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, permitting the issuance of the necessary directives designed to provide for the passengers' welfare and comfort. The PHYSICIAN / HOSPITAL ATTENDING the incapacitated passenger is required to ANSWER ALL QUESTIONS in BLOCK LETTERS and give precise concise answers.

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 Passenger Medical Clearance (PMC) conditions as defined by Kenya Airways according to IATA guidelines.

THIS FORM MUST BE RETURNED TO THE HEAD, KQ HEALTH

KQ MEDA 01	**PATIENTS Title / Name**	**NATIONALITY**	**Weight /Kgs**	**AGE**	**M** ◯	**F** ◯

FLIGHT DETAILS	FROM	TO	DATE

MEDA 02 RELEVANT MEDICAL HISTORY / OTHER RELATED MEDICAL CONDITIONS -

_____

_____

ALL ILL PASSENGERS	**COMPULSORY TESTS**	**RESULT**	**Date Checked**
All Adults	Blood Pressure		
All ill passengers	Oxygen Saturation in room air (%) [current]		
	Current Haemoglobin levels in g/dl		
	Random Blood Sugar		
	Glasgow Coma Scale Score		
Pregnant Mothers	Gestational Weeks		
	Due date		
	Complications so far		
	Co-morbidities		
Stretcher / Wheelchair / assisted passengers	Weight (kg)		
	Height (cm)		
Any Other Additional / Relevant Tests			

PLEASE NOTE: THIS DOCUMENT IS ONLY VALID IF TESTS WERE COMPLETED WITHIN 5 DAYS OF SUBMISSION OF FORM

DETAILED DIAGNOSIS	CURRENT CLINICAL STATUS
_____	_____
_____	_____
_____	_____

MEDA 03 RECENT SURGICAL HISTORY **YES** ◯ **NO** ◯ | DIAGNOSIS / REASON FOR SURGERY | DATE SURGERY DONE

DATE & DIAGNOSIS AT LAST ADMISSION **Date** _____ **Diagnosis**_____

MEDA 04 Will a 25% to 30% reduction in the ambient partial pressure of oxygen (relative hypoxia) affect the passenger's medical condition? ***(Cabin pressure to be the equivalent of a fast trip to a mountain elevation of 2400 meters [8000 feet] above sea level)*** **YES** ◯ **NO** ◯ **NOT SURE** ◯

MEDA 05 Any Contagious AND communicable diseases? NO ◯ YES ◯ (Specify)

MEDA 06 Would the physical and /or mental condition of the patient cause distress or discomfort to other passengers?
NO ◯ YES ◯ (Specify)

MEDA 07 Is the passenger able to walk without assistance? **NO** ◯ **YES** ◯

Is a wheelchair required for boarding / disembarking the passenger? NO ◯ YES ◯

Can patient use normal aircraft seat with seat back placed in upright position when so required? YES ◯ NO ◯

If No, please specify type of help needed _____

MEDA 08 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? NO ◯ YES ◯ (Indicate the type of meal/s needed)

MEDA 09 According to your evaluation, does the passenger need an escort? NO ◯ YES ◯ IF YES | Medical escort (Attach Professional Certificate & Current License) ◯ Non-Medical escort ◯

KQ Frequent traveler Medical Card Holders **(Validity 6 months)**
Do you have the Kenya Airways Frequent Travelers medical card?
YES ◯ **NO** ◯

Details of FREMEC: Date issued_____ Expiry date_____
The recorded incapacitation _____
Limitations_____

If the medical condition or the disability changed since the card was issued, the Physician in attendance must complete the MEDIF.

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MEDA 010	Does the patient need **SUPPLEMENTARY OXYGEN** inflight? NO ◯ YES ◯			
	If YES specify rate	Stand-by oxygen	If continuous flow, please specify flow rate in Liters/Min? _____	
	Can patient go without oxygen for short periods of time e.g. for toileting? YES ◯ NO ◯			
	The escort should have knowledge in the use of on-board medical oxygen cylinders.			
	Does the patient need medical equipment in flight? (**Only FAA approved equipment are allowed in KQ**) **NO** ◯ **YES** ◯			
	Type of equipment	Powered ◯ Battery powered? ◯ Battery life _____ (**Hrs**)		Any spare battery **YES** ◯ **NO** ◯
		Manual ◯ Electrical power source? ◯ DC ◯ AC ◯		Voltage _____Volts
	Please ensure the batteries carry at least 150% (1½ times) of the necessary life to meet the oxygen needs for the patient's entire journey on all airline flights. This calculation should consider the duration of flight time and any layovers between flight segments until reaching the destination airport.			
MEDA 011	Does the patient need any MEDICATION during the flight? NO ◯ YES ◯ If yes, indicate type of medicine and instructions.			
	1. _____ 4. _____			
	2. _____ 5. _____			
	3. _____ 6. _____			
	NOTE that all medication needed for use by the passenger must be carried in the carry-on baggage			
MEDA 012	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 ◯			
MEDA 013	Please indicate any other information necessary for the patient's smooth and comfortable flight. _____ _____			
MEDA 014	Other arrangements made by the attending Physician / Doctor: _____ _____			

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 & Signature of attending Doctor_____

I have read and understood the MEDIF Form _____

License Number _____ **Date:**_____

Tel_____ **Address**_____

Email address _____

The name of Hospital / Practice _____

Official Stamp

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. You are required to give your consent to your 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 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_____**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