

**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**

<b>KQ MEDA 01</b>	<b>PATIENTS Title / Name</b>		<b>NATIONALITY</b>		<b>Weight /Kgs</b>	<b>AGE</b>	<b>M</b> <input type="radio"/>	<b>F</b> <input type="radio"/>
	<b>FLIGHT DETAILS</b>	<b>FROM</b>		<b>TO</b>		<b>DATE</b>		
<b>MEDA 02</b>	<b>RELEVANT MEDICAL HISTORY / OTHER RELATED MEDICAL CONDITIONS -</b> _____							
	<b>ALL ILL PASSENGERS</b>	<b>COMPULSORY TESTS</b>			<b>RESULT</b>	<b>Date Checked</b>		
	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						
	<b>Stretcher / Wheelchair / assisted passengers</b>	Weight (kg)						
		Height (cm)						
	<b>Any Other Additional / Relevant Tests</b>							
<b>PLEASE NOTE: THIS DOCUMENT IS ONLY VALID IF TESTS WERE COMPLETED WITHIN 5 DAYS OF SUBMISSION OF FORM</b>								
	<b>DETAILED DIAGNOSIS</b> _____				<b>CURRENT CLINICAL STATUS</b> _____			
	_____				_____			
	_____				_____			
<b>MEDA 03</b>	<b>RECENT SURGICAL HISTORY</b>		<b>DIAGNOSIS / REASON FOR SURGERY</b>					
	YES <input type="radio"/> NO <input type="radio"/>		DATE SURGERY DONE _____					
	<b>DATE &amp; DIAGNOSIS AT LAST ADMISSION</b>		<b>Date</b> _____		<b>Diagnosis</b> _____			
<b>MEDA 04</b>	Will a 25% to 30% reduction in the ambient partial pressure of oxygen (relative hypoxia) affect the passenger's medical condition? <i>(Cabin pressure to be the equivalent of a fast trip to a mountain elevation of 2400 meters [8000 feet] above sea level)</i> YES <input type="radio"/> NO <input type="radio"/> NOT SURE <input type="radio"/>							
<b>MEDA 05</b>	Any Contagious AND communicable diseases? NO <input type="radio"/> YES <input type="radio"/> (Specify) _____							
<b>MEDA 06</b>	Would the physical and /or mental condition of the patient cause distress or discomfort to other passengers? NO <input type="radio"/> YES <input type="radio"/> (Specify) _____							
<b>MEDA 07</b>	Is the passenger able to walk without assistance? NO <input type="radio"/> YES <input type="radio"/>							
	Is a wheelchair required for boarding / disembarking the passenger? NO <input type="radio"/> YES <input type="radio"/>							
	Can patient use normal aircraft seat with seat back placed in upright position when so required? YES <input type="radio"/> NO <input type="radio"/>							
	If No, please specify type of help needed _____							
<b>MEDA 08</b>	Can patient take care of his own needs on board UNASSISTED* (Including meals, visit to toilet, etc)? YES <input type="radio"/> NO <input type="radio"/>				If not, indicate the kind of help needed _____			
	Does the passenger require special meals on board? NO <input type="radio"/> YES <input type="radio"/> (Indicate the type of meal/s needed) _____							
<b>MEDA 09</b>	According to your evaluation, does the passenger need an escort?		NO <input type="radio"/>		Medical escort (Attach Professional Certificate & Current License) <input type="radio"/>			
			YES <input type="radio"/> IF YES		Non-Medical escort <input type="radio"/>			
	KQ Frequent traveler Medical Card Holders (Validity 6 months) Do you have the Kenya Airways Frequent Travelers medical card? YES <input type="radio"/> NO <input type="radio"/>				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.							

**MEDICAL INFORMATION (MEDIF) FORM**

<b>MEDA 010</b>	Does the patient need <b>SUPPLEMENTARY OXYGEN</b> inflight? NO <input type="radio"/> YES <input type="radio"/>		
	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 <input type="radio"/> NO <input type="radio"/>		
	<b>The escort should have knowledge in the use of on-board medical oxygen cylinders.</b>		
	Does the patient need medical equipment in flight? (Only FAA approved equipment are allowed in KQ) NO <input type="radio"/> YES <input type="radio"/>		
	Type of equipment	Powered <input type="radio"/> Manual <input type="radio"/>	Battery powered? <input type="radio"/> Battery life _____ (Hrs)
		Electrical power source? <input type="radio"/> DC <input type="radio"/> AC <input type="radio"/>	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.			
<b>MEDA 011</b>	Does the patient need any MEDICATION during the flight? NO <input type="radio"/> YES <input type="radio"/> If yes, indicate type of medicine and instructions.		
	1. _____	4. _____	
	2. _____	5. _____	
	3. _____	6. _____	
<b>NOTE that all medication needed for use by the passenger must be carried in the carry-on baggage</b>			
<b>MEDA 012</b>	a) Does patient need hospitalization during long layover / night stop at CONNECTING POINTS en route? No <input type="radio"/> Yes <input type="radio"/> Have any arrangement been made for that? Yes <input type="radio"/> No <input type="radio"/>		
	b) Any arrangement made for an ambulance to pick up the passenger? Yes <input type="radio"/> No <input type="radio"/>		
<b>MEDA 013</b>	Please indicate any other information necessary for the patient's smooth and comfortable flight. _____ _____		
<b>MEDA 014</b>	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**

<b>Name &amp; Signature of attending Doctor</b> _____ I have read and understood the MEDIF Form _____ <b>License Number</b> _____ <b>Date:</b> _____ <b>Tel</b> _____ <b>Address</b> _____ <b>Email address</b> _____ <b>The name of Hospital / Practice</b> _____	<b>Official Stamp</b>     
---	---

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.

<b>Name of passenger / legal guardian</b> _____ <b>Tel</b> _____ <b>Address</b> _____ <b>Email address</b> _____ <b>Passport / ID number</b> _____ <b>Signature</b> _____ <b>Attending Doctor's Signature.</b> _____ <b>Official Stamp and Date</b> _____
--

In case of any queries / clarification please call +254741210065 or email [Doctors.KQ@kenya-airways.com](mailto:Doctors.KQ@kenya-airways.com)