

	<h2>MEDIF FORM</h2>	<i>Enter Air Sp. z o.o. 17 Stycznia 74 Street 02-146 Warsaw Tel.: +48 22 355 15 70 Fax: +48 22 322 57 57 enterair@enterair.pl</i>
<h3>INFORMATION SHEET FOR PASSENGERS WHICH WILL SPECIAL CARE</h3>		
ATTACHMENT A (service instructions for airline passengers) PART 1		
<i>Please answer all the questions and mark the appropriate fields with a sign (X) for YES or NO. You must complete the MEDIF form in CAPITAL letters.</i>		


Name, first name	Title	Gender	Age
Passenger name record (PNR)			
Flight number	Routing from	Routing to	Date
Flight number	Routing from	Routing to	Date
Type of disability			
Need to use a stretcher on board	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<i>there is a special charge for stretcher transportation</i>
Escort for the journey required	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
	Medical qualification <input type="checkbox"/> none <input type="checkbox"/> nurse <input type="checkbox"/> doctor		
Name, first name	PNR		
Wheelchair required	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
Own wheelchair	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> WCHR – The passenger is able to climb the stairs
Folding WCOB	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> WCHS – The passenger is unable to climb the stairs
Powered by battery WCBD	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> WCHC – The passenger is unable to walk
Need ambulance	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<i>Ambulance organization does not stands on the airline side</i>
	Ambulance company data		
Needed oxygen during the flight	<input type="checkbox"/> NO	<input type="checkbox"/> YES	

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<h3>ATTACHMENT A (service instructions for airline passengers) PART 2</h3>		


	The passenger has his own oxygen concentrator <input type="checkbox"/> NO <input type="checkbox"/> YES		
	If YES, tick the appropriate box <input type="checkbox"/> 2 LPM <input type="checkbox"/> 4 LPM <input type="checkbox"/> different (model, type POC).....		
Other facilities at the airport <input type="checkbox"/> NO <input type="checkbox"/> YES			
If YES, indicate	Departure Airport	Transit Airport	Destination airport
Special facilities on board <input type="checkbox"/> NO <input type="checkbox"/> YES			
	If YES, indicate the necessary facilities (special meal, extra space, extra legroom, etc.)		
	If YES, specify the necessary equipment (ventilator, incubator, oxygen, etc.)		
Date last medical examination (carried out up to two weeks before the planned departure date)			

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<h4>ATTACHMENT B (to be completed by doctor) PART 1 A</h4>		
<p>ase answer all the questions and mark the appropriate fields with a sign (X) for YES or NO. You must complete the MEDIF form in CAPITAL letters.</p>		
<p>The form is confidential. The information collected will allow you to assess your passenger's health and travel authorization. If you are allowed to travel, the collected data will allow you to make the necessary decisions, which are designed to meet the needs of the Passenger and ensure comfort during the flight. The passenger doctor is obliged to answer the MEDIF form.</p>		


Passenger's name, first name	Date of birth	Gender	Growth	Weight
Main doctor	Telephone	Address	e-mail	
<p>Diagnosis (current date of treatment, onset of illness, accident, treatment; You need to determine if the disease is infectious)</p> <p style="text-align: center;"><i>Please indicate the nature of each recent study and treatment</i></p>				
<p>Present symptoms and their severity</p>				
<p>Will reducing the surrounding partial oxygen pressure by 25 - 30% (relative hypoxia) affect the patient's health? (The cabin pressure is equivalent to a fast mountain journey up to 2,400 meters (8,000 feet) above sea level)</p>				
<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> LACK OF KNOWLEDGE				
<p>Additional clinical information</p>				
	<p>1. Anaemia</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<p><i>If YES, hemoglobin levels in grams</i></p>	
	<p>2. Psychiatric disorders, seizures</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<p><i>If YES, fill out Part Two</i></p>	
	<p>3. Cardiac problems</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<p><i>If YES, fill out Part Two</i></p>	

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	4. Problem with urination control	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<i>If YES, provide a means of prevention</i>
	5. Problem with bowel control	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	6. Respiratory problems	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<i>If YES, fill out Part Two</i>
	7. Does the passenger use oxygen at home	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<i>If YES, indicate how many</i>
Escort				
	1. Is the passenger able to travel without care?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	2. If NO, will the assurance provided by the carrier be sufficient?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	3. If NO, will the passenger have his own assist to take care of his needs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	4. If YES, who will look after the passenger	<input type="checkbox"/> Doctor	<input type="checkbox"/> Nurse	<input type="checkbox"/> Other
	5. If Other, does this person provide assistance in all needs	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Mobility				
	1. Can the passenger walk without assistance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	2. If NO, do you need a wheelchair?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	3. If YES, does the trolley need to	<input type="checkbox"/> boarding		<input type="checkbox"/> Moving around the board
List of medications	Other medical information			

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State of cardiovascular system			
	1. Symptoms of coronary artery disease	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>When was the last case?</i>
	<ul style="list-style-type: none"> • Is the condition stable? 	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<ul style="list-style-type: none"> • Capacity level <input type="checkbox"/> no symptoms <input type="checkbox"/> at large effort <input type="checkbox"/> with light effort <input type="checkbox"/> at rest		
Can the passenger be able to go 100 meters normal pace or beat about 10 degrees without symptoms? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	2. Myocardial infarction	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Date:</i>
	<ul style="list-style-type: none"> • Complications 	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If YES, give details</i>
	<ul style="list-style-type: none"> • Stress test 	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If YES, enter the result [METZ]</i>
	<ul style="list-style-type: none"> • Has the passenger been treated invasively (by-pass)? 	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Can the passenger be able to go 100 meters normal pace or beat about 10 degrees without symptoms? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	3. Myocardial insufficiency	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>When was the last case?</i>
	<ul style="list-style-type: none"> • The degree of severity of myocardial failure <input type="checkbox"/> no symptoms <input type="checkbox"/> breathlessness with great effort <input type="checkbox"/> shortness of breath with light effort <input type="checkbox"/> dyspnoea at rest		
	4. Syncope	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	5. Research	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If YES, please provide the result</i>

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Chronic lung disease		<input type="checkbox"/> YES <input type="checkbox"/> NO
	1. Last gasometer result	
	2. Results of saturation measurements	
	3. Is there CO2 retention?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	4. Has the condition of the passenger recently worsened?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	5. Can the passenger be able to pass 100 meters at normal pace or beat about 10 degrees without symptoms?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	6. Did the passenger fly under similar health conditions?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	• If Yes, specify when	
	• If YES, did the passenger have problems during the flight?	
Mental condition		
	1. Is there a likelihood that the passenger will be energized during the flight?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	2. Did the passenger travel alone earlier by plane?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	3. The patient will travel	<input type="checkbox"/> alone <input type="checkbox"/> with escort
		<i>If YES, please specify the date</i>

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INFORMATION SHEET FOR PASSENGERS WHICH WILL SPECIAL CARE		
ATTACHMENT B (to be completed by doctor) PART 2 C		

Seizures		<input type="checkbox"/> YES	<input type="checkbox"/> NO
	1. What are the types of seizures?		
	2. What is the frequency of seizures?		
	3. When was the last attack?		
	4. Is the passenger being treated?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
What is the condition of the passenger before the trip?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Signature of the doctor (readable)		Date	

IMPORTANT INFORMATION:

- Cabin crew is not authorized to provide special assistance (eg lifting, handling, etc.) to individual passengers at the expense of other passengers. In addition, cabin crew are only trained to provide first aid and do not have the right to inject and administer medicines to passengers.
- Charges (if required) for selected services provided by the air carrier are borne by the passenger.