



MEDICAL INFORMATION FORM (MEDIF)

Form to be filled in BLOCK letters and forwarded to 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 <input type="checkbox"/> Patients' Relative

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



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Details of the Medical Condition	Contagious and communicable disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Would patient's physical and/or mental condition be likely to cause discomfort to other passengers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	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	
	Is arrangement for ambulance/hospitalization made at destination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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:		
I have read, understood and hereby agree to the conditions of the MEDIF form.				
Date:		Signature & Stamp		



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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 equipments carried on board must be battery operated.

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, the MEDIF needs to be filled by the treating doctor and approved by the Spicejet Medical team and accordingly extra oxygen cylinders will be uplifted.

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 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.
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 <9 gm/dl) are not permitted to fly.
14. Patients in acute phase of cerebral infraction (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: _____