

## 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 NOTE: JET2.COM DOES NOT ACCEPT STRETCHER CASES**

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**.

**01.** Date of completion

<b>Date</b>
-------------

**FORM MUST BE COMPLETED WITHIN 30 DAYS OF TRAVEL TO ENSURE UP TO DATE INFORMATION**

**02.** Proposed Routes and dates of travel

<b>Outbound From</b>		<b>to</b>		<b>Date</b>	
<b>Inbound From</b>		<b>to</b>		<b>Date</b>	
<b>Contact Number</b>					

**03.** Patients Details (Please PRINT Clearly)

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

**04.** Attending Physician Details

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

**05.** 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/Surgery</b>	
<b>Type of Surgery</b>	

**06.** Prognosis for the flight

<b>Please confirm the customer is Fit To Fly. Jet2.com is unable to process the request without this information.</b>	
---	--

**07.** Does the patient suffer from a contagious and/or communicable disease?  No  Yes

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

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

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

**11.** 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

**If Yes**, please provide the following information:

<b>Medical Escort</b> (Please specify if Doctor/Nurse)	
<b>Travel Companion</b> (please specify)	

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

13. Does the patient need supplementary oxygen equipment in flight?  (If No, please go to question 15)  Yes

**If Yes**, state requirements below. Please remember that the aircraft cabin is a hypoxic environment and that **Jet2.com** is unable to supply oxygen. Customers are required to carry their own for use on board. The carriage of oxygen generators and liquid oxygen systems are prohibited.

2 Litres per minute  4 Litres per minute  Other (please specify) \_\_\_\_\_

Intermittent  Continuous

**Important:** There are no charging facilities on the aircraft, therefore it is the patient's responsibility to carry adequate supply of fully charged batteries or additional devices to cover the full duration of the flight also taking into account the possibility of a flight delay. If the patient is carrying more than one device or additional batteries, we need to be made aware of the quantity, makes and models and number of batteries so that approval can be granted for carriage in accordance with the IATA Dangerous Goods Regulations. There are restrictions on the number of batteries and devices carried therefore prior approval must be sought from the airline. The device/s must be capable of delivering the recommended flow rate of oxygen as indicated above.

14. Please select the type of oxygen device that will be used.

Oxygen Cylinder (Must weigh less than 5kgs)

Number of cylinders

Portable Oxygen Concentrator (POC)

Number of POC's

Make	Model
Please state the users capability for seeing, hearing and responding to the alarms of the Portable Oxygen Concentrator	

**WE WILL THEN CONTACT THE CUSTOMER TO CONFIRM THIS IS SUITABLE**

15. 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

16. Would the patient's condition be jeopardised by a prolonged delay or unscheduled night stop?  No  Yes

17. Does the patient require hospitalisation at the destination?  No  Yes

18. Is there any information the airline should know in the interests of your patient's smooth and comfortable journey or any arrangements made by the attending physician?  No  Yes

If yes please specify	
-----------------------	--

**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>Physician Signature</b>			
<b>Physician Stamp</b> <i>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.</i>			

**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**

**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.