

MEDICAL INFORMATION FORM (MEDIF)
To be completed by ATTENDING PHYSICIAN

The Physician Attending is requested to answer ALL questions. Enter a cross (X) in the appropriate boxes, and/or give precise concise answers. ANA or a designated medical organization may contact the customer for clarification if necessary.

Completion of the form in BLOCK LETTERS will be appreciated.

PATIENTS			
NAME, INITIAL(S)	TARO SORANO		AGE
			60
MEDICAL DATA	PULMONARY EMPHYSEMA		
DIAGNOSIS in details (including vital signs)	Please write so that non medical personnel are able understand. May have dyspnea on exertion		
Date of first symptoms/ Diagnosis (Date of Operation)	Date: 01 DEC 2020	For expecting mother (Estimated delivery date)	Date:
Diagnostic content			
1	PROGNOSIS for the flight(s) * Please consider the itinerary and its potential effect on the patient's state of health	<input checked="" type="checkbox"/> Fit to Travel <input type="checkbox"/> NOT Fit to Travel	<input type="checkbox"/> One-Way Itinerary <input type="checkbox"/> Round-Trip Itinerary Date of return flight _____ <small>*For round-trip itineraries, please also enter the departure date of the last flight in your itinerary.</small>
2	Contagious AND communicable Disease ?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	→If Yes, may the disease be infectious to other persons? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	Can sit upright with seat belt fastened ? (during take-off and landing)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	→If not, is Stretcher needed on board? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No * An extra stretcher fee is requested besides the applicable fare for both the passenger and escort. Necessary arrangement must be made with the airline.
4	Is the patient fit to travel unaccompanied?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, Must be accompanied by Physician or Nurse <input type="checkbox"/> No, Must be accompanied by a person who is approved by Physician	Escort name [_____]
5	Oxygen needed in flight?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please enter the amount of oxygen. Liters per minute <input type="text" value="0.5"/> l/minute
6	Do you need oxygen continuously?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7	Does patient need any medical equipment in flight? (e.g., ventilator, oxygen concentrator, etc.) * If you bring oversized medical equipment that cannot be stored under the seat in front, you may need to purchase another seat.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	→If yes, specify ■ The Name of Medical Equipment Pulse Oximeter ■ Manufacturer or Distributor / Product name / type or model number ANA Industries / AN1000A ■ Size / Type of Battery 6.6 x 10 x 3 cm / Alkaline dry cell battery
8	Does patient need any MEDICATION in flight?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	→If yes, specify
9	Specify more details, if necessary Mainly requires oxygen inhalation during exertion. No need for oxygen inhalation at rest.		

Prognosis as above. I will provide necessary information required by the airline's medical department for the purpose of determining his/her fitness to travel by air with consent of the patient.

PHYSICIAN			
Print Name	SKY BLUE	Date	07 FEB 2022
Signature	<i>SKY BLUE</i>		
Hospital Name	HANEDA HOSPITAL		
Phone No.	03-1234-5678 (44)	Address	1-1-1 HANEDA, TOKYO, JAPAN

* Our cabin crew members are trained only in FIRST AID and are NOT PERMITTED to administer any injection, or to give medication, or to operate Medical Oxygen cylinders. Additionally, they are not authorized to provide personal care services to particular passengers, to the detriment of their service to other passengers and cabin safety.