

Information for Passengers Requiring Special Assistance

טופס מידע לטובת הטסה רפואית / מיוחדת

1.	Name, first name	Title	Age	Gender
2.	Passenger Name Record (PNR/ reservation number)			
3.	Routing from	to	Flight number	Class
				Date
4.	Type of disability or required assistance			
5.	Stretcher transport required.			
	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
6.	Escort for the journey required	Medical qualification		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Designated escort (Name)	<input type="checkbox"/> physician <input type="checkbox"/> nurse/paramedic <input type="checkbox"/> none PNR (if different)		
	<input type="checkbox"/> other applicable person (Name)			
7.	Wheelchair required	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> WCHR <input type="checkbox"/> WCHS <input type="checkbox"/> WCHC			
	Own wheelchair	Battery-driven	collapsible	Size (W/H/L cm)
	<input type="checkbox"/> WCH OWN	<input type="checkbox"/> WCH BD / dry batteries	<input type="checkbox"/>	Weight (kg)
8.	Hospital at destination	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Designated Ambulance (to be organized by assistance/insurance/passenger)			
	contact (phone/email)			
9.	Assistance/support while in the airport required	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Designated person/organisation			
	contact (phone/email)			
10.	Other assistance/support while in the airport required	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Which and where? Departure/transit/arrival? Organized by assistance/insurance/passenger.			
	contact (phone/email)			
11.	Specific needs/support/equipment required in-flight/on board	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Please specify (e.g. special meal, extra seat, type of equipment, etc.)			
	Facultative expenses on account of passenger. For oxygen concentrator please ask for the specific document.			
	Technical clearance issued by airline.			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
12.	FREMEC (Frequent Medical Traveller Card)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Valid until	Issued by		

לשאלות או העברת מידע תפעולי מייל medical@israir.co.il או בלינק <http://lp6.me/9elnQ>

טופס MEDIF מלא יש לשלוח לישראל ולרופא ישראיר ולמיילים medical@israir.co.il, airmed@airmed.co.il

The conditions of carriage, in particular the rules of liability contained in the terms and conditions of ISRAIR Airline, will apply.

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Note for the attending physician:

The details requested in here will be treated confidentially; they should enable the Medical Services of the airline(s), as it is their obligation, to judge by their specific air medical knowledge and experience if and under what conditions the patient can be permitted to travel by aircraft as requested. These details will also help the Medical Service in issuing appropriate instructions for the patient's care which duly consider both his/her diagnosis and the special circumstances of the requested air journey.

Kindly answer all questions by cross or in block letters, as necessary. Please fill in this form on your PC to enhance readability and clarity. You can easily typewrite into the grey fields. Thank you for your cooperation!
For any further information please do not hesitate to contact us immediately via phone or email.

1. Patient's name			
Date of Birth	Sex	Height	Weight
2. Attending physician			
Address			
e-mail	Telephone, indicate country and area code	Fax	
3. Diagnosis (including short history, onset of current illness, episode or accident and treatment, specify if contagious)			
Nature and date of any recent and/or relevant surgery			
4. Current symptoms and severity		Date of onset	
5. Will a 25% to 30% reduction in the ambient partial pressure of oxygen (relative hypoxia) affect the passenger's medical condition? (Cabin pressure to be the equivalent of a fast trip to a mountain elevation of 2,400 meters (8,000 feet) above sea level) <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> not sure			
6. Additional clinical information			
a. Anaemia	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, give recent result in grams of haemoglobin per litre	
b. Psychiatric conditions	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, see Part 2	
c. Cardiac disorder	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, see Part 2	
d. Normal bladder control	<input type="checkbox"/> yes <input type="checkbox"/> no	If no, give mode of control	
e. Normal bowel control	<input type="checkbox"/> yes <input type="checkbox"/> no		
f. Respiratory disorder	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, see Part 2	
g. Does the patient require oxygen at home?	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, specify how much	
h. Oxygen needed during flight?	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, specify <input type="checkbox"/> 2 LPM <input type="checkbox"/> 4 LPM <input type="checkbox"/> other <input type="checkbox"/> pulse <input type="checkbox"/> continues	
i. Seizure disorder	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, see Part 2	
7. Escort			
a. Is the patient fit to travel unaccompanied?	<input type="checkbox"/> yes <input type="checkbox"/> no		
b. Is the patient able to sit in a usual aircraft seat?	<input type="checkbox"/> yes <input type="checkbox"/> no		
c. Is the patient able to embark and disembark the aircraft independently?	<input type="checkbox"/> yes <input type="checkbox"/> no		
d. If no, will the patient have a private escort to take care of his/her needs on board?	<input type="checkbox"/> yes <input type="checkbox"/> no		
e. If yes, who should escort the passenger?	<input type="checkbox"/> Doctor <input type="checkbox"/> Nurse/Paramedic <input type="checkbox"/> Other		
f. If other, is the escort fully capable to attend to all above needs?	<input type="checkbox"/> yes <input type="checkbox"/> no		
8. Mobility			
a. able to walk without assistance	<input type="checkbox"/> yes <input type="checkbox"/> no	b. Wheelchair required for boarding	<input type="checkbox"/> to aircraft <input type="checkbox"/> to seat
9. Medication list (incl. doses)			
10. Other medical information			

Note: Cabin attendants are not authorized to give special assistance (e.g. lifting, feeding) 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 injection, or give medication.

Important: Fees, if any, relevant to the provision of the above information and for carrier-provided special equipment are to be paid by the passenger concerned.

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1. Cardiac condition

- a. Angina yes no When was last episode?
 - Is the condition stable? yes no
 - Functional class of the patient? No symptoms Angina with moderate exertion
 Angina with minimal exertion Angina at rest
 - Can the patient walk 100 metres at a normal pace or climb 10-12 stairs without symptoms? yes no
- b. Myocardial infarction yes no Date
 - Complications? yes no If yes, give details
 - Stress EKG done? yes no If yes, what was the result? MET or Watt
 - If angioplasty or coronary bypass,
 Can patient walk 100 yards/metres at a normal pace or climb 10-12 stairs without symptoms? yes no
- c. Cardiac failure yes no When was last episode?
 - Is the patient controlled with medication? yes no
 - Functional class of the patient? No symptoms Shortness of breath (SOB) with moderate exertion
 SOB with minimal exertion Shortness of breath at rest
- d. Syncope yes no When was last episode?
 - Investigations yes no If yes, state results

2. Pulmonary condition yes no

- a. if yes acute chronic
- b. mode of respiration spont oxygen ventilation
- c. Has the patient had recent arterial blood gases? yes no
- b. Blood gases were taken on room air Oxygen litres per minute (LPM)
 If yes, what were the results pCO₂ [kPa/mmHg] pO₂ [kPa/mmHg]
 % Saturation Date of exam
 If not what is the pulse oximetry room air Oxygen litres per minute (LPM)
 % Saturation _____ altitude _____ meters / feet above sea level
- c. Does the patient retain CO₂? yes no
- d. Has his/her condition deteriorated recently? yes no
- e. Can patient walk 100 yards/metres at a normal pace or climb 10-12 stairs without symptoms? yes no
- f. Has the patient ever taken a commercial aircraft in in his/her current medical status? yes no
 - If yes, when? - Did the patient have any problems?

3. Psychiatric conditions yes no

- a. Is there a possibility that the patient will become agitated during flight? yes no
- b. Has he/she taken a commercial aircraft before? yes no
 - If yes, date of travel? Did the patient travel alone escorted?

4. Seizure yes no

- a. Type? b. Frequency? c. When was the last seizure? d. Are the seizures controlled by medication? yes no

5. infectious disease positive negative _____

6. Prognosis for the trip Good Poor

The above mentioned passenger is FIT TO FLY.

Physician signature (or facsimile) _____ Date _____

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Comment by Israir physician

Acceptable not acceptable

Stretcher 1 extra seat 2 extra seat normal seat

WchR WchS WchC _____

Escort physician paramedic / nurse non-medical none

Oxygen no need yes 0.5 lpm 2 lpm 4lpm POC lpm

Type of flight HOSP MEDIVAC

Physician name _____ Physician signature _____ Date _____

If Advice given by phone.

Received by _____ Signature _____ Date _____

יש להעביר טופס מלא זה לנוסע או מי מטעמו כך שיהיה זמין להצגה לצוות הקרקע והמטוס.
ציוד רפואי יש לאשר מראש וכן להציג לצוות הקרקע לבדיקה.

לשאלות או העברת מידע תפעולי מייל medical@israir.co.il או בלינק <http://lp6.me/9elnQ>

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