

**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**

<b>KQ MEDA01</b>	PATIENTS Title / Name		SEX	AGE
	FLIGHT DETAILS	FROM	TO	DATE
<b>MEDA02</b>	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				
CNS Cases	Glasgow Coma Scale Score			
<b>Any other additional results</b>				
Current Hemoglobin Level (Compulsory); _____ Date Checked; _____				
<b>Please note: This document is only valid if tests are completed within 5 days of submission of form</b>				
DETAILED DIAGNOSIS				
_____				
CURRENT CLINICAL STATUS _____				
_____				
<b>MEDA03</b>	RECENT SURGICAL HISTORY	DIAGNOSIS/REASON FOR SURGERY.		
		DATE SURGERY DONE		
<b>MEDA04</b>	<b>PROGNOSIS under reduced atmospheric and Oxygen pressure at the flight altitude.</b>			
<b>MEDA05</b>	Any Contagious AND communicable diseases?	NO	YES Specify	
<b>MEDA06</b>	Would the physical and /or mental condition of the patient cause distress or discomfort to other passengers?	NO	YES Specify	
<b>MEDA07</b>	Can patient use normal aircraft seat with seat back placed in upright position when so required?	NO	Specify YES	
<b>MEDA08</b>	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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<b>MEDA09</b>	According to your evaluation, does the passenger need an escort?	YES	IF YES	Medical escort (Attach Professional Certificate)	
		NO		Non-Medical escort	
<b>MEDA010</b>	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		
<b>MEDA011</b>	Does patient need any MEDICATION during the flight? If yes, indicate type of medicine and instructions.	YES	NO		
	1. _____	4. _____			
	2. _____	5. _____			
	3. _____	6. _____			
<b>MEDA012</b>	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___				
<b>MEDA013</b>	Please indicate any other information necessary for the patient's smooth and comfortable flight. _____ _____ _____				
<b>MEDA014</b>	Other arrangements made by the attending physician: _____ _____				
<b>NOTE.</b> 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.			<b>IMPORTANT:</b> 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 <b>MUST BE ACCOMPANIED BY A MEDICAL ESCORT</b>					
Name of Doctor _____		Date: _____			
Address _____		Tel _____		GSMTel. _____	
The name of Hospital / Practice _____			Tel _____		
Official Stamp _____					
<p>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"</p>					
Name of passenger / guardian _____					
Address _____		Tel _____		GSMTel. _____	
Passport number _____		Signature _____			
Attending Doctor's Signature. _____			Official Stamp _____		