases And Patients Requiring Supplemental Oxygen On Board MUST BE ACCOMPANIED BY A MEDICAL ESCORT

Name of Doctor _____ Date: _____ Tel _____
 Address _____ GSMTel. _____
 The name of Hospital / Practice _____ Tel / Official Stamp _____
 Email address _____

The personal and medical details you provide [on this form or attached to this form] will be used by Kenya Airways to handle your request for medical clearance and to arrange the necessary assistance for your travel arrangements. In order to assess and manage your request, and in order to arrange for the appropriate assistance, care and equipment, it may be necessary for Kenya Airways to process and/or disclose your personal and/or medical information to other airlines in your itinerary and to third parties, such as medical professionals, airport and airline staff, government bodies and border control authorities. In cases where you also request mobility assistance we may need to provide your information to relevant service providers. I hereby consent to my personal and/or medical data being processed, used and/or disclosed for the purposes set out above.

PASSENGER / GUARDIAN DECLARATION: "I Mr, Mrs, Ms, Dr, Prof. _____, therefore authorize Dr./Prof. _____ to provide the information required by Kenya Airways Medical division for the purpose of determining my fitness for air travel and in consideration thereof, I hereby relieve the above named doctor of his/her professional duty of confidentiality in respect of such information, and agree to meet his/her fee for the service so given. I take note that, if accepted for carriage, my journey will be subject to the general conditions of carriage/tariffs of the Kenya airways and that the airline 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.

Name of passenger / legal guardian _____ Tel _____
 Address _____ GSMTel. _____ Email address _____
 Passport / ID number _____ Signature _____
 Attending Doctor's Signature. _____ Official Stamp and Date _____

In case of any queries / clarification please call +254741210065 or email Doctors.KQ@kenya-airways.com