AIRJAPAN

MEDICAL INFORMATION FORM (MEDIF)

To be completed by Doctor

The attending physician is requested to answer all questions. Enter a check mark(✔) in the appropriate "Yes" or "No" boxes, and/or give precise and concise answers.

●Note 1 Please write so that non-medical personnel are able understand.

●Note 2 Cabin Attendants are not authorized to provide personal care services, such as assistance in using lavatory facilities, with eating and drinking etc. etc.additionally,they are not authorized to administer medical care service

Patient's Information			
Name		Age Gender	
Diagnosis in details ●Note 1			
When did the first symptoms appear (Date of Operation if any)	DATE	For expecting mother (Estimated date of delivery)	

1	Prognosis for the flight(s)	FIT ☐	NOT FIT☐	Prognosis for the Return Flight (if any)	FIT ☐ NOT FIT☐
2	Can the patient use normal aircraft sea with the seatback placed in the Uprigh Position when so required? ※Stretcher is not available	YES ☐	NO ☐		
3	Can the patient take care of his/her personal needs (lavatory, eat, drink etc without assistant?Note 2	YES ☐	NO ☐		
4	Can the patient trave	YES ☐	NO ☐	**If No, Specify name and details of Escort.**	
5	Does the patient need medical equipm in flight? ●Note 2	YES ☐	NO ☐	**If Yes, Specify.** ■The name of Medical Equipment ■Product name/Model number: ■Type of Battery/Size:	
6	Does patient need any medication in flight?	YES ☐	NO ☐	**If Yes, indicate arrangements made**	
7	We would appreciate any general comment about the patient's condition and suggestion for the proposed air travel.				

I will provide necessary information required for the purpose of determining his/her fitness to travel by air as above with consent of the patient.

Doctor

Name(Signature)			Date
Hospital Name		Address	
Telephone Number		Emergency Number	