

Information Sheet for Passengers Requiring Special Assistance – Special Assistance Form



Lufthansa

In accordance with IATA Resolution 700 Attachment A, 29th Edition, June 2009

1.	Name, first name	Title	Age	Gender
2.	Passenger Name Record (PNR) / Amadeus filekey (FK)			
3.	Routing from	to	Flight number	Class
				Date
4.	Type of disability or required assistance			
5.	Stretcher transport required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> STCR Must travel on a stretcher. This requires medical assistance, either nurse/paramedic or a physician. <input type="checkbox"/> PTC Intercont intensive care services available on specific A/C. MOC assists with clearance and booking.			
6.	Escort for the journey required <input type="checkbox"/> Yes <input type="checkbox"/> No Designated escort (Name) <input type="checkbox"/> other applicable person (Name) Medical qualification <input type="checkbox"/> physician <input type="checkbox"/> nurse/paramedic <input type="checkbox"/> none PNR (if different)			
7.	Wheelchair required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> WCHR Ambulant but impaired in walking: Needs assistance in terminal to/from gate, needs wheelchair or similar when passengers are boarded/disembarking by walking over ramp. Does <u>not need assistance</u> in a ramp bus, on passenger steps and in the aircraft cabin to/from seat, toilets and with meals. <input type="checkbox"/> WCHS Ambulant but more severely limited in walking: Cannot use a ramp bus and needs assistance in boarding/disembarking (e.g. on passenger steps). Does not need assistance in the aircraft cabin to/from seat, toilets and with meals. <input type="checkbox"/> WCHC Non-ambulant: Needs also assistance in the aircraft to/from seat, toilets and possibly with meals Own wheelchair <input type="checkbox"/> WCH OWN Battery-driven <input type="checkbox"/> WCH BD / dry batteries collapsible <input type="checkbox"/> Size (W/H/L cm) Weight (kg)			
8.	Hospital at destination <input type="checkbox"/> Yes <input type="checkbox"/> No Designated Ambulance (to be organized by assistance/insurance/passenger) contact (phone/email)			
9.	Assistance/support while in the airport required <input type="checkbox"/> Yes <input type="checkbox"/> No Designated person/organisation contact (phone/email)			
10.	Other assistance/support while in the airport required <input type="checkbox"/> Yes <input type="checkbox"/> No Which and where? Departure/transit/arrival? Organized by assistance/insurance/passenger contact (phone/email)			
11.	Specific needs/support/equipment required in-flight/on board <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify (e.g. special meal, extra seat, type of equipment, etc.)			
12.	Facultative expenses on account of passenger. For oxygen concentrator please ask for the specific document. Technical clearance issued by airline <input type="checkbox"/> Yes <input type="checkbox"/> No FREMEC (Frequent Medical Traveller Card) <input type="checkbox"/> Yes <input type="checkbox"/> No Valid until Issued by			

The conditions of carriage, in particular the rules of liability contained in the terms and conditions of Lufthansa German Airline, will apply.

Information Sheet for Passengers Requiring Medical Clearance – MEDIF Part 1


Lufthansa

In accordance with IATA Resolution 700 Attachment B, 29th Edition, June 2009

Note for the attending physician:

The details requested in here will be treated confidentially; they should enable the Medical Services of the airline(s), as it is their obligation, to judge by their specific air medical knowledge and experience if and under what conditions the patient can be permitted to travel by aircraft as requested. These details will also help the Medical Service in issuing appropriate instructions for the patient's care which duly consider both his/her diagnosis and the special circumstances of the requested air journey.

Kindly answer all questions by cross or in block letters, as necessary. Please fill in this form on your PC to enhance readability and clarity. You can easily typewrite into the grey fields. Thank you for your cooperation! For any further information please do not hesitate to contact us immediately via phone or email.

1. Patient's name

Date of Birth

Sex

Height

Weight

2. Attending physician

Address

e-mail

Telephone, indicate country and area code

Fax

3. Diagnosis (including short history, onset of current illness, episode or accident and treatment, specify if contagious)

Nature and date of any recent and/or relevant surgery

4. Current symptoms and severity

Date of onset

5. 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 2.400 meters (8.000 feet) above sea level)

 yes no not sure

6. Additional clinical information
 yes no

a. Anemia

 yes no

If yes, give recent result in grams of haemoglobin per litre

b. Psychiatric conditions

 yes no If yes, see Part 2

c. Cardiac disorder

 yes no If yes, see Part 2

d. Normal bladder control

 yes no If no, give mode of control

e. Normal bowel control

 yes no

f. Respiratory disorder

 yes no If yes, see Part 2

g. Does the patient require oxygen at home?

 yes no If yes, specify how much

h. Oxygen needed during flight?

 yes no If yes, specify 2 LPM 4 LPM other

i. Seizure disorder

 yes no If yes, see Part 2

7. Escort
a. Is the patient fit to travel unaccompanied? yes nob. Is the patient able to sit in a usual aircraft seat? yes noc. Is the patient able to embark and disembark the aircraft independently? yes nod. If no, will the patient have a private escort to take care of his/her needs onboard? yes noe. If yes, who should escort the passenger? Doctor Nurse/Paramedic Otherf. If other, is the escort fully capable to attend to all above needs? yes no
8. Mobility
a. able to walk without assistance yes no b. Wheelchair required for boarding to aircraft to seat
9. Medication list (incl. doses)

10. Other medical information

Information Sheet for Passengers Requiring Medical Clearance – MEDIF Part 2



Lufthansa

In accordance with IATA Resolution 700 Attachment B, 29th Edition, June 2009

1. Cardiac condition

- a. Angina yes no When was last episode?
 - Is the condition stable? yes no
 - Functional class of the patient? No symptoms Angina with moderate exertion
 Angina with minimal exertion Angina at rest
 - Can the patient walk 100 metres at a normal pace or climb 10-12 stairs without symptoms? yes no
- b. Myocardial infarction yes no Date
 - Complications? yes no If yes, give details
 - Stress EKG done? yes no If yes, what was the result? MET or Watt
 - If angioplasty or coronary bypass,
 can patient walk 100 yards/metres at a normal pace or climb 10-12 stairs without symptoms? yes no
- c. Cardiac failure yes no When was last episode?
 - Is the patient controlled with medication? yes no
 - Functional class of the patient? No symptoms Shortness of breath (SOB) with moderate exertion
 SOB with minimal exertion Shortness of breath at rest
- d. Syncope yes no When was last episode?
 - Investigations yes no If yes, state results

2. Chronic pulmonary condition

- yes no
- a. Has the patient had recent arterial blood gases? yes no
- b. Blood gases were taken on room air Oxygen litres per minute (LPM)
 If yes, what were the results pCO₂ [kPa/mmHg] pO₂ [kPa/mmHg]
 % Saturation Date of exam
- c. Does the patient retain CO₂? yes no
- d. Has his/her condition deteriorated recently? yes no
- e. Can patient walk 100 yards/metres at a normal pace or climb 10-12 stairs without symptoms? yes no
- f. Has the patient ever taken a commercial aircraft in in his/her current medical status? yes no
 - If yes, when?
 - Did the patient have any problems?

3. Psychiatric conditions

- yes no
- a. Is there a possibility that the patient will become agitated during flight? yes no
- b. Has he/she taken a commercial aircraft before? yes no
 - If yes, date of travel? Did the patient travel alone escorted?

4. Seizure

- yes no
- a. What type of seizures?
 b. Frequency of the seizures
 c. When was the last seizure?
 d. Are the seizures controlled by medication? yes no

5. Prognosis for the trip

- Good Poor

Physician signature (or facsimile) _____

Date

Note: Cabin attendants are not authorized to give special assistance (e.g. lifting, feeding) 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 injection, or give medication.
Important: Fees, if any, relevant to the provision of the above information and for carrier-provided special equipment are to be paid by the passenger concerned.

Infectionsstatus PTC Passagier (multiresistente Keime)

Infection status PTC passenger (multi-resistant germs)

Bitte füllen Sie das Dokument aus und legen Sie es dem MEDIF Ihres Patienten bei.

Please complete this document and attach it to the MEDIF of your patient.

Name Patient: _____

PTC Routing: _____

Flugdatum / Date of flight: _____

Keim Germ	Testdatum Test date	Testergebnis Test result	Behandlung (Medikament + Behandlungsbeginn) Treatment (Medication & date therapy initiated)	Lokalisation (betr. Organsystem) Location (Area infected)
MRSA (Methicillin-resistent Staphylococcus aureus)		<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested		
VRE (Vancomycin-resistent Enterococcus)		<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested		
3 MRGN (gram-negative rods resistant against 3 out of 4 groups of antibiotics)		<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested		
4 MRGN (gram-negative rods resistant against all 4 groups of antibiotics)		<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested		
Sonstiger / Other:		<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested		
Sonstiger / Other:		<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not tested		

Stempel / Stamp

Datum und Unterschrift des zuständigen Arztes
Date and signature of the treating physician



AUTHORIZATION FOR RELEASE OF PATIENT HEALTH INFORMATION

Patient Name : _____
Date of birth : _____
Adress : _____

the undersigned hereby authorizes

MAS-Aeromed Group and Deutsche Lufthansa AG

to disclose all relevant medical and operational information concerning the above mentioned Patient and the air ambulance flights concerned.

I understand that the information I authorize a person or entity to receive may be redisclosed and no longer protected by federal policy regulations.

I understand that I may revoke this authorization at any time by notifying the health care provider named above in writing.

Place, Date

Signature of Patient
or legal Representative