

PART 2	MEDIF (Medical Information Sheet)	CONFIDENTIAL			
Return this form to British Airways plc Passenger Medical Clearance Unit Health Services (HMAG) Waterside PO Box 365 Harmondsworth UB7 0GB	This form is intended to provide confidential information to enable the airlines medical department to provide for the passenger's specific needs. To be completed by attending physician <ul style="list-style-type: none"> When fitness to travel is in doubt as evidenced by recent illness, hospitalisation, injury, surgery or instability Where special services are required i.e. oxygen, authority to carry accompanying medical equipment ENSURE ALL QUESTIONS ARE ANSWERED	British Airways Health Services Tel. +44 (0) 208 738 5444 Fax: +44 (0) 208 738 9644 Email: pmcu.pmcu@ba.com			
MEDA 01	Patient's name: <i>Michael David Robbins</i>	Age <i>73</i>			
MEDA 02	Treating Doctor: Name and Address: <i>Lauri Tammielto</i> <i>Helsinki Univ Hosp Jorvi Hosp Turuntie 150</i> Contact Tel: <i>+358-50-4284351</i> Email: <i>lauri.tammielto@hus.fi</i>				
MEDA 03	Medical Information (diagnosis in detail; include vital signs, Hb level) <table border="1" data-bbox="343 862 1492 929"> <tr> <td>Date of symptoms: <i>JAN 2014</i></td> <td>Date of diagnosis: <i>27 JAN 2014</i></td> <td>Date of surgery: _____</td> </tr> </table>		Date of symptoms: <i>JAN 2014</i>	Date of diagnosis: <i>27 JAN 2014</i>	Date of surgery: _____
Date of symptoms: <i>JAN 2014</i>	Date of diagnosis: <i>27 JAN 2014</i>	Date of surgery: _____			
MEDA 04	Is condition: Resolved <input type="checkbox"/> Stable and controlled <input checked="" type="checkbox"/> Following surgery: Uncomplicated recovery? <input type="checkbox"/> Hb level (fractured hip/pelvis) _____				
MEDA 05	Prognosis for the flight: (e.g. good/fair/poor) <i>GOOD</i>				
MEDA 06	Contagious and communicable disease? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>				
MEDA 07	Can patient use normal aircraft seat with seat placed in the upright position as required? (including Business/First Class cabins) NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> Can patient bend leg at the knee? NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>				
MEDA 08	Can patient take care of their own needs onboard unassisted (including meals, visit to toilet etc)? NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>				
MEDA 09	Does patient need supplementary oxygen in-flight? NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> If yes, specify flow rate 2L/m or 4L/m Flow rate: 2L/m <input checked="" type="checkbox"/> 4L/m <input type="checkbox"/> (Guidance: supplementary oxygen is not generally required unless dyspnoeic after walking 50 metres) Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> On some of our longhaul aircraft (B747) oxygen is available at a flow rate of 4L/m <u>only</u> . Is an oxygen flow rate of 4L/m acceptable? NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> Can patient tolerate pulsed oxygen? NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> Does patient prefer to use their POC inflight? NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> Ground Oxygen: British Airways <u>do not</u> provide airport oxygen. If oxygen is needed whilst transiting through the airport, patients must make their own arrangements. Is ground oxygen required? NO YES <input type="checkbox"/> If yes, what arrangements has patient made to provide this e.g. POC? _____ HUS/HYKS Yhteispoliklinikka Jorvi Keuhkosairaudet				
MEDA 10	Other remarks or information in the interest of your patient's smooth and comfortable transportation?				
Date: <i>2 FEB 2014</i>	Place: <i>ES000 FINLAND</i>	Signed: <i>[Signature]</i>			