

PART - 1 To be completed by Sales Office Staff					Answer All Questions. Put a cross (x) in "Yes" or "No" boxes Use Block letters while completing this form.			
A	Passenger Name/Initials / Title				Tel No. Departure City:		Tel No. Arrival City:	
B	Date	Flight No.	From	To	Class	Reservation Status	Booking Reference (PNR)	
							Note: Transfer from one flight to another often requires LONGER connecting time.	
C	Nature of disability / Incapacitation / Illness						Medical Clearance Required?	
							Yes No	
D	Is stretcher needed on board? Yes No (all stretcher cases must be escorted)							
E	Intended Escort Details							
	Name				Gender:		Age:	
F	Escort: Doctor Medical Team Nurse Family or non-medical				PNR of the Escort:			
	Wheelchair Needed? No Yes Wheelchair Category : _____							
G	Categories are : WCHR (Can climb steps/walk cabin) WCHS (Unable to climb steps/can walk cabin) WCHC (Immobile)							
	Ambulance Arranged: Yes No Hospital Details:							
H	Other Ground Arrangements		No	If yes , Specify below and indicate for each item (a) the Arranging airline or other organisation (b) at whose Expense and (c) Contact addresses / phones where appropriate, or whenever specific persons are designated to meet assist the passenger				
			Yes					
	1	Arrangements for delivery at airport of Departure	No	Specify				
			Yes					
	2	Arrangements for assistance at Connecting Points	No	Specify				
			Yes					
	3	Arrangements for meeting at airport of Arrival	No	Specify				
			Yes					
4	Other requirements or relevant information	No	Specify					
		Yes						
J	Are there any special in-flight arrangements required? Special meals, special seating, extra seat(s), wheelchairs, equipment provision of special equipment for oxygen etc. (See "Note" at the end of Part 2 overleaf)		No	If yes , Describe and indicate for each item : (a) Segment(s) on which required (b) Airline arranged or arranging third party, and (c) at whose expense – Provision of Special Equipment such as oxygen etc., always requires completion of Part 2 overleaf				
			Yes					
K	Do you have a valid FREMEC card? Yes No							
	If yes, add below FREMEC data to your reservation requests.							
	If no, (or additional data needed by carrying airline(s)), has physician in attendance complete Part 2 overleaf?							
	Number		Issued By		Valid Until		Gender	Age
	Incapacitation							
Passengers Declaration (Where needed, to be read by/ to the passenger, dated and signed by him/ her, or on his/ her behalf)	Limitations							
<p>I hereby consent to the physician whom I shall choose and nominate to complete Parts 2 and 3 of this Form to complete the Form in full and to the best of his/her knowledge, and to make a statement of the condition of my health. I further consent to the nominated physician being permitted to complete the relevant Parts of this Form as he/she deems fit, completely at his/her professional discretion and to disclose to the medical department of SNV Aviation Private Limited (Akasa Air) such details as to the condition of my health as may be required by them to judge upon my medical fitness to travel by air, and to respond to any queries which the airline's medical department may raise. Such physician's fees shall be paid and borne by me, and such medical department's judgements shall be accepted by me as final. If I am accepted for transportation, by signing below I hereby release and will indemnify the airline, its representatives and agents from all claims for compensation or damage sustained in connection with the deterioration of my illness and/or medical condition as a result of my being accepted for transportation by air. In the case of any legal dispute, I acknowledge and agree that I shall have to prove that any such damage sustained by me has not been caused wholly or in part by my physical, mental or medical condition. I hereby further acknowledge and agree to pay all additional costs, and to be responsible for all damages and expenses incurred by the airline and/or any third parties through my transportation by the airline. I agree and undertake that the airline is not obliged in any way to accept me for my subsequent or return journey based on this declaration and the airline's Conditions of Carriage will apply separately to each such journey.</p> <p>I the undersigned, hereby give my explicit consent to Akasa Air, to process my personal data including my sensitive personal data provided in this MEDIF by me/my agent, and to obtain further medical information from my consulting physician, if deemed necessary by Akasa Air, for the purpose of evaluation for medical clearance to travel, and to process that personal data, including sensitive personal data, in accordance with its Privacy Policy, available on its website or upon request from the airline.</p> <p>I understand and agree that Akasa Air may, if required, share my medical information with third parties including medical consultants, airport authorities, codeshare airline partners (if applicable) at their reasonable discretion and as reasonably required for the purposes of evaluating my medical clearance to travel and/or for facilitating my travel.</p> <p>If I am unable to sign the declaration myself for any reason whatsoever, I hereby authorize the person below to sign the declaration on my behalf and ratify the same and agree to be bound by the declaration, without any protest or demur.</p>								
To be read by/to passenger, dated & signed by him or on his behalf.								
Place :		Date :		Passenger's Signature :				
For Any Queries / Clarifications Contact : Akasa Air Call Centre : Email : info@akasaair.com Cell No: 9606112131								

PART 2

Information Sheet for Guest Requiring Medical Clearance (to be completed or obtained from the attending physician)

1. Patient's name : _____
 Age : _____ Gender : _____ Height : _____ Weight : _____
2. Attending physician _____
 E mail : _____
 Telephone (mobile preferred), indicate country and area code: _____ Fax : _____
3. Diagnosis (including date of onset of current illness, episode or accident and treatment, _____

 Is the disease contagious or infectious in any form Yes No

 Is the guest's condition offensive to other guests (smell/ appearance/ conduct) No ☐ Yes ☐ Specify : _____
 Nature and date of any recent and/or relevant surgery _____
4. Current symptoms and severity _____

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 2400 metres (8000 feet) above sea level) :
 ____Yes ____No ____Not Sure
6. Additional clinical information
 - a. Anemia ____Yes ____No If yes, give recent result in grams of hemoglobin : _____
 - b. Psychiatric and seizure disorder ____Yes ____No If yes, see Part 5
 - c. Cardiac condition ____Yes ____No If yes, see Part 5
 - d. Eat / drink unaided ____Yes ____No
 - e. Normal bladder / bowel control ____Yes ____No If no, give mode of control (catheter / diaper arrangements to be made by passenger _____
 - f. Respiratory condition ____Yes ____No If yes, see Part 5
 - g. Does the patient use oxygen at home? ____Yes ____No If yes, specify how much _____
 - h. Oxygen needed in flight? ____Yes ____No
 Flow rate Oxygen requirement ____2Litres/min ____4Litres/min
 Continuously throughout journey (at airport & during flight)
 Continuously throughout flight only
 As & when required (at Airport or during flight)
7. Escort
 - a. Is the patient fit to travel unaccompanied? ____Yes ____No
 - b. If no, would a meet-and-assist (provided by the airline to embark and disembark) be sufficient? ____Yes ____No
 - c. If no, will the patient have a private escort to take care of his/her needs onboard? ____Yes ____No
 - d. If yes, who should escort the passenger? ____Doctor ____Nurse ____Other
 - e. If other, is the escort fully capable to attend to all the above needs? ____Yes ____No
8. Mobility
 - a. Able to walk without assistance ____Yes ____No b. Wheelchair required for boarding ____to aircraft ____to seat
9. Medication list / Any special treatment required during flight _____
10. Is passenger carrying any electronic or battery operated medical equipment on board ____Yes ____No
 If Yes, please specify & follow instructions in point 8 under special note.
11. Other medical information _____
12. Vital Parameters (Pulse, BP, Temperature, Respiratory Rate, Level of Consciousness) :
 Normal Abnormal Please Specify : _____

PART 3

13. Cardiac condition

- a. Angina _____ Yes _____ No When was the last episode? _____
- Is the condition stable? _____ Yes _____ No
 - Functional class of the patient? _____ No symptoms _____ Angina with important efforts _____ Angina with light efforts _____ 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? _____ Metz
 - If angioplasty or coronary bypass, can the patient walk 100 metres at normal pace or climb 10–12 stairs without symptoms? _____ Yes _____ No
- c. Cardiac failure _____ Yes _____ No When was the last episode? _____
- Is the patient controlled with medication? _____ Yes _____ No
 - Functional class of the patient? _____ No symptoms _____ Shortness of breath with important efforts _____ Shortness of breath with light efforts _____ Shortness of breath at rest
- d. Syncope _____ Yes _____ No Last episode _____
- Investigations? _____ Yes _____ No If yes, state results _____

14. Chronic pulmonary condition _____ Yes _____ No Dyspnoea : Nil On Accustomed Exertion At Rest

- a. Has the patient had recent arterial gases / hypoxic challenge test? _____ Yes _____ No
- b. Blood gases were taken on: _____ Room air _____ Oxygen _____ LPM
- If yes, what were the results _____ pCO₂ _____ pO₂ Saturation _____
- Date of exam _____
- c. Does the patient retain CO₂? _____ Yes _____ No
- d. Has his/her condition deteriorated recently? _____ Yes _____ No
- e. Can the patient walk 100 metres at a normal pace or climb 10-12 stairs without symptoms? _____ Yes _____ No
- f. Has the patient ever taken a commercial aircraft in these same conditions? _____ Yes _____ No
- If yes when? _____
 - Did the patient have any problems? _____

15. 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 flight before _____ Yes _____ No
- If yes, date of travel? _____ Did the patient travel _____ alone _____ escorted?

16. Seizure _____ Yes _____ No

- a. What type of seizures? _____
- b. Frequency of the seizures _____
- c. When was the last seizure? _____
- d. Are the seizures controlled by medication? _____ Yes _____ No

17. Prognosis for the trip Good/ Average/ Poor _____

18. The above mentioned medical details are completely correct to the best of my knowledge and have been provided after getting due consent from my patient. He / She can travel as :

Sitting case Requiring Oxygen Wheel Chair Case Stretcher Case

19. Passengers Declared Fit to Fly

Physician's Name : _____ Qualification : _____ Registration No : _____

Physician Signature : _____ Rubber Stamp : _____ Date : _____

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

PART 4

Special Note:

- (1) Limited number of Oxygen cylinders are available in the aircraft, for **EMERGENCY USE ONLY**. Additional therapeutic Oxygen can be provided on request, **only if 48 HOURS ADVANCE NOTICE IS GIVEN**.
On our Boeing 737 MAX aircrafts we have oxygen cylinders that can deliver 'Continuous Oxygen' only at fixed flow rates of 2 or 4 litres / minute.
- (2) Due to flight safety reasons, personal oxygen cylinders are not allowed to be carried on board the aircraft.
- (3) Cases requiring oxygen should be accompanied by an escort who is familiar with the procedure of administering oxygen, or by a qualified nurse / doctor.
- (4) Currently our aircraft stretchers are capable of carrying patients with a **maximum weight of 300lbs (136kgs approx.)**. Hence patients weighing more than 300 lbs (136 kgs approx.), will be refused travel as stretcher cases on our flights.
- (5) The attendant should ensure that all items / medical equipment brought on the aircraft by the patient (needles, syringes, unused medications) are removed at the time the patient is disembarked from the aircraft.
- (6) Cabin staff are trained in to provide first-aid and are not expected render special nursing care to critically ill cases. First Aid Kits carried on board the aircraft do not contain syringes, special drugs or instruments. Cabin crew are not permitted to administer injections or open Medical Kits, which contain standard life-saving drugs / equipment, and these can be opened only under the advice of Registered Medical Practitioners.
- (7) Patients with intravenous (IV) drips are not allowed to fly unless they go as stretcher cases as there is no provision for IV drip stands on board the aircraft. All cases on intravenous drips must be accompanied by a qualified nurse / doctor.
- (8) Any fee for the completion of this certificate or for further medical examination requested by Akasa Air doctors for purpose of certification will be the responsibility of the passenger.
- (9) Physicians should give a certificate stating that battery used in equipment should be dry, non-spillable and fully charged. The medical equipment must not emit any electromagnetic radiation, which interferes with the communication / navigation systems of the aircraft (A/C) / A/C equipment. Please note that there no facilities for charging batteries during the flight. All manufacturing details should be forwarded to the medical dept. at earliest as it needs to be cleared by Akasa Air Engineering and Security before it can be carried on board the aircraft.
Patient should carry an adequate supply of fully charged batteries i.e., sufficient for 150% of maximum expected flight duration. Additional batteries must be packed as per IATA DGR.
- (10) All medical details asked must be completed and submitted at least 48 hours in advance of the flight as clearance has to be obtained from the regional company doctors. The form should be accurately filled and clearly typed. As this form is transmitted by telex / fax, all medical terms should be legible and completed in ink.
- (11) Akasa Air doctor's decision regarding fitness of the passengers to fly or the requirement of medical escort will be final. If at time of embarkation the condition of the passenger is worse than the details provided, carriage may be refused. Any case which Akasa Air feels might jeopardize the safety or operation of the aircraft will not be accepted.
- (12) Please note that our aircraft oxygen cylinders are compatible only with the bayonet fitting of the oxygen mask and not with any other equipment.
- (13) Akasa Air can arrange only for the installation of the stretcher, uplift of additional aircraft oxygen cylinders (with mask) and permit the guest to carry the medical equipment required by him/her.
- (14) It is the sole responsibility of the guest / guest's accompanying physician to carry the requisite medical equipment, including any attachments / interfaces / connectors that may be required to connect the guest's equipment / tracheostomy, to aircraft oxygen cylinders. Akasa Air shall not be responsible and/or liable for malfunction of any of the guest's medical equipment either on its own or when coupled with the aircraft oxygen cylinders. Further, Akasa Air shall not be responsible and/or liable for any non-supply of oxygen to the guest due to incorrect or absent interfaces /connectors brought in by the guest or his/her accompanying physician.

PART 5
GUIDELINES FOR ASSESING PATIENT'S FITNESS FOR TRAVEL ON AKASA AIR

When assessing a patient's fitness for air travel, the effects of reduced atmospheric pressure and consequent reduction in oxygen tension must be considered. Even in pressurized aircraft the cabin pressure will be equivalent to an altitude of 5000 – 8000 feet. Although each case will be considered on its merit, the following guidelines are laid down for the treating physician's reference**

- (A) Critical heart and respiratory conditions (e.g. decompensated cardiac patients / patients with severe valvular disease / unstable angina / significant cardiac arrhythmias/severe asthma) are usually not permitted to fly. Patients with recent coronary occlusion with myocardial infarction are normally not permitted to fly within 10 days if uncomplicated. Patients who have undergone angioplasties are usually allowed to fly only after 4 days if asymptomatic. Cases of uncontrolled severe hypertension are not allowed to fly. Patients with severe bronchitis, emphysema, other conditions where respiratory exchange is compromised or may be affected by the hypoxia are permitted to fly only if arrangements are made for supplemental oxygen for use in flight and are accompanied by a medical escort. Patients with active open tuberculosis / untreated pneumothorax are not permitted to fly. Cases with tracheostomies are permitted to fly only if accompanied by medical escort and suitable equipment.
- (B) Introduction of air into body cavities for diagnostic / therapeutic purposes are allowed to fly only after 5 days of uncomplicated recovery following the procedure.
- (C) Cases of acute, major psychiatric disorder allowed to fly only if sedated and accompanied by medical escort.
- (D) CVA/Head Injury - Permitted only after 5-14 days if stable or improving along with nursing escort.
- (E) Severe cases of acute otitis media / sinusitis / post middle ear surgery permitted to fly only with ENT specialist's fitness certificate.
- (F) Patients with acute contagious / communicable diseases are not allowed to fly.
- (G) Patients with fractures of the mandible with fixed wiring of the jaws are not allowed to fly.
- (H) POP casts should be bivalved in case flying is required within the first 48 hours of their application.
- (I) Peptic ulceration with hemorrhage - Not permitted within 10 days of onset, except when permitted by the treating consultant. Flying may be permitted after 5 days of a MINOR laparoscopic procedure, if uncomplicated recovery. Investigative laparoscopy may be accepted >24hrs provided gas is absorbed.
- (J) Post - Operative cases are usually not permitted to fly within :
 - (i) 10 days of abdominal operations (ii) 10 days of chest surgery (iii) 10 days of head surgery
- (K) Guidelines for pregnant guest - Refer appropriate section on website (<https://www.akasaair.com/>)
- (L) Passengers are allowed to fly after 48 hours of normal delivery provided they have medical clearance. Newborns are not allowed to fly in the first 7 days of life, unless they are medically cleared by the treating neonatologist and accompanied by at least an MBBS doctor.
- (M) Patients with deep vein thrombosis should not fly till patient is stabilized on anticoagulant therapy and there are no pulmonary complications.
- (N) Patient with severe anemia (Hb<9.5 gm/dl) are not permitted to fly. However in exceptional cases, they may be permitted to fly with specialist's certificate.
- (O) Patients with uncontrolled diabetes mellitus are not permitted to fly.
- (P) Patients with impaired mobility should be provided with diapers / Condom / indwelling catheters.
- (Q) Flying is not permitted for 3 - 6 weeks following surgery for retinal detachment.