

PART 1 : FLIGHT AND PASSENGERS DETAILS
TO BE COMPLETED BY PASSENGERS

ALL sections must be completed clearly in **English**. Please fill up the form in **BLOCK LETTERS** and tick (✓) in the appropriate boxes. Malaysia Airlines or an Appointed Medical Organization may contact the customer for further clarification if necessary. This MEDIF is **valid for 20 CALENDAR DAYS only** once a Malaysia Airlines medical examiner approves the request, before the passenger's first travel commences. The passenger is responsible to submit a new MEDIF if there is any changes to the medical condition or medical support equipment requirement. This form must be printed on an A4 sized-paper.

A	Flight Itinerary	Date	Flight No.	From	To	Booking Reference Number	Special Assistance Needed (Please refers Part 4)					
								Stretcher	<input type="checkbox"/>	POC	<input type="checkbox"/>	WCHR
							Incubator	<input type="checkbox"/>	CPAP	<input type="checkbox"/>	WCHC	<input type="checkbox"/>
							Others :				WCHS	<input type="checkbox"/>

B	Passenger	Name	(as per passport)				Gender :	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
		Weight	_____ kg		Age :						
		Mobile No. :			Email :						

C	Escort 1	Name:	(as per passport)				Gender :	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
		Mobile No. :			Email :						
		Escort :	Doctor	<input type="checkbox"/>	Nurse	<input type="checkbox"/>	Medical Team	<input type="checkbox"/>	Family or Non-Medical	<input type="checkbox"/>	

D	Escort 2	Name:	(as per passport)				Gender :	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
		Mobile No. :			Email :						
		Escort :	Doctor	<input type="checkbox"/>	Nurse	<input type="checkbox"/>	Medical Team	<input type="checkbox"/>	Family or Non-Medical	<input type="checkbox"/>	

E	Attending Doctor	Name :	(as per passport)				Office No. :				
		Email :					Mobile No. :				
		Name of Hospital/Clinic :									

*Note: All Ambulance and Hospital arrangements must be done by Hospital/Doctor/Insurance or Family members/Escort.

F	Hospital/Ambulance (Origin Station)	Hospital :										
		Ambulance's Driver Info.	Name :							Mobile No. :		
			Email :									

G	Hospital/Ambulance (Transit in KUL)	Hospital :										
		Ambulance's Driver Info.	Name :							Mobile No. :		
			Email :									

H	Hospital/Ambulance (Destination Station)	Hospital :										
		Ambulance's Driver Info.	Name :							Mobile No. :		
			Email :									

PART 2 : MEDICAL INFORMATION (DIAGNOSIS CONTENT)
TO BE COMPLETED BY ATTENDING DOCTOR

M1	MEDICAL DATA DIAGNOSIS in details	Date of diagnosis	(dd/mm/yy)			
		Date of first symptoms				
		Date of operations				
		Pregnant Woman	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>



MALAYSIA AIRLINES MEDICAL INFORMATION FORM (MEDIF)

PROGNOSIS for flight(s) : Please consider potential effects of the itinerary and physiological stresses of flight on the patient's state of health and mention if terminal case. Narrative (eg, Late Stage Disease, Unstable, Complicated/Uncomplicated pregnancy) should be provided for guarded/poor.		Estimated Delivery Date	
		Duration of Pregnancy	___ weeks
M2	Specify :	*Note: Some countries may place limitations on the entry of non-national pregnant women. It is advisable to check with the local diplomatic mission to confirm the country (of which you will be visiting) on the specific requirements.	
	GOOD <input type="checkbox"/> GUARDED <input type="checkbox"/> POOR <input type="checkbox"/>		
	(No problem anticipated) (Potential problem) (Problem likely)		
M3	CONTAGIOUS and COMMUNICABLE disease? YES <input type="checkbox"/> NO <input type="checkbox"/>	Specify :	
M4	a) Would the physical and/or mental condition of the patient be likely to cause distress or discomfort to other passengers?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	b) Does the patient requires any MEDICATION in flight?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	Specify :		
M5	a) Can the patient keep their seat in the upright position when required?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	b) If NO, is STRETCHER needed on board?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	Specify :	*All stretcher case must be accompanied by Medical Escort.	
M6	Can the patient take care of his/her needs onboard UNASSISTED?		
	Meals	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	Visit To Toilet?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
M7	Does the patient require any medical equipment IN FLIGHT ? If oversized medical equipment cannot be stored under the seat in front of them, the patient will need to purchase another seat.	If YES please specify :	Name of Medical Equipment
		YES <input type="checkbox"/>	Manufacturer/Product Name
		NO <input type="checkbox"/>	Model Number/Type
			Size /Type of Battery
M8	Does the patient require any medical equipment ON GROUND while at the airport? Special equipment such as Respirator, Incubator, Nebuliser etc. (All equipment on board must be dry cell battery operated).	If YES please specify :	Name of Medical Equipment
		YES <input type="checkbox"/>	Manufacturer/Product Name
		NO <input type="checkbox"/>	Model Number/Type
			Size /Type of Battery
M9	Does the patient require HOSPITALIZATION?	a) During long layover or nightstop at CONNECTING POINTS en route	YES <input type="checkbox"/> NO <input type="checkbox"/>
		b) Upon ARRIVAL at destinations	YES <input type="checkbox"/> NO <input type="checkbox"/>
M10	Other remarks, information or additional requests to ensure the patient's comfort:		

Please ensure all above information are accurate. Once approved, no last minute changes will be entertained by Malaysia Airlines.

I _____ hereby confirm all above information is accurate and will provide necessary information required by the airlines's medical department.	Stamp/Sign and Date :
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PART 3 : MEDICAL APPROVAL TO BE COMPLETED BY APPOINTED MALAYSIA AIRLINES MEDICAL EXAMINER

Name :					Remarks :
Approved (One way) <input type="checkbox"/>	Approved (All Sector) <input type="checkbox"/>	Rejected <input type="checkbox"/>	Need details <input type="checkbox"/>		Stamp/Sign and Date :
Fit to fly with requirements	Stretcher/Incubator <input type="checkbox"/>	Wheelchair <input type="checkbox"/>	POC <input type="checkbox"/>	Others <input type="checkbox"/>	
	Escort : Doctor <input type="checkbox"/>	Nurse <input type="checkbox"/>	Non-Medical Team <input type="checkbox"/>		

Incubator/Ventilator/Ambulance/ arrangement are to be made by Passengers/Hospital/Insurance/Attending Doctor or Family Members. It is advisable to carry a universal multi-configuration adapter to ensure compatibility of electrically operated medical equipments with electrical supply outlets on board the aircraft.

PART 4 : SPECIAL ASSISTANCE REQUEST
TO COMPLETED BY ATTENDING DOCTOR/PASSENGERS

ALL sections must be completed in English. Please fill the form in BLOCK LETTERS and tick (v) in the appropriate boxes. Once approved, no last minute changes will be accepted. Our cabin crews are not permitted and authorised to provide medical services, assistance with feeding and/or assistance with performing lavatory functions. It is advisable for passengers to travel with an Escort should they require such services.

1									
REQUIREMENTS for transportation :									
a) Do you need a WHEELCHAIR?		YES <input type="checkbox"/>		NO <input type="checkbox"/>					
b) If YES, what type?		WCHR <input type="checkbox"/> <small>(Can climb steps/walk cabin)</small>		WCHC <input type="checkbox"/> <small>(Immobile)</small>		WCHS <input type="checkbox"/> <small>(Unable to climb steps/can walk cabin)</small>		Remarks :	
c) Do you have a personal WHEELCHAIR?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Non-Foldable <input type="checkbox"/>		Foldable <input type="checkbox"/>	
*Please provide your personal wheelchair specifications		If your wheelchair is non-foldable or battery powered, please tell us your wheelchair specification :							
*We will take you to the plane on our wheelchair									
Manual <input type="checkbox"/>		Electric/Battery powered <input type="checkbox"/>		Length		_____ cm		We may not be able to accept large size wheelchairs due to the size of the cargo door and space	
Spillable Battery (Wet-cell "non-sealed") <input type="checkbox"/>		Height		_____ cm					
Non-Spillable Battery (Wet-cell "sealed") <input type="checkbox"/>		Width		_____ cm					
Dry Battery <input type="checkbox"/>		*Please specify : Lithium ion <input type="checkbox"/>		Ni-Cd <input type="checkbox"/>		Ni-MH <input type="checkbox"/>			
Do you need Oxygen in flight?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If YES, state rate of flow : _____ Litres(l)/min			
Do you have your own/personal POC?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Rental POC? YES <input type="checkbox"/>		NO <input type="checkbox"/>	
2		Manufacturer Name		Dimension		_____ (Length) x _____ (Width) x _____ (Height)			
Model Number/Type		Type of Battery							
*The passenger or escort should have knowledge in the use of POC. The Carriage of POC is subject to prior approval from Malaysia Airlines.									
Is CPAP needed in flight?		YES <input type="checkbox"/>		NO <input type="checkbox"/>					
3		Manufacturer Name		Dimension		_____ (Length) x _____ (Width) x _____ (Height)			
Model Number/Type		Type of Battery							
Have you arranged for an ambulance? (Ambulance must be arranged by the passenger).					5				
4		Departure point		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Stretcher needed on board?	
Arrival		YES <input type="checkbox"/>		NO <input type="checkbox"/>		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Transit		YES <input type="checkbox"/>		NO <input type="checkbox"/>		*All stretcher case must be accompanied by Medical Escort.			
Do you need an Incubator on board? (Incubator must be arranged by the passenger)					YES <input type="checkbox"/>		NO <input type="checkbox"/>		
Incubator dimensions :					_____ (Length) x _____ (Width) x _____ (Height)				
6		Heating Elements required?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If YES, please state type of battery :	
Manufacturer Name									
Model Number/Type									
7		Any special In-Flight arrangements needed?		Special Meal : _____		Leg Rest : _____		Extra Seat : _____	

PART 5 : PASSENGER'S DECLARATION (RELEASE & INDEMNITY)
TO BE COMPLETED BY PASSENGER/PATIENT

<p>I _____ (name of passenger/patient)</p> <p>hereby authorize,</p> <p>_____</p> <p>(name of nominated doctor)</p> <p>to provide accurate information required by the airlines' medical department for the purpose of determining my fitness for carriage by air, and in consideration thereof I hereby relieve that doctor of his/her professional duty of confidentiality in respect of such information, and agree to meet such doctor's fee in connection therewith. I fully consent for the airline to process the information given for the purposes stated above in accordance with the applicable data protection regulations.</p>	<p>* IMPORTANT : Fees if any, relevant to the provision of the above information in Part 1 - 5 and for carrier - provided special equipment are to be paid by the passenger concerned.</p> <p>Passenger or Guardian's Signature :</p> <p>Signed : _____ Date : _____</p> <p style="text-align: right;">dd/mm/yy</p>
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<p>I take note that, if I am accepted for carriage, journey will be subject to the general conditions of carriage/tariffs of the Carrier(s) concerned and that the Carrier(s) do not assume any special liability exceeding those conditions/tariffs. I am prepared, at my own risk to bear any consequences or losses, whether directly or indirectly, which carriage by air may have for my state of health and I release the Carrier, its employees, servants and agents from any liability for such consequences and losses. I agree to reimburse the Carrier(s) upon demand for any special expenditures or costs in connection with my carriage.</p> <p>I confirm that the information given in this form is true, complete and accurate to the best of my knowledge. In case any of the above information is found to be false, misleading or misrepresenting, I am aware that I may be held liable for the losses suffered by the Carrier. (Where needed, to be read by/to the passenger/patient, dated and signed by him/her, or on his/her behalf). I have read and understood the MEDIF Part 1-5.</p>	*If Guardian, please fill up below :	
	Name	
	Relationship with patient:	
	Mobile No. :	
	Email:	

PART 6 : RESERVATION INFORMATION	TO BE COMPLETED BY MALAYSIA AIRLINES/AGENT
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REMARKS :