

# MEDICAL INFORMATION SHEET “MEDIF”

This form is intended to provide **CONFIDENTIAL** information to enable the Airline Medical Department to assess the fitness of the passenger to travel. If the passenger’s health is acceptable for travel, this information will permit the issuance of the necessary directives designed for the passenger safety.

The physician attending the passenger in need of special medical care is requested to answer all questions. Enter a cross “X” in the appropriate “**NO**” or “**YES**” boxes, and/or give precise/concise information.

Passengers travelling with anyone of the following conditions will be requested to prepare a Medical Information Form (**MEDIF**) and submit it along with a recent detailed medical report no less than 48 hours prior to flight departure.

## MEDIF

1. Passenger requiring medical OXYGEN, taking into considerations RJ is responsible to provide OXYGEN only ONBOARD.
2. Passenger requiring stretcher; wheelchair use beyond the aircraft door (if the passenger using own wheelchair, to define whether collapsible, power driven, type of battery); Medical treatment on board the aircraft; respiratory equipment, such as Oxygen concentrators (medical equipment should be FAA approved and dry-cell battery operated with extra batteries); or passengers with Emotional Support Animals and Psychiatric Service Animals.

**Note:** Wheelchairs with spillable batteries are considered “**DANGEROUS GOODS**”

3. Mentally incapacitated passengers.

4. Multiple and/or complicated PREGNANCY cases.

**Note:** RJ requires single uncomplicated pregnancies after 28 weeks to fill out the (AIR TRAVEL FORM FOR PREGNANT LADIES).

5. Premature babies

6. Passengers with unstable or complicated diabetic conditions.

7. Passengers having surgical intervention within two (2) weeks prior to the flight departure.

**Note:** Although cabin attendants are trained in first aid, they are not permitted to administer any injection, medication, or provide special assistance (e.g., lifting) to passengers.

## MEDICAL CERTIFICATE

Medical certificate is required from a qualified specialist for the following (MEDIF is NOT required):

1. Passenger traveling in a stretcher or incubator;
2. Passenger in need of medical oxygen during a flight;
3. Passenger has a medical condition such that there is reasonable doubt that the individual can complete the flight safely, without requiring extraordinary medical assistance during the flight; or
4. If the passenger's communicable disease poses a direct threat to other passengers and crew.
5. Passengers unable to self-administer medication or routine medical care necessary to maintain the stability of his/her condition during a flight. (e.g., insulin injection).
6. Single uncomplicated pregnancies below 28 weeks

## IMPORTANT NOTES

- Medical Certificate must be dated within 10 days of the flight date.
- The MEDIF, Medical Report or Medical Certificate must be provided in English.
- RJ Medical Advisor is the final authority to approve air travel for any patient.
- INCOMPLETE or VAGUE information provided within MEDIF or Medical Reports or Medical Certificates will cause delay in processing the application or may cause irreversible rejection.

# MEDICAL INFORMATION SHEET "MEDIF"

## Requirements for Transportation

Wheelchair Needed?	YES	NO	Others.				
WCHR (Can climb steps/Walk Cabin)		WCHS ((Unable to climb steps/can walk cabin)			WCHC (Immobile)		
YES	NO	YES	NO	YES	NO		
Stretcher		Bassinet		Others			
YES	NO	YES	NO				
MEDA 01	Patient Name		Destination	Date of travel	Age	Sex	
						M F	
MEDA 02	Attending Physician (Name & Address):				Tel (Business)		
	Name of Hospital or Clinic and Specialty:				Mobile		
MEDA 03	Medical Data (Diagnosis in detail)				Date of operation/Diagnosis		
					Date of first Symptoms		
	Recent Vital Signs:	BP	HR	RR	WT	O2 Sat%	
MEDA 04	Prognosis for the flight						
	Good (No Problems anticipated)	Guarded (Potential problems)	Poor (Problems likely)	Others.			
MEDA 05	Contagious and communicable disease?						
	YES	NO	Specify (List precautions)				
MEDA 06	Would the physical and/or mental condition of the patient be likely to cause distress or discomfort to other passengers?						
	YES	NO	Specify:				
MEDA 07	Can patient use normal aircraft seat with seat belt placed in the upright position when so required?						
	YES	NO	Specify:				
MEDA 08	Can patient take care of his/her needs onboard unassisted? Including meals, visit to toilet, etc.						
	YES	NO	Specify (List precautions)				
MEDA 09	If to be escorted, by whom?		Doctor	Nurse	Resp. Therapist	Non-medical	Passenger travelling alone
MEDA 10	Does the patient need "OXYGEN" or Oxygen equipment in-flight?						
	Continuous		Intermittent		Liters per minute (LPM)	2 LPM 4 LPM	
	All equipment on board must be dry-cell battery operated (FAA) approved, portable, with extra batteries						
MEDA 11	Does the patient need <b>HOSPITALIZATION</b> , if YES indicate arrangement made or if none were made indicate "No action taken"						

Please ensure that all above information is accurate. Once approved, the passenger has the responsibility to inform RJ of any change in patient's status at least 24 hours prior to departure.

# MEDICAL INFORMATION SHEET "MEDIF"

I have read, understand and hereby agree to the conditions of the **MEDIF** form

Attending Physicians Signature & Stamp	Date
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For RJ Airlines Medical Advisor use:

Approved (One way)	Approved (Full Journey)	Rejected	Need Details
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Requirements:

Doctor	Stretcher	Oxygen
Nurse	Wheelchair	Others:
Non-medical	Bassinet	

I hereby authorize	Name / Address of Nominated Physician

To provide the airlines with the required information by those "airlines" medical departments for the purpose of determining my fitness for carriage by air and in consideration thereof I hereby relieve the physician of his/her professional duty of confidentiality in respect of such information for the purposes mentioned above and agree to meet such physician's fees in connection therewith.

I take note that, if accepted for carriage, my journey will be subject to the general conditions of carriage/tariffs of the carrier concerned and that the carrier does not assume any special liability exceeding those conditions/tariffs.

Fees, if any relevant to the provision of the above information and for carrier provided special equipment are to be paid by me. Further, I agree to reimburse the carrier upon demand for any special expenditure or costs in connection with my carriage.

I understand that data relating to my medical situation has the potential to identify certain sensitive personal characteristics. I confirm that I consent to Royal Jordanian collecting, processing, and transferring data relating to my medical situation to third party suppliers as maybe necessary in order to provide assistance to me. I confirm that I have been referred to Royal Jordanian's **Privacy Policy** which can be found online at <https://www.rj.com/en/meet-rj/privacy-policy>

Place and Date:

Passenger Full Name & Signature: