

# Medical Information Sheet

## Part 2 / to be completed by attending physician

This form is intended to provide confidential information, to enable the Austrian Airlines AG Medical Department to assess the fitness of the passenger to travel as indicated in Part 1. If the passenger is acceptable, this information will permit the issuance of the necessary directives designed to provide for the passenger's welfare and comfort. Please answer all questions precisely in English or German. Mark the respective boxes with a cross and use BLOCK LETTERS.

Please send the completed form to the Austrian Airlines Group Medical Desk, E-mail: specialcases@austrian.com, Phone: +43 (0)5-1766-1043, Fax: +43 (0)5-1766-51043 or return to Address of issuing Austrian Airlines Group office.

MEDA 01	<b>Patient</b>		
	Name _____	Sex _____	Age _____
MEDA 02	<b>Attending physician</b>		
	Name _____	Phone (business) _____	Phone (home) _____
	Address _____		
MEDA 03	<b>Medical data</b> Diagnosis in details (including vital signs)		
	_____	First symptoms	_____
		day (00) mon (MM) year (YYYY)	
	_____	Date of diagnosis	_____
		day (00) mon (MM) year (YYYY)	
MEDA 04	Prognosis for the trip _____		
MEDA 05	Contagious <u>and</u> communicable disease?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Specify _____
MEDA 06	Would the physical and/or mental condition of the patient be likely to cause distress or discomfort to other passengers	<input type="checkbox"/> No <input type="checkbox"/> Yes	Specify _____
MEDA 07	Can patient use normal aircraft seat with seatback placed in <u>upright</u> position when so required?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
MEDA 08	Can patient take care of his own needs on board <u>unassisted</u> <sup>1)</sup> (including meals, visit to toilet, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of help needed _____
MEDA 09	If to be <u>escorted</u> , is the arrangement proposed in Part 1/E hereof satisfactory for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of escort proposed _____
MEDA 10	Does patient need <u>oxygen</u> <sup>2)</sup> equipment in-flight?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Litres per minute _____ Continuous? <input type="checkbox"/> Yes <input type="checkbox"/> No
MEDA 11	Does patient need any <u>medication</u> , <sup>1)</sup> other than self-administered, and/or the use of special apparatus such as respirator, incubator, etc. <sup>2)</sup> ?	a) on the <u>ground</u> while at the airport(s) <input type="checkbox"/> No <input type="checkbox"/> Yes	Specify _____
MEDA 12		b) on board at the <u>aircraft</u> <input type="checkbox"/> No <input type="checkbox"/> Yes	Specify _____
MEDA 13	Does patient need <u>hospitalisation</u> ? If yes, indicate arrangements made or, if none were made, indicate	a) during long layover or nightstop at <u>connecting points</u> en route <input type="checkbox"/> No <input type="checkbox"/> Yes	Action _____
MEDA 14	»NO ACTION TAKEN«.	b) upon arrival at <u>destination</u> <input type="checkbox"/> No <input type="checkbox"/> Yes	Action _____
MEDA 15	Other remarks or information in the interest of the smooth and comfortable transportation of your patient _____		
MEDA 16	Other arrangements made by the attending physician _____		

<sup>1)</sup> Note: Cabin attendants are not authorized to give special assistance to particular passengers, to the detriment of their service to other passengers. Additionally, they are trained only in first aid and are not permitted to administer any injections, or to give medication.

<sup>2)</sup> Important: Fees, if any, relevant to the provision of the above information and for special equipment provided by Austrian Airlines AG, are to be paid by the passenger concerned.

AUA 10002819	Place _____	Date _____	Signature of attending physician _____
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