



CHE 0411-01/ANAC
CHETA 2006-12-OVRN-01-00

MEDIF – MEDICAL INFORMATION FOR AIR TRAVEL FORM

IATA – Resolution 700 Attachment A – To be completed by the passenger or a legal representative

1. Full name _____ Age _____

2. Locator _____ 3. Scheduled itinerary _____

4. Purpose of trip: ☐ Tourism or Business ☐ Medical Treatment ☐ Inter-hospital Transfer

5. Is a gurney required on board ☐ Yes ☐ No If yes, the passenger must travel with a companion.

Name of companion _____ Profession* _____ Age _____

*If a Medical Professional, please provide CRM-UF _____ or COREN-UF _____ (Attach copy of document).

7. Wheelchair required ☐ Yes ☐ No Has own wheelchair ☐ Yes ☐ No
Motorized ☐ Yes ☐ No Type of Battery ☐ Dry ☐ Liquid ("Liquid" batteries are considered hazardous cargo)

8. Ambulance required ☐ Yes ☐ No (The passenger is responsible for the transfer services to boarding/arrival areas, from-to the ambulance, and from-to the aircraft)

9. Other needs while on the ground ☐ Yes ☐ No

If so, please describe: _____

10. Special needs and equipment on board (subject to additional fees) ☐ Yes ☐ No

Specify which equipment (special seat belts, child seat, oxygen on board) _____

Specify which special services (extra seat, seat belt extension) _____

11. Companion ☐ Yes ☐ No

Name of companion _____ Locator _____

12. Passenger statement

I authorize Dr. _____ (doctor name and CRM-UF)

to provide information, fill out the MEDIF form and issue additional reports upon request for the indicated purposes; I further release the Dr. from any confidentiality obligations regarding this information and agree to pay any related medical fees.

Note 1: Special supplies such as oxygen, gurney, etc. always require that a MEDIF form be completed and sent to the airline's medical department for analysis at least 72 hours before the scheduled departure time. **The passenger will only be allowed to board once consent is received from the medical department.**

Note 2: If the passenger is approved for travel, any fees pertaining to equipment or needs mentioned above must be paid by the passenger. I agree to reimburse the carrier, if requested, for any special expense arising from my trip.

I accept that the carrier can prevent me from boarding if my condition is in discrepancy with the data provided or if my transportation could endanger other passengers, the flight or my own health. I release the carrier and its employees from any liability pertaining to any consequences to my health during or as a result of air transport.

Important note: In case the passenger fails to cancel the reservation or show up for boarding, the fees paid for the use of a stretcher or oxygen on board will not be reimbursed.

City _____ Date _____ Signature of patient or guardian _____



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MEDIF - FORMULÁRIO DE INFORMAÇÕES MÉDICAS PARA VIAGENS AÉREAS

IATA – Resolution 700 Attachment B – Part One – To be completed by the doctor

1. Full name of patient _____ Age _____

2. Diagnosis (start date of ailment, episode or accident; clinical developments and treatment)

3. Vital signs required: BP _____ HR _____ RR _____ TEMP _____

4. Additional medical information

Anemia ☐ Yes ☐ No If so, attach recent (less than 10 days) complete blood count
Recent surgery ☐ Yes ☐ No If so, specify surgery and date _____
Immobilization ☐ Yes ☐ No If so, specify type of immobilization and date _____

5. Companion

Is the passenger able to fly unaccompanied? ☐ Yes ☐ No
If not, is the companion trained to fully meet the needs of the passenger during the flight? ☐ Yes ☐ No
Is the patient required to be accompanied by a medical professional during the trip? ☐ Yes ☐ No

6. Mobility

Is a wheelchair needed for the patient to board the aircraft? ☐ Yes ☐ No
Type of chair: WCHR _____ (patient can walk up stairs and inside aircraft) WCHS _____ (cannot walk up stairs or inside aircraft) WCHC _____ (patient is not mobile)

7. Can the patient use the aircraft seat in the UPRIGHT position when needed? ☐ Yes ☐ No

8. Can the patient sit in the aircraft seat with knees bent? ☐ Yes ☐ No

9. Does the patient need a GURNEY ON BOARD? ☐ Yes ☐ No If yes, please specify the patient's weight _____ Kg

10. List of medications currently in use

11. Other medical information _____

Signature and stamp of the doctor authorized by the patient _____ Date _____



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MEDIF - FORMULÁRIO DE INFORMAÇÕES MÉDICAS PARA VIAGENS AÉREAS

IATA – Resolution 700 Attachment B – Part Two - To be completed by the doctor

1. Cardiovascular disease ☐ Yes ☐ No

If yes, please specify diagnosis and current medical condition

2. Pulmonary disease ☐ Yes ☐ No

If yes, please specify diagnosis and current medical condition, and attach recent (10 days) blood count and arterial blood gas test.

Specify the oxygen volume for the arterial blood gas test ☐ ambient air _____ Liters/minute

3. Does the patient require oxygen while on board? ☐ Yes ☐ No

4. Does the patient use oxygen while on the ground? ☐ Yes ☐ No

If yes, please specify the volume _____ Liters/minute

Note: Oxygen on board is only available in a continuous flow.

5. Convulsions ☐ Yes ☐ No

If yes, specify date of the last convulsive episode: _____

Are they properly controlled by medication? ☐ Yes ☐ No

6. Recent hospitalization ☐ Yes ☐ No Discharge date _____

The following conditions are considered **UNACCEPTABLE** for air travel.

- Severe anemia. (Hb \leq 8.5 g/dL)
- Diseases that are in an acute stage, infectious, contagious or that require compulsory notification.
- Congestive heart failure or other cyanotic diseases that are not fully under control.
- Acute myocardial infarction less than 6 weeks prior.
- Serious recent respiratory or pneumothoracic disease
- Gastrointestinal lesions that may lead to hematemesis, melaena or intestinal obstruction.
- Recent post-surgical (including plastic surgery): 10 days for simple abdominal surgery and 21 days for thoracic surgeries or invasive ocular surgeries (except for LASIK).
- Unstable mental disease if travelling without a companion and proper medication.
- Uncontrollable convulsions (unless travelling accompanied by a medical professional).
- Mandibular fracture with fixation, unless travelling accompanied by a medical professional).
- Recent introduction of air into body cavity for diagnostic or therapeutic purposes – allow for at least 7 days.
- Pregnancy over 36 weeks or pregnancy with twins or more over 32 weeks.
- Children younger than 7 days old.
- Severe cases of ear and sinus infections.
- Broken bones: with cast immobilization – allow for at least 48 hours.

This list is not definitive nor exclusive and each case must be individually evaluated clinically according to its specific circumstances.

Signature and stamp of the doctor authorized by the patient Date