

**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. If the passenger is acceptable this information will permit the issuance of the necessary directives designed to provide for the passengers' welfare and comfort. The PHYSICIAN ATTENDING the incapacitated passenger is requested to ANSWER ALL QUESTIONS. Enter a cross 'X' or tick '✓' in the appropriate 'Yes or No' Boxes and/or give precise concise answers). PLEASE COMPLETE THIS FORM IN BLOCK LETTERS

**This form must be returned to the Head of Medical and Occupational Health**

KQ MEDA01	PATIENTS Title / Name		NATIONALITY		AGE	M	F																																									
	FLIGHT DETAILS		FROM	TO	DATE																																											
MEDA02	RELEVANT MEDICAL HISTORY / OTHER RELATED MEDICAL CONDITIONS -																																															
	<table border="1"> <thead> <tr> <th>ALL PATIENTS</th> <th>COMPULSORY TESTS</th> <th>RESULT</th> <th>Date Checked</th> </tr> </thead> <tbody> <tr> <td>All Adults</td> <td>Blood Pressure</td> <td></td> <td></td> </tr> <tr> <td>All passengers</td> <td>Oxygen Saturation in room air (%) [current]</td> <td></td> <td></td> </tr> <tr> <td>Diabetics</td> <td>Random Blood Sugar</td> <td></td> <td></td> </tr> <tr> <td>CNS Cases</td> <td>Glasgow Coma Scale Score</td> <td></td> <td></td> </tr> <tr> <td rowspan="3">Pregnant Mothers</td> <td>Gestational Weeks</td> <td></td> <td></td> </tr> <tr> <td>Due date</td> <td></td> <td></td> </tr> <tr> <td>Complications so far</td> <td></td> <td></td> </tr> <tr> <td rowspan="2">Stretcher / Wheelchair / assisted passengers</td> <td>Weight (kg)</td> <td></td> <td></td> </tr> <tr> <td>Height (cm)</td> <td></td> <td></td> </tr> <tr> <td colspan="2">Any Other Additional / Relevant Tests</td> <td></td> <td></td> </tr> </tbody> </table>							ALL PATIENTS	COMPULSORY TESTS	RESULT	Date Checked	All Adults	Blood Pressure			All passengers	Oxygen Saturation in room air (%) [current]			Diabetics	Random Blood Sugar			CNS Cases	Glasgow Coma Scale Score			Pregnant Mothers	Gestational Weeks			Due date			Complications so far			Stretcher / Wheelchair / assisted passengers	Weight (kg)			Height (cm)			Any Other Additional / Relevant Tests			
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<b>PLEASE NOTE: THIS DOCUMENT IS ONLY VALID IF TESTS WERE COMPLETED WITHIN 5 DAYS OF SUBMISSION OF FORM</b>																																																
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MEDA03	RECENT SURGICAL HISTORY	DIAGNOSIS/REASON FOR SURGERY																																														
	YES NO	DATE SURGERY DONE																																														
MEDA04	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	NO	NOT SURE																																								
MEDA05	Any Contagious AND communicable diseases?	NO	YES (Specify)																																													
MEDA06	Would the physical and /or mental condition of the patient cause distress or discomfort to other passengers?	NO	YES Specify																																													
MEDA07	Is the passenger able to walk without assistance?	NO	YES																																													
	Is a wheelchair required for boarding / disembarking passenger	NO	YES																																													
	Can patient use normal aircraft seat with seat back placed in upright position when so required?	NO	Specify YES																																													
MEDA08	Can patient take care of his own needs on board UNASSISTED* (Including meals, visit to toilet, etc)?	YES	NO	If not, indicate the kind of help needed																																												
	Does the passenger require special meals on board?	YES	NO	If yes, indicate the type of meal/s needed																																												
MEDA09	According to your evaluation, does the passenger need an escort?	NO	Medical escort (Attach Professional Certificate)																																													
		YES	IF YES	Non-Medical escort																																												
<p><b>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 PMC conditions as defined by the airline according to IATA guidelines.</b></p>																																																



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MEDA010	Does the patient need OXYGEN?	YES NO	Stand-by Oxygen	Continuous Flow Oxygen	If continuous, what is the rate in liters/Min? _____
	Does the patient need medical equipment in flight				Yes      No
	Type of equipment	Powered Manual	Battery powered? Electrical power source? DC / AC	Voltage _____ Volts	
MEDA011	Does patient need any MEDICATION during the flight?      YES                                      NO				
	If yes, indicate type of medicine and instructions.				
	1. _____ 4. _____				
	2. _____ 5. _____				
	<b>NOTE that all medication needed for use by the passenger must be carried in the carry-on baggage</b>				
MEDA012	a) Does patient need hospitalization during long layover night stop at CONNECTING POINTS en route? NO___ YES___ Have any arrangement been made for that ? Yes ___ No ___				
	b) Any arrangement made for an ambulance to pick up the passenger? Yes ___ No ___				
MEDA013	Please indicate any other information necessary for the patient's smooth and comfortable flight.				
	_____				
	_____				
MEDA014	Other arrangements made by the attending physician:				
	_____				
	_____				

**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**

Name of Doctor \_\_\_\_\_ Date: \_\_\_\_\_ Tel \_\_\_\_\_  
 Address \_\_\_\_\_ GSMTel. \_\_\_\_\_  
 The name of Hospital / Practice \_\_\_\_\_ Tel / Official Stamp \_\_\_\_\_  
 Email address \_\_\_\_\_

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. I hereby consent to my 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 the 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.

Name of passenger / legal guardian \_\_\_\_\_ Tel \_\_\_\_\_  
 Address \_\_\_\_\_ GSMTel. \_\_\_\_\_ Email address \_\_\_\_\_  
 Passport / ID number \_\_\_\_\_ Signature \_\_\_\_\_  
 Attending Doctor's Signature. \_\_\_\_\_ Official Stamp and Date \_\_\_\_\_

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