

Original: Pilot in command

1. Copy: patient/escort

2. Copy: Operations email: occ@greatdaneairlines.dk

3. Copy: Boarding station

## MEDIF Medical Information Sheet Must be completed by a Medically Qualified Person

This form is intended to provide confidential information, to enable the airlines' medical Departments to Flight and date: To be completed assess the fitness of the passenger to travel. If the passenger is acceptable, this information will permit the issuance of necessary directives designed to provide for the passenger's welfare and comfort. attending physician The physician attending the incapacitated passenger is requested to answer all question (Enter a cross "X" in the appropriate "yes" or "no" boxes, and/or give precise concise answers). USE BLOCK LETTERS Address of issuing office MEDA01 Patient's Name/Initial(s), sex, age: Ref. code MEDA02 Attending Physician - Name & address: - Telephone contact: Business Home MFDA03 Medical Data - Diagnosis in details: - (including vital signs) Day/month/year of first symptoms: -Date of first symptoms: Date of diagnosis: MEDA04 Prognosis for the flight: MEDA05 Contagious and communicable disease? Yes. specify: No: Would the physical and/or mental condition of the patient be likely to cause distress or MEDA06 discomfort to other passengers Yes MEDA07 Can patient use normal aircraft seat with seatback placed in upright position when so required? No: Yes: MEDA08 Can the patient take care of own needs on board unassisted (including meals, visits to WC etc.)? No: Yes If not, specify help needed: If to be escorted, is the arrangement MEDA09 satisfactory to you? If not, type of escort proposed by you: MEDA10 Does patient need oxygen equipment in flight? (If yes, state rate of flow) No: Yes litres Continuous? No: Yes: minute MEDA11 Does patient need any (a) on ground while at the airport(s) medication\*, other than self-administered and/or No: Yes Specify: MEDA12 the use of special apparatus such as respirator or incubator (a) on board while of the aircraft Does patient need hospitalisation? (a) During long layover or night stop at connecting points en-route (If yes, Indicate arrangements) No: Yes Action MEDA014 made or, if non were made Indicate" non action taken' (b) Upon arrival destination No: Yes: Action: MEDA015 Other remarks or information in the interest of your patient's smooth and comfortable transportation None: Specify if any:

Other arrangements made by the attending physician

Cabin attendants are not authorized to give special assistance to (e g lifting) passengers to the detriment of their service to other passengers.

MEDA016



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Date: Place: Under signed physician declares the patient fit for flight: