



## MEDICAL INFORMATION FORM (MEDIF)

Form to be filled in BLOCK letters and forwarded to [custrelations@spicejet.com](mailto:custrelations@spicejet.com) for approval 48 hours prior to departure of flight

### PASSENGER'S DETAILS

(To Be Filled By Passenger)

Is Stretcher Required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Wheelchair Required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Oxygen Required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Passenger's Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. First Name: Last Name:	
Mobile Number		
Permanent Address		
Flight details	Departure City	Arrival City
	Flight No.	Date
Escort Details	Name: Age: Sex: M <input type="checkbox"/> F <input type="checkbox"/>	
	<input type="checkbox"/> Medical Escort <input type="checkbox"/> Travel Companion Patients' Relative <input type="checkbox"/>	

### MEDICAL DETAILS OF THE PASSENGER

(To Be Filled in BLOCK letters by the attending physician)

Patient's Details	Patient's Name:		
	Age:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	
	Diagnosis:		
	Date of Illness:		Date of any recent Surgery:
	Present Symptoms:		
	Prognosis during flight: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		



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Details of the Medical Condition	Vital Parameters			
	<input type="checkbox"/> Normal	Anemia: Yes No	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Abnormal	If Yes, Pls specify	recent	Hb <input type="text"/>
	PR <input type="text"/>	Diabetes : Yes No	<input type="checkbox"/>	<input type="checkbox"/>
	BP <input type="text"/>	Seizure disorder: Yes	<input type="checkbox"/>	No <input type="checkbox"/>
	RR <input type="text"/>	Psychiatric condition: Yes No	<input type="checkbox"/>	<input type="checkbox"/>
	SPO2 <input type="text"/>	If yes, please Specify	<input type="checkbox"/>	<input type="checkbox"/>
		Dyspnoea : Yes No	<input type="checkbox"/>	<input type="checkbox"/>

Details of the Medical Condition	Contagious and communicable disease?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, please Specify			
	Would patient's physical and/or mental condition be likely to cause discomfort to other passengers?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, please Specify			
	Details of ongoing medical treatment:			
	Requirement for Oxygen:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		If Yes please specify flow rate *	<input type="checkbox"/> @2 lit/min.	<input type="checkbox"/> @ 4 lit/min.
		<input type="checkbox"/> Continuously throughout journey (at airport & during flight) <input type="checkbox"/> Continuously throughout flight only		
	Requirement for carriage of portable oxygen concentrator (POC)**:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Can patient eat/drink unassisted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does patient have normal bowel/bladder control?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, catheter and diaper arrangements have to be taken care of by the passenger.			
Does patient require wheelchair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Does patient require Doctor/qualified Nurse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No		



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	Is arrangement for ambulance/hospitalization made at destination?	If yes, Specify the details:	
	Have the above details been specified to the passenger?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PASSENGER DECLARED FIT TO FLY			
Doctor's Credentials	Name of the Attending Physician:		
	Address of Attending Physician:		
	Mobile Number:		
	Qualification:	Registration No:	
<p>I have read, understood and hereby agree to the conditions of the MEDIF form.</p> <p><i>Date:</i> <span style="float: right;"><i>Signature &amp; Stamp</i></span></p>			



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\*Please note that aircraft oxygen cylinder can deliver oxygen only at fixed rates of 2 or 4 liters/minute.

\*\*Please note that all medical equipment's carried on board must be battery operated e.g. POC (Personal Oxygen Concentrator).

Oxygen cylinders which are available in the aircraft are for use only during emergencies and are available in very limited quantities. If the passenger requires therapeutic oxygen during travel and needs to carry a POC, the MEDIF needs to be filled by the treating doctor along with details of the POC. Only upon approval by the Spicejet Medical team, the passenger will be allowed to travel.

When assessing a patient's fitness for air travel, the effects of reduced atmospheric pressure and consequent reduction in oxygen tension must be considered. Even in pressurized aircraft, the cabin pressure will be equivalent to an altitude of 8000 feet. Although each case will be considered on its own merit, the following conditions are generally considered unacceptable for air travel.

1. No passenger with intravenous cannula will be issued a boarding pass. If the passenger has fitness to fly from the treating doctor, then i/v cannula has to be removed before being issued the boarding pass.
2. Critical heart and respiratory conditions (e.g. decompensated cardiac patients/patients with severe valvular disease/unstable angina/severe asthma) are not usually permitted to fly. Patients with recent coronary occlusion with myocardial infarction are not permitted to fly within 10 days from date of onset.
3. Introduction of air into body cavities for diagnostic/therapeutic purposes within 7 days.
4. Psychiatric disorder without escort/sedation.
5. Severe cases of Otitis media/sinusitis.
6. Acute contagious/communicable diseases (e.g. chicken pox, conjunctivitis, tuberculosis, SARS (COVID-19) etc).
7. Fracture less than 48 hours after injury/ POP less than 24 hours of application.
8. Uncontrolled severe hypertension / diabetes mellitus with or without complications.
9. Peptic ulceration with hemorrhage within 24 hours following a bleed.
10. Post -Operative cases within 10 days from date of surgery.
11. Pregnancy beyond 36 weeks, postpartum females & newborns/premature babies in the first week. For more details refer to fit to fly guidelines on the website.
12. Patients with deep vein thrombosis (DVT) should not fly till patient is stabilized on anticoagulant therapy and there are no pulmonary complications.
13. Patients with severe anemia (Hb <8.5 gm/dl) are not permitted to fly.
14. Patients in acute phase of cerebral infarction (stroke) of any etiology are generally not permitted to fly within 2 weeks of onset.

Decision of Spicejet Medical Department will be considered final in all cases of medical clearances.

### INDEMNITY BOND BY PASSENGER

I, \_\_\_\_\_ (the "Undersigned") hereby agree to indemnify and hold harmless SpiceJet Limited (the "SpiceJet") from and against any liability arising out of any bodily injury and/ or death, damage or loss that, the undersigned may suffer/ experience and also from any damages, payments, expenses faced and cost which SpiceJet may incur directly as a result of accepting me on its Flight No \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ on \_\_\_\_\_.

I hereby further indemnify SpiceJet for any payments that SpiceJet makes to meet any of my expenses towards damages, loss etc for said purpose.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

(Passenger) Address: \_\_\_\_\_

\_\_\_\_\_ Tel: \_\_\_\_\_