

## MEDIF Medical Information Form

(To be completed by a Medically Qualified Person whose care you are under for the medical condition which you have declared).

Please complete all fields and return to Special Assistance Team, **Jet2.com** & **Jet2holidays**, The Mint, Ingram Street, Leeds, England, LS11 9AW or e-mail to **SpecialAssistance@Jet2holidays.com**.

**FOR COMPLETION NO EARLIER THAN 30 DAYS PRIOR TO TRAVEL**

### Proposed Routes and dates of travel

Outbound From \_\_\_\_\_ to \_\_\_\_\_ Date \_\_\_\_\_

Inbound From \_\_\_\_\_ to \_\_\_\_\_ Date \_\_\_\_\_

### Contact Number for Customer

#### 01. Patients Details (Please PRINT Clearly)

<b>Title</b>		<b>Surname</b>	
<b>Forename(s)</b>		<b>Gender</b>	
<b>Date of Birth</b>			

#### 02. Attending Physician Details

<b>Full Name</b>	
<b>Job Title/Role</b>	
<b>Address of Practice</b>	
<b>Telephone Contact</b>	

#### 03. Medical History (Give as much detail as possible, using extra sheets if required – a diagnosis alone is inadequate)

<b>Nature of incapacitation</b>	
<b>Date of first symptoms</b>	
<b>Date of diagnosis/injury</b>	
<b>Date of procedure</b>	

#### 04. Prognosis for the flight

Please confirm the customer is Fit To Fly. <b>Jet2.com</b> is unable to process the request without this information.	
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05. Does the patient suffer from a contagious and/or communicable disease?  No  Yes

06. May the Physical/Mental condition of the patient cause distress or discomfort to other customers?  No  Yes

07. Can the patient use a normal aircraft seat, in the upright position when required?  No  Yes

08. Can the patient take care of his/her own needs without assistance? (meals, visits to WC etc)  No  Yes

09. Does the patient need to be accompanied? (Please note this is not a service which can be offered by the airline and the patient will need to provide their own companion)  No  Yes

10. Does the patient have an intravenous infusion or visible medical equipment?  No  Yes

<b>If yes</b> please specify	
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- 11.** Does the patient need supplementary oxygen equipment in flight?  (If No, please go to question 13)  Yes  
**If Yes**, state requirements below. Please remember that the aircraft cabin is a hypoxic environment.  
 2 Litres  4 Litres  
 Intermittent  Continuous

- 12.** Please select the carriage of oxygen that will be used. **NB. Jet2.com is unable to supply oxygen. Customers are required to carry their own. The carriage of oxygen generators is prohibited.**  
 Oxygen Cylinder (Must weigh less than 5kgs) or  Oxygen concentrator

<b>Make</b>		<b>Model</b>	
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**WE WILL THEN CONTACT THE CUSTOMER TO CONFIRM THIS IS SUITABLE**

Please state the users capability for seeing, hearing and responding to the alarms of the POC unit	
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- 13.** Does the patient need any medication, and/or the use of apparatus such as respirator, incubator etc?  
 On the Ground?  No  Yes On Board the aircraft?  No  Yes
- 14.** Would the patient's condition be jeopardised by a prolonged delay or unscheduled night stop?  No  Yes
- 15.** Does the patient require hospitalisation at the destination?  No  Yes
- 16.** Is there any information the airline should know in the interests of your patient's smooth and comfortable journey?  
 No  Yes

If yes please specify	
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- 17.** Please advise of any arrangements made by the attending physician?

**MEDICAL CLEARANCE REQUESTS WILL NOT BE PROCESSED WITHOUT COMPLETION OF ALL THE DETAILS ABOVE AND BELOW OR IN EXCESS OF 30 DAYS PRIOR TO YOUR DEPARTURE DATE.**

**I CONFIRM THAT TO THE BEST OF MY KNOWLEDGE THIS INFORMATION IS TRUE AND COMPLETE.**

<b>Name of Practice</b>		<b>Contact Number</b>	
<b>Physician Title</b>		<b>Physician Name</b>	
<b>Date of completion (Form must be completed within 30 days of travel to ensure up to date information)</b>			
<b>Physician Signature</b>			
<b>Physician Stamp</b>			
If a stamp of the practice can not be provided then an additional document on headed paper/business card with the physicians signature must be supplied.			
<b>If you require any clarification or aviation advice please contact our team on 0800 408 5591, or +44 (0) 203 059 8337 if calling from overseas</b>			

**Travel Insurance** It is highly recommended that all customers have sufficient travel insurance cover in place, valid for the duration of their journey, to include unscheduled flight diversion and/or early return to the UK due to their illness.

Information Can be found at <http://www.Jet2Insurance.com>

**Jet2insurance** key cover summary (per person)

<b>Medical Emergency &amp; Repatriation</b>	up to £10,000,000
<b>Cancellation, Curtailment &amp; Trip Interruption</b>	up to £3,500
<b>Personal Possessions</b>	up to £2,000
<b>The cost of diverting a flight for medical reasons</b>	Up to £5,000 per diversion*

\*subject to the claim being successfully validated under the medical section of the policy.