

MEDICAL INFORMATION – MEDIF CARD

TO BE COMPLETED BY KQ APPOINTED PMC DOCTOR OR ATTENDING PHYSICIAN

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		SEX	AGE
	FLIGHT DETAILS	FROM	TO	DATE
MEDA02	RELEVANT MEDICAL HISTORY / OTHER RELATED MEDICAL CONDITIONS			

		COMPULSORY TESTS	RESULT	Date Checked
	All Adults	Blood Pressure		
	Diabetics	Random Blood Sugar		
	Respiratory / Cardiac cases	Oxygen Saturation in room air (%) [current]		
	Pregnant Mothers	Gestational Weeks		
		Due date		
		Complications so far		
		Co-morbidities		
	CNS Cases	Glasgow Coma Scale Score		
	Any other additional results			
	Current Hemoglobin Level (Compulsory); _____ Date Checked; _____			
Please note: This document is only valid if tests are completed within 5 days of submission of form				
DETAILED DIAGNOSIS				

CURRENT CLINICAL STATUS _____				
MEDA03	RECENT SURGICAL HISTORY	DIAGNOSIS/REASON FOR SURGERY.		
		DATE SURGERY DONE		
MEDA04	PROGNOSIS under reduced atmospheric and Oxygen pressure at the flight altitude.			
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 Specify		YES
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

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. KQ 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.



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MEDA09	According to your evaluation, does the passenger need an escort?	YES	IF YES	Medical escort (Attach Professional Certificate)		
		NO		Non-Medical escort		
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	No
	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. _____				
	3. _____	6. _____				
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 attendants 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.			
NOTE: All Stretcher Cases And Patients Requiring 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 _____						
PASSENGERS DECLARATION "I Mr, Mrs, Ms. Dr. Prof. _____ do hereby authorize Dr. _____ 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 / guardian _____ Tel _____						
Address _____ GSMTel. _____ Email address _____						
Passport number _____ Signature _____						
Attending Doctor's Signature. _____ Official Stamp _____						
In case of any queries / clarification please call +254738210065 or email Doctors.KQ@kenya-airways.com						