

MEDIF

Standard medical information form for air travel

Answer ALL questions. Mark a cross (X) in the "YES" or "NO" boxes.
Use **PRINT TYPE**.

PART 1

To be filled out by the passenger

A	Passenger's name				Age	
	Travel insurance / Travel insurance number					
B	Proposed itinerary	From	To	Date	PNR (Reservation Code)	Transfers from one flight to another require LONGER connection time
C	Office or agency				Telephone	
D	Do you need a wheelchair?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Can the passenger move independently for short distances?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Passengers traveling in their own wheelchairs with batteries should review the requirements for the transport of dangerous goods at www.latamairlines.com	
E	PROPOSED COMPANION: Name, sex, age, profession and occupation, segments if they are different from the passenger's, in the case of an unqualified person, write down: TRAVEL COMPANION				In the case of passengers with visual or hearing disabilities, indicate if they are traveling with an assistance dog	
	If the passenger is traveling alone, indicate contact person, name and telephone number					
F	Do they need other preparations on ground?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify		
	If you answer YES, specify (a) Agreement with the airline or other organization, (b) Who covers the expense and (c) telephone number (s) and addresses where applicable or any person in particular designated to provide assistance to the passenger.		(a) _____			
			(b) _____			
G	Special flight requirements such as extra seat (only adjacent seat), special food (only on flights where it is available).		Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify		

Passenger declaration

I authorize DR. _____ to provide the LATAM group with the information required by its medical departments in order to determine my aptitude for air transport. Consequently, I release the doctor of his ethical obligations in this regard, and I agree to pay this doctor the corresponding fees.

If the transport is accepted, I am aware that my trip is subject to the transport company's general transport conditions and fares. Besides, the transporter does not assume any responsibility that exceeds these conditions and fares.

I assume complete responsibility at my own risk for any consequence that air transportation may have on my state of health and I release the carrier, its employees and agent from any responsibility for such consequences, especially (but not limited to) in case of expenses due to health issues derived from preexistent conditions. I also release the carrier from all responsibility regarding any expense that they must make concerning my health state if a flight is canceled or delayed for reasons of security or force majeure. I agree to refund the carrier on demand for any special expenses or costs related to my transportation.

I accept that the airline may deny me boarding if my condition does not match the data provided or if my boarding could put my health or other passengers or flight operations' at risk.

IMPORTANT

Where necessary, this document must be read by the passenger, signed by them or on their behalf.

Place

Date

Passenger's signature

Contact phone

MEDIF

Medical Information Sheet (for official use only)



The purpose of this form is to provide the information necessary to allow the airlines' medical departments to evaluate the passenger's conditions for the trip. If the passenger is accepted, this information will allow them to give the necessary instructions to provide the passenger with a maximum of well-being and comfort. The physician in charge must answer all the questions, marking a cross (X) in the respective "YES" or "NO" box and/or provide concise and accurate answers. **We recommend completing the form using block letters.**

PART 2

To be completed by the treating physician

This form must be completed at least 10 days before the flight departure and delivered to the company up to 48 hours before the trip to the email: ssee_medif@sac.latam.com

To be completed by the DOCTOR IN CHARGE and sent in PDF format

MEDA 01 Passenger information	Full name		Date of birth	
	Gender: Fem. <input type="checkbox"/> Male <input type="checkbox"/>		Age	
MEDA 02 Doctor's information	Name of physician in charge			
	RUT / ID / DNI / CRM		Telephone contact	
	Doctor's specialty		email	
MEDA 03 Diagnosis and history	Main diagnostic		Comorbidities	
	Previous surgeries Yes <input type="checkbox"/> No <input type="checkbox"/>		Specify	
	Date:			
MEDA 04 Risks during the trip	Is the passenger fit to travel by plane? Yes <input type="checkbox"/> No <input type="checkbox"/>	Risk: High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/>	Flying is not recommended <input type="checkbox"/>	
MEDA 05	Does the passenger have any contagious/infectious disease at the time of travel? Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Specify			
MEDA 06	Sphincter control? Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify		
MEDA 07	Mental health disorder? Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify		
	The patient's clinical condition is controlled Yes <input type="checkbox"/> No <input type="checkbox"/>	Medicines:		
MEDA 08 Autonomy	The passenger has autonomy during the trip to:			
	Understand the safety instructions: Yes <input type="checkbox"/> No <input type="checkbox"/> Eat: Yes <input type="checkbox"/> No <input type="checkbox"/> Use the bathroom: Yes <input type="checkbox"/> No <input type="checkbox"/>			
MEDA 09 Companion	Yes <input type="checkbox"/> No <input type="checkbox"/> Specify Family member <input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Paramedic <input type="checkbox"/> Others:			
	<i>The companion must be physically and mentally capable of managing the aircraft cabin environment, as well as providing assistance to the passenger in case of emergency or services (food/physiological)</i>			
MEDA 10	Pulmonary Disorders? Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify		
	Does the passenger use oxygen during the flight? Yes <input type="checkbox"/> No <input type="checkbox"/>		CO2 retainer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Does the passenger travel with their own oxygen concentrator? Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify		
	Flow quantity L / minute <input type="text"/>	Battery duration <input type="text"/>	Model / Brand / Seal <input type="text"/>	
MEDA 11	Heart failure? Yes <input type="checkbox"/> No <input type="checkbox"/>	Ejection fraction:	Date:	
	Functional class: Dyspnea at small efforts moderate <input type="checkbox"/> and great efforts <input type="checkbox"/>			
	Angina? Yes <input type="checkbox"/> No <input type="checkbox"/> Last episode:	Previous AMI? Yes <input type="checkbox"/> No <input type="checkbox"/> Date:		
MEDA 12	Epilepsy? Yes <input type="checkbox"/> No <input type="checkbox"/> Last episode:	Syncope? Yes <input type="checkbox"/> No <input type="checkbox"/> Last episode:		
	Stroke? Yes <input type="checkbox"/> No <input type="checkbox"/>	Sequels:		Date:
MEDA 13	Visual/hearing disorders? Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify		

MEDA 14	¿Anemia?	Last Hb:	Date:
MEDA 15	Special food? Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify	
MEDA 16	Allergies? Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify	
MEDA 17	Medications in regular use:		
MEDA 18	Does the passenger use anticoagulants? Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify <i>Flights over 3 hours: In the case of coagulopathy and/or a history of thrombosis, cardiac arrhythmias, fractures, etc.</i>	
MEDA 19	The passenger requires hospitalization/ambulance at destination Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Can the passenger sit upright during the flight? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Does the patient need a stretcher? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Can the patient bend the knees during the trip? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Can the patient flex the waist during the trip? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Does the passenger need a wheelchair? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	<p><i>WCHR Needs assistance in the terminal to go to the boarding gate, use a wheelchair or similar when passengers are embarking/disembarking through the access ramp. The passenger does not require assistance to get on and off the bus and/or the stairs to access the aircraft, sit or get up from the toilet seat and for eating.</i></p> <p><i>WCHS Unable to use the bus ramp and requires assistance in boarding and disembarking (for example, the stairs to access the plane). They do not require assistance to sit or rise from the cabin seat, toilet and for eating.</i></p> <p><i>WCHC Requires all assistance, including getting into or out of the cabin seat, restroom, and possibly eating.</i></p>		
<p>Important information:</p> <ol style="list-style-type: none"> The passenger must provide the oxygen concentrators and their batteries, and the model must be approved by the Aeronautic authorities. LATAM does not provide physiological serum. The company can set conditions or refuse to transport the passenger if the information given in this form suggests that there may be risks for the passenger's health and the others, and also if the form does not show the current passenger's health condition at the time of embarking. <p>Learn about terms and conditions at www.latamairlines.com in the section: Information for your trip</p> <p>The signing doctor in charge, DR. _____ declares that the patient's conditions allow them to travel by air taking the precautions described above, without risking their condition as a direct consequence of the flight.</p> <p style="text-align: center;"> <input style="width: 150px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 250px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 300px; height: 20px; border: 1px solid black;" type="text"/> </p> <p style="text-align: center; margin-top: 20px;">THIS SECTION IS FOR THE EXCLUSIVE USE OF THE LATAM AEROSPACE HEALTH TEAM:</p> <hr style="width: 60%; margin: auto;"/> <p style="text-align: center; font-size: 24px; font-weight: bold; margin-top: 10px;">FREMEC</p>			
	Is it eligible? Yes <input type="checkbox"/> No <input type="checkbox"/>	Validity:	
<p><i>The frequent traveler who has a stable clinical condition and who has already been initially authorized by the medical team may be eligible to automatically register in FREMEC, not requiring new medical authorizations and process new MEDIF for other trips within the validity period approved by the company medical area.</i></p>			