Medical Information Form (MEDIF)

MEDIF No: 353643

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.

On Completion, this form should be submitted to any Qatar Airways Sales Offices' or contact centers no later than 48 hours prior to departure.
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.
### Part 1 | MEDIF No: 353643

To be completed by Authorised Agent or QR Sales Office Staff

<table>
<thead>
<tr>
<th>A</th>
<th>Passenger Name/Initials Title</th>
<th>Nationality</th>
<th>Languages</th>
<th>Contact Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B</th>
<th>Date</th>
<th>Flight No.</th>
<th>From</th>
<th>To</th>
<th>Class</th>
<th>Reservation Status</th>
<th>Booking Reference (PNR)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Note: Transfer from one flight to another often requires LONGER connecting time.

<table>
<thead>
<tr>
<th>C</th>
<th>Nature of Incapacitation / Illness</th>
<th>Age</th>
<th>Stretcher Needed?</th>
<th>Incubator Needed?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

All stretcher cases must be accompanied by medical escort.

<table>
<thead>
<tr>
<th>D</th>
<th>Intended Escort Details</th>
<th>Additional Languages</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Name</td>
<td>Escort: Doctor □ Medical Team □ Nurse □ Family or non-medical □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PNR of the Escort</td>
</tr>
</tbody>
</table>

Note: To complete Part 2, please specify: details (is it manual or power driven, collapsible, incollapsible, battery type: spillable / Non-spillable).

<table>
<thead>
<tr>
<th>E</th>
<th>Are there any special in-flight arrangements required?</th>
<th>Ambulance Arrangement:</th>
<th>Has hospital admission been confirmed at destination port?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>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).</td>
<td></td>
<td>Has hospital admission been confirmed at destination port?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Departure Port Yes □ Specify ___________ No □</td>
<td>Hospital Details: (full name, address and telephone No.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Transit Port Yes □ Specify ___________ No □</td>
<td></td>
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<tr>
<td></td>
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<td>Destination Port Yes □ Specify ___________ No □</td>
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</tr>
</tbody>
</table>

Note: All ambulance and hospital arrangements must be arranged by the treating doctor / hospital or family members.

<table>
<thead>
<tr>
<th>F</th>
<th>Ambulance Arrangement:</th>
<th>Hospital Details: (full name, address and telephone No.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Departure Port Yes □ Specify ___________ No □</td>
<td>Has hospital admission been confirmed at destination port?</td>
</tr>
<tr>
<td></td>
<td>Transit Port Yes □ Specify ___________ No □</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Destination Port Yes □ Specify ___________ No □</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>G</th>
<th>Additional Passenger Information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>H</th>
<th>Are you have a valid FREMEC card?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If yes, add below FREMEC data to your reservation requests.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If no, (or additional data needed by carrying airline(s)), has physician in attendance completed Part 2 overleaf?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I</th>
<th>If yes, add below FREMEC data to your reservation requests.</th>
<th>Number</th>
<th>Issued By</th>
<th>Valid Until</th>
<th>Incapacitation</th>
<th>Limitation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**I hereby authorise (Name of nominated physician) to provide the airline with the information required by the airline's medical department for the purpose of determining my fitness for carriage by air and in consideration thereof I hereby relieve the physician of his/her professional duty of confidentiality in respect of such information, and agree to meet such physician’s fees in connection therewith.**

I take note that, if accepted for carriage, my journey will be subject to the general conditions of carriage/tariffs of the carrier concerned and that the carrier codes 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.

I agree to notify Qatar Airways if there is any change in the status of the medical condition / booking to avoid being refused for travel.

I have read and understood MEDIF Part 3

Signed | Date
---|---

**I hereby authorise (أدخل اسم الطبيب) تزويده شركة الطيران المعلومات المطلوبة من قبل الفحص الطبي ليقرر تحرير ليتألف لما تطلب من الطبيب من عادة الم行われ على السرية المهنية بما يتعلمل هذه المعلومات و أوافق على تسديد رسوم الطبيب الناتجة عن هذا الأمر.**

وإني على علم، حال قبول سفرى، أنه أไหล سير خاص يرسى أوسع إستعمال و الاصنفى و هذه الإجراءات المتبعة من قبل الناقل، لا ينفني تحمل أمانة مسؤولية خارج شروط السعر و أوافق على دفع أي مصاريف و تكاليف، تتعلق بسفرى للشركة الناقلة، أوافق على إخطار الخطوط الجوية قطرية، حسب حذر و ذلك ينطبخ و الخطوط الجوية قطرية طائر سفرى.) حسب النص المجاورة، يتم مراجعتها، لاحظ بما، و وقوعه و إضافة من قبل المسافر / من بذرة عند (يتوافق المسافر أو وكيله/وأذينا)

**I agree to notify Qatar Airways if there is any change in the status of the medical condition / booking to avoid being refused for travel.**

I have read and understood MEDIF Part 3

Signed | Date
---|---

**أنا الموقع أدناه أوفّر (أدخل اسم الطبيب) للطائرة معلومات حسب الشروط الطبية المطلوبة من الفحص الطبي، لئن يقرر للطبيب معلومات ليتألف لما انتبه لما تطلب من الطبيب من عادة الم行われ على السرية المهنية بما يتعلمل هذه المعلومات و أوافق على تسديد رسوم الطبيب الناتجة عن هذا الأمر.**

وإني على علم، حال قبول سفرى، أنه أไหล سير خاص يرسى أوسع إستعمال و الاصنفى و هذه الإجراءات المتبعة من قبل الناقل، لا ينفني تحمل أمانة مسؤولية خارج شروط السعر و أوافق على دفع أي مصاريف و تكاليف، تتعلق بسفرى للشركة الناقلة، أوافق على إخطار الخطوط الجوية قطرية، حسب حذر و ذلك ينطبخ و الخطوط الجوية قطرية طائر سفرى.) حسب النص المجاورة، يتم مراجعتها، لاحظ بما، و وقوعه و إضافة من قبل المسافر / من بذرة عند (يتوافق المسافر أو وكيله/وأذينا)

**I agree to notify Qatar Airways if there is any change in the status of the medical condition / booking to avoid being refused for travel.**

I have read and understood MEDIF Part 3

Signed | Date
---|---
To be completed by the PHYSICIAN ATTENDING the incapacitated passenger.

REQUIREMENTS for Transportation:

<table>
<thead>
<tr>
<th>Wheelchair Needed?</th>
<th>Others?</th>
</tr>
</thead>
<tbody>
<tr>
<td>WCHR (Can climb steps/walk cabin)</td>
<td>Stretcher</td>
</tr>
<tr>
<td>WCHS (Unable to climb steps/can walk cabin)</td>
<td>Incubator*</td>
</tr>
<tr>
<td>WCHC (Immobile)</td>
<td>Bassinet</td>
</tr>
</tbody>
</table>

MEDA 01 Patient's Family Name/Initials: 

MEDA 02 ATTENDING PHYSICIAN: (Name & Address)

MEDA 03 Name of Hospital or clinic and specialty

MEDA 04 MEDICAL DATA: DIAGNOSIS in detail:

Vital Signs: BP, HB, LMP, HT, WT

MEDA 05 PROGNOSIS for the flight:

GOOD ☐ GUARDED ☐ POOR ☐

(No problems anticipated) (Potential problems) (Problems likely)

MEDA 06 Contagious and communicable disease?

Yes ☐ No ☐ Specify:

MEDA 07 Would the physical and/or mental condition of the patient be likely to cause distress or discomfort to other passengers?

Yes ☐ No ☐ Specify:

MEDA 08 Can patient use normal aircraft seat with seat belt placed in the upright position when so required?

Yes ☐ No ☐ Specify:

MEDA 09 Can patient take care of his/her needs onboard unassisted? (Including meals, visit to toilet, etc.)

Meals: Yes ☐ No ☐ Specify:

MEDA 10 If to be ESCORTED, by whom? Doctor ☐ Nurse ☐ Resp. Therapist ☐ Non-medical ☐ Passenger traveling alone ☐ Other (please specify):

If not, state travel companion or proposed escort by you

MEDA 11 Does the patient need “OXYGEN” equipment in flight? (If YES, please state rate of flow):

Continuous: Yes ☐ No ☐ Specify:

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 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)

A) Upon arrival at destination Yes ☐ No ☐ Specify:

B) During long layover or at connecting points Yes ☐ No ☐ Specify:

MEDA 14 Other remarks or information in the interest of your patient's smooth and comfortable transportation

Yes ☐ No ☐ Specify:

MEDA 15 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 & Stamp Place Date

Qatar Airways Medical Examiner

Approved (one way) ☐ Approved (full journey) ☐ Rejected ☐ Need Details ☐ Remarks

Requirements

Doctor ☐ Stretcher ☐ Incubator ☐ Diaper/Pamper ☐ Sign & 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.
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 2 weeks of onset complicated MI within 6 weeks of onset
- Those suffering from severe respiratory disease or recent pneumothorax
- Those with GI lesions which may cause hematemesis, Melena or intestinal obstruction
- Post operative cases:
  - a) Within 10 days of simple abdominal 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
- Multiple Pregnancies beyond 32 weeks
- Infants within 7 days of birth
- 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?
   The documents to be submitted are (in English only):
   a) Medical Report - where necessary;
   b) If the passenger needs to be provided continuous oxygen then certification (on a specified format) is required from the attending physician that a non-medical escort/attendant travelling with the passenger is trained to administer oxygen.
   c) Sonography report where and when applicable

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 uncomplicated Pregnancy cases (beginning of 33rd week up to and not beyond 35 weeks)
   6. Wheelchair (for completely immobile passengers with recent surgery / medical treatment / illness)
   7. Others - where required by QR Doctor
Medical Certificate is sufficient and MEDIF is not required:
A Medical Certificate is required from a qualified doctor for the following.
1. Beginning of 29th week up to 32nd week of single uncomplicated pregnancy
2. Controlled Diabetic passengers on insulin injections
3. Passengers having recent leg fracture with a HALF PLASTER CAST (i.e. boot type - applied below the knee)
4. In case of any recent communicable or infectious ailment. The certificate must state whether the passenger is fit or unfit to air travel and should include precautionary measure/s if necessary.
5. Passengers using portable kidney dialysis machines and/or any medical equipment on-board provided the medical condition is stable and to make advance notice at least 48 hours prior to the date of travel.
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 more detailed containing diagnosis, a summary of hospitalisation and recent general condition of the patient. 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?
ENGLISH language is a must for MEDIF, Medical Report or Medical Certificate.

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 and stamped.

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 spill able 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) Mentally Deficient passengers. No MEDIF & Medical Report required if the passenger has a pre-approved Frequent Traveler’s Medical Card (FREMEC) or in stable condition

h) 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 35 weeks for single pregnancy).

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

*A319/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