Medical Information Form (MEDIF)

MEDIF No: **64513**

Application for passenger requiring special assistance or medical clearance

No medical clearance or special type of form is required for those incapacitated customers who only require special assistance at the airport or during the embarkation or disembarkation process.

All questions must be answered in full.

Use BLOCK letters or a typewriter when completing this form.

Use a cross (X) in “Yes” or “No” boxes to indicate appropriate preference.

MEDIF to be completed in English by nominated physician.
MEDA approvals are for Qatar Airways operated flights only.

Notes for the guidance of a medical practitioner are on page 4 & 5. 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 injections, or to give medication.

You must be reasonably satisfied that you are medically fit to fly. If, despite having received medical clearance, you subsequently do not feel fit enough to fly then please inform us immediately. Your booking continues to be subject to our fare rules/booking terms and Conditions of Carriage.

MEDIF forms must be submitted to Qatar Airways no less than 48 hours and no more than 7 days prior to the departure of each flight (outbound and return). In case no new MEDIF is required for the return journey then this will be indicated within Part 2 of this form as “Approved (full journey).”

Fees if any, relevant to the provision of the above information and for carrier-provided special equipment is to be paid by the passenger.

Customers are requested to check with the respective office for an approval prior to travel.

* **For Doha (Qatar) station please submit the completed form to the Medical Counter at Qatar Airways Ticketing Implant office in the Ministry of Public Health Tower.**

Medical Information Form (MEDIF)

PART 1 | MEDIF No: 64513

To be completed by Authorised Agent or QR Sales Office Staff

A	Passenger Name/Initials Title				Nationality	Languages	Contact Telephone No.
B	Date	Flight No.	From	To	Class	Reservation Status	Booking Reference (PNR)
							Note: Transfer from one flight to another often requires LONGER connecting time.

C	Nature of Medical Condition Related to Heart ☐ Related to Lungs ☐ Related to Brain and Nervous System ☐ Related to Cancers ☐ Related to a Surgery ☐ Bone/Muscle ☐ Psychiatric ☐ Visually impaired ☐ Hearing impaired ☐ Others (specify)	Age		CPAP and similar devices Needed (Specify)? Yes ☐ No ☐
		Incubator Needed?		
		Yes ☐	No ☐	Stretcher / Incubator cases must be accompanied by 2 medical escorts
		Type?		Oxygen / Portable Oxygen Concentrator Needed? Yes ☐ No ☐

D	Intended Escort Details	
	Name	
	Additional Languages	
	Escort Background: Medical ☐ Non Medical ☐	
	PNR of the Escort	Additional Info (if any):
	Is the Escort capable of taking care of all the needs of the patient including comprehending safety instructions and assisting escape during emergency	Yes ☐ No ☐

E	Are there any special in-flight arrangements required? Special meals, special seating, extra seat(s), wheelchairs, equipment provision of **special equipment for oxygen** etc. Please complete **Part 2.** If you have your own wheelchair, please specify: details (is it manual or power driven, collapsible, incollapsible, battery type: spillable / Non-spillable).

F	Ambulance Arrangement:	Has hospital admission been confirmed at destination port?	Yes ☐ No ☐
	Departure Port Yes ☐ Specify ☐ No ☐ Transit Port Yes ☐ Specify ☐ No ☐ Destination Port Yes ☐ Specify ☐ No ☐	Hospital and Ambulance Service Provider Details: (Name, address and telephone No)	
	*Note: All ambulance and hospital arrangements must be arranged by the treating doctor / hospital or family members.		

G	Additional Passenger Information

H	Do you have a valid FREMEC card? Yes ☐ No ☐				
	If yes, add below FREMEC data to your reservation requests. If no, (or additional data needed by carrying airline(s)), has physician in attendance completed Part 2 overleaf?				
	Number	Issued By	Valid Until	Medical Condition / Disability	Limitation

In order to enable Qatar Airways to confirm my fitness to fly for my booked flights, I hereby consent for Qatar Airways Medical Examiner stated in Part 2 below to disclose the necessary information to Qatar Airways solely for the purpose of determining my fitness to fly and to fulfil my special assistance requirements and hereby release the attending doctor from his/her obligation to maintain my medical information strictly confidential with respect to the disclosure to Qatar Airways, and agree to meet such physician's fees in connection therewith. I reserve the right to revoke my consent to Qatar Airways to process my medical information at any time, but recognize that this may result in my being deemed not fit to fly and being therefore denied carriage on my booked flights. If the flight was already booked, there might be cancellation fees. I agree to notify Qatar Airways if there is any change in the status of my medical condition before my flight to avoid being refused for travel.

Yes, I have read and understood the above statement and hereby consent to the processing of my personal data/the personal data of the minor or person whose legal guardian I am.

Passenger or Guardian's signature

Signed Date

من أجل تمكين الخطوط الجوية القطرية من التأكد من لياقتي للسفر على الرحلات التي قمت بحجزها، أنا الموقع أدناه أفوض)أدخل اسم الطبيب) والمذكور في القسم ٢ أدناه، بتزويد شركة الطيران بالمعلومات المطلوبة من قبل القسم الطبي لديهم لغرض تحديد لياقتي للسفر جواً، ولتلبية متطلبات المساعدة الخاصة، وبذلك أعفي الطبيب من واجب الحفاظ على السرية المهنية فيما يتعلق بهذه المعلومات وأوافق على تسديد رسوم الطبيب الناتجة عن هذا الأمر. واحتفظ بالحق في سحب هذا الإقرار من الخطوط الجوية القطرية في أي وقت، وأدرك بأن هذا الأمر قد يؤدي إلى عدم إثبات لياقتي للسفر جواً وعدم صعودي إلى الرحلة. وفي حال تم حجز الرحلة، قد يترتب على المسافر رسوم إلغاء. كما أوافق على إخطار الخطوط الجوية القطرية في حال حدوث أي تغيير في الحالة الصحية قبل الرحلة، وذلك لتجنب رفض قبولي عليها.

نعم، لقد قرأت واستوعبت النموذج الطبي أعلاه، وأفوّض هنا الشركة بمعالجة معلوماتي الشخصية/المعلومات الشخصية للقاصر، أو الشخص الذي أتولى مسؤوليته.

توقيع المسافر أو أحد الوالدين أو الوصي القانوني

التاريخ التوقيع

Medical Information Form (MEDIF)

PART 2 | MEDIF No: 64513

To be completed by the PHYSICIAN ATTENDING the incapacitated passenger.

REQUIREMENTS for Transportation:

Wheelchair Needed?			Others?		
WCHR ☐ (Can climb steps/walk cabin)	WCHS ☐ (Unable to climb steps/can walk cabin)	WCHC ☐ (Immobile)	Stretcher ☐	Incubator* ☐	Bassinet ☐
			Ventilator* ☐	AC ☐	DC ☐

MEDA 01	Patient's Family Name/Initials:			Age	Sex F ☐ M ☐	
MEDA 02	ATTENDING PHYSICIAN: (Name & Address)					
	Name of Hospital or clinic and specialty			Telephone (Business)		
				Mobile:		
MEDA 03	MEDICAL DATA: DIAGNOSIS in detail:			Date of first symptoms:		
				Date of diagnosis:		
				Date of operation:		
				Expected date of delivery:		
	Pulse	BP	Haemoglobin	O_2 Saturation	HT	WT
MEDA 04	PROGNOSIS for the flight (likelihood of deterioration in flight):			Narrative: (e.g. late stage disease, unstable, complicated/uncomplicated pregnancy)		
	NOTE: If prognosis is Guarded or Poor, please provide full medical report and note that medical escort is mandatory					
	GOOD ☐ (No problems anticipated)	GUARDED ☐ (Potential problems)	POOR ☐ (Problems likely)			
MEDA 05	Contagious and communicable disease?					
	Yes ☐ No ☐ Specify:					
MEDA 06	Would the physical and/or mental condition of the patient be likely to cause distress or discomfort to other passengers?					
	Yes ☐ No ☐ Specify:					
MEDA 07	Can patient use normal aircraft seat with seat belt placed in the upright position when so required?					
	Yes ☐ No ☐ Specify:					
MEDA 08	Can patient take care of his/her needs onboard unassisted? (Including meals, visit to toilet,etc.)					
	Meals Yes ☐ No ☐ Visit to toilet Yes ☐ No ☐ Specify:					
MEDA 09	If to be ESCORTED, by whom? Doctor ☐ Nurse ☐ Non-medical ☐ Passenger traveling alone ☐			Other(please specify):		
	If not, state travel companion or proposed escort by you					
MEDA 10	Does the patient need "OXYGEN" equipment in flight? (If YES, please state rate of flow):					
	Continuous Yes ☐ No ☐	Litres Per Minute 2LPM ☐ 4LPM ☐ Others _____. Please justify if the need is >6 LPM				
	Intermittent flow (frequent need) Yes ☐ No ☐	Are you carrying your own: Portable Oxygen Concentrator Yes ☐ No ☐				
	As needed (SOS) Yes ☐ No ☐	CPAP Yes ☐ No ☐				
		Nebuliser Yes ☐ No ☐				
MEDA 11 / MEDA 12	Does the patient need any MEDICATION, other than self-administered, and/or the use of special apparatus such as respirator, incubator, ventilator, nebulizer, etc.?*(Note: all battery operated equipment on board must be dry or non-spillable, otherwise specify:)					
	A) On the ground while at the airport(s) Yes ☐ No ☐ Specify:					
	B) On board the aircraft Yes ☐ No ☐ Specify:					
MEDA 13 / MEDA 14	Does the patient need HOSPITALISATION, (If YES, indicate arrangement made, or if none were made, indicate "No action taken") (Note: The attending physician and/or Patient is responsible for all arrangements).					
	During long layover or at connecting points Yes ☐ No ☐ Specify:					
	B) Upon arrival at destination Yes ☐ No ☐ Specify:					
MEDA 15	Other remarks or information in the interest of your patient's smooth and comfortable transportation					
	Yes ☐ No ☐ Specify:					
MEDA 16	Other arrangements made by the Attending Physician:					

Please ensure that all above information is accurate. Once approved, no last minute changes will be entertained. Qatar Airways must be informed of any change in patient's status or requirement at least 48 hours prior to departure.

I have read, understood and hereby agree to the conditions of the MEDIF form

Attending Physician's Signature along with medical license number or Stamp | Place | Date

Qatar Airways Medical Examiner				Remarks
Approved (one way) ☐	Approved (full journey) ☐	Rejected ☐	Need Details ☐	
Requirements				
Doctor ☐	Stretcher ☐	Incubator ☐	Diaper/Pamper ☐	Signature & medical license number or Stamp
Nurse ☐	Wheelchair ☐	Oxygen ☐ LPM	Bassinet ☐	
Non-medical ☐	Ventilator ☐	Other ☐		

* Incubator / ventilator/ambulance arrangements are to be made by the treating doctor / hospital/family members. It is advisable to carry a universal multi-configuration adaptor to ensure compatibility of electrically operated medical equipments with electrical supply outlets on board the aircraft.

Medical Information Form (MEDIF)

PART 3

Reduced atmospheric pressure (Cabin air pressure varies greatly during 15-30 minutes after takeoff and before landing. Gas expansion and contraction can cause pain and pressure effects).

Reduction in oxygen tension (The cabin is at a pressure equivalent to an altitude of 6,000 to 8,000 feet and oxygen partial pressure is approximately 20% less than on the ground).

Any medical condition which would render a passenger unable to complete the flight safely without requiring extraordinary medical assistance during the flight is considered unacceptable for air travel.

Conditions usually considered UNACCEPTABLE for air travel (although these are suggested limiting factors, each individual case must be considered on its merits and is dependent on whether or not the passenger is accompanied by a professional escort).

- Anemia of severe degree
- Severe cases of Otitis Media and Sinusitis
- Acute contagious or communicable disease
- Those suffering from Congestive Cardiac Failure or other cyanotic conditions not fully controlled
- Uncomplicated Myocardial infarction within 7 days of onset complicated MI within 6 weeks of onset
- Those suffering from severe respiratory disease or recent pneumothorax (within 7 days)
- Those with GI lesions which may cause hematemesis, Melena or intestinal obstruction
- Post operative cases:
  a) Within 5 days of simple abdominal or other laparoscopic operations
  b) Within 21 days of chest or invasive eye surgery (not laser)
- Fracture of the Mandible with fixed wiring of the jaw (unless medically) escorted
- Unstable Mental Illness without escort and suitable medication for the journey
- Uncontrolled seizures unless medically escorted
- Uncomplicated Single Pregnancies beyond 35 weeks and 7 days
- Multiple Pregnancies beyond 31 weeks and 7 days
- Infants within 48 hours of birth (preferably 7days or more)
- Introduction of air to body cavities for diagnostic or therapeutic purposes within 7 days prior to air travel

Please carefully read the following frequently asked questions (FAQs) that will help you complete all the necessary information requirements. Failure to provide complete information to the airline will result in unnecessary delays in processing your case for air travel. We thank you for your understanding.

1. What is the purpose of Medical Information Form (MEDIF) ?

MEDIF is used for providing confidential information of passengers requiring special assistance. The information enables Qatar Airways Medical Centre to assess fitness of the passenger for air travel and to determine the use of medical equipment during travel e.g. stretcher, incubator, ventilator etc. It is therefore necessary that information (MEDA 01 to 16) required on MEDIF - PART 2 needs to be completely filled out.

2. What other supporting documents are required to be submitted by the passenger along with the MEDIF?

Medical reports where necessary in the English language.

3. When do I need to submit a Medical Report along with a MEDIF and in which situations only a Medical Certificate (without MEDIF) will be sufficient?

Medical Report along with MEDIF:

A detailed Medical Report is required under the following situations.

1. Ventilator, Incubator, Stretcher Cases

2. Passenger requiring medical oxygen on board

3. Diabetics with unstable / complicated conditions

4. Asthmatic sufferers requiring oxygen on board

5. Single Complicated Pregnancy up to 35 weeks and 7 days or in case of Multiple Complicated Pregnancy up to 31 weeks and 7 days.

6. Wheelchair (for completely immobile passengers with recent surgery / medical treatment / illness)

7. Others - where required by QR Doctor

Medical Information Form (MEDIF)

PART 4

Medical Certificate is sufficient and MEDIF is not required:
A Medical Certificate is required from a qualified doctor for the following.

1. Single Uncomplicated Pregnancy (28 weeks and 7 days to 35 week and 7 days) & Multiple Uncomplicated Pregnancy (28 weeks and 7 days to 31 weeks and 7 days).
2. Controlled Diabetic passengers on insulin injections
3. Passengers having a limb fracture within the past 24 hours with a bivalved/open cast
4. In case of any recent communicable or infectious disease the certificate must comment on the infectivity of the passenger
5. Passengers using CPAP/BiPAP device for a stable well controlled condition and the device is an approved device for use in aircraft and has sufficient battery reserve for the entire flight duration
6. Medical Certificate must be dated within 10 days of the flight date.

4. What is the difference between a Medical Report and a Medical Certificate?
A Medical Report is a more detailed report containing diagnosis, current clinical condition, and relevant investigation/test information.
A Medical Certificate includes brief diagnosis and states whether the passenger is fit for air travel and must state if any precautionary measures are required.

5. Which language should be used for MEDIF, Medical Report or Medical Certificate?
All Medical Reports should be written in or translated into the ENGLISH language.

6. Does the Attending Physician OR Qatar Airways Medical Centre approve air travel on Qatar Airways flight?Qatar Airways Medical Centre is the final authority to approve air travel for any patient. The patient's Attending Physician provides details of patient's medical condition, which help the airline's Doctors in assessing whether the patient is fit for air travel under specific conditions.

7. Which section of MEDIF needs to be filled out by passenger's Attending Physician?
MEDIF - PART 2 needs to be filled out completely by passenger`s Attending Physician, duly signed along with medical license number or stamp.

8. Why is it important that ALL the information in the section (MEDIF - PART 2) must be completely filled out by the Attending Physician?
Complete and clear information provided by patient's Attending Physician will help Qatar Airways Doctor to approve the case quickly. For a MEDIF with incomplete and vague information, Qatar Airways Doctor may contact the patient's attending physician for clarification, which will result in delays.

9. What causes major delays in processing MEDIF application?
It has been observed that INCOMPLETE or VAGUE information provided within MEDIF is normally the cause of major delays in processing the application.

10. What are the validity requirements for Medical Certificate and MEDIF form?

- A Medical Certificate must be dated within 10 days of flight date.
- An application using MEDIF must be completed and submitted to Qatar Airways no less than 48 hours and no more than 7 days prior to flight departure.

11. Do I need a new MEDIF for my return journey?
Depending upon the medical condition of the passenger, Qatar Airways may require a new MEDIF prior to the return journey. In case no MEDIF is required for the return journey then this will be indicated within Part 2 as "Approved (full journey)". Although, any change in the medical condition of the passenger after the approval process, should be notified to Qatar Airways at least 48 hours before travel.

Medical Information Form (MEDIF)

Other Important Information:

a) Wheelchairs can be provided at most airports if notice is given.

b) Any case that Qatar Airways considers to result in jeopardizing the safety or operation of the aircraft will not be accepted by Qatar Airways.

c) Particular attention is drawn to the fact that the medical details given at the front of this form must be accurately typed and completed. If at the time of embarkation the condition of the passenger is not as good as the medical details provided, then the air carriage may have to be refused.

d) To ensure that your patient is accepted for carriage, it is important that all medical terms provided by the attending physician must be easily readable.

e) Wheelchairs with spillable batteries are "Dangerous Goods" and are permitted on passenger aircraft only under certain conditions which can be checked from the airline. In addition certain countries may impose specific restrictions.

f) For pregnancy cases, the Attending Physician must specify "Single/Multiple" and "Complicated/Uncomplicated" in Diagnosis in details within MEDA 03.

g) In case of pregnancy, please specify age of gestation and if it is uncomplicated single or multiple / complicated pregnancy. Expectant mother has to be "Fit to Travel" for the time covering the entire journey with no intended/ voluntary stopover at the transit point. Stopover is permissible provided the entire period of air travel is within the acceptable number of gestational weeks (not over 32 weeks for Multiple Pregnancy and not over 36 weeks for single pregnancy).

Equipment	Additional Information / Restriction
Stretcher	Weight Limit : The stretcher is designed to bear any passenger weight.
Medical Oxygen	Flow Rate : 2 to 8 Litres per Minute (LPM)
	Mask : • Standard – Adult-size disposable oxygen therapy mask • Options – Child-size therapeutic mask
Medical Outlet (Electrical)	Airbus* : 115V / 5A / 60 Hz and 220V / 3A / 50 Hz
	Boeing : 115V / 15A / 60 Hz and 220V / 15A / 50 Hz

I have read and understood this MEDIF FORM

Date
Signature of Passenger or Parent/Legal Guardian

*A320/A321's are not equipped with Electrical outlets.

*All other aircraft are equipped with medical power outlet in Economy Cabin only

*Passenger travelling in Business or First Class Cabin who needs to use medical equipment onboard must ensure that such device is battery operated and has sufficient power to last for the flight duration