

PART 1		M E D I F			
To be completed by Sales office/Agent		SPECIAL SERVICE REQUIREMENT FORM FOR AIR TRAVEL			
		Answer ALL questions - Put a cross (x) in "YES" or "NO" boxes Use BLOCK LETTERS or TYPEWRITER when completing this form			
A	NAME:	Male / Female		Age:	
B	PROPOSED ITINERARY (airline(s), flight number(s) class(es), date(s), segments(s) reservation status of continuous air journey)				
C	NATURE OF INCAPACITATION	MEDIF II is required? No <input type="checkbox"/> Yes <input type="checkbox"/>			
D	STRETCHER NEEDED ON BOARD? (all stretcher cases MUST be escorted)	No <input type="checkbox"/>		Yes <input type="checkbox"/>	
E	INTENDED ESCORT (Name, sex, age professional qualification, segments if different from passenger) if untrained, specify that "TRAVEL COMPANION"	For blind and/or deaf state if escorted by trained dog (if any)			
F	WHEELCHAIR NEEDED? No <input type="checkbox"/> If YES, Wheelchair Category: Yes <input type="checkbox"/> WCHR <input type="checkbox"/> WCHS <input type="checkbox"/> WCHC <input type="checkbox"/>	OWN Wheelchair No <input type="checkbox"/> Yes <input type="checkbox"/>	Collapsible No <input type="checkbox"/> Yes <input type="checkbox"/>	Power driven No <input type="checkbox"/> Yes <input type="checkbox"/>	Battery Type (spillable) No <input type="checkbox"/> Yes <input type="checkbox"/>
G	AMBULANCE NEEDED? No <input type="checkbox"/> Yes <input type="checkbox"/>	If YES, to be arranged by passenger and specify contact address of Ambulance Company:			
H	OTHER GROUND ARRANGEMENTS NEEDED? No <input type="checkbox"/> Yes <input type="checkbox"/>	If YES, specify below and indicate for each item (a) The arranging airline or other organisation, (b) Whose expense, (c) The contact address/Telephone numbers where appropriate or whenever specific persons are designated to meet assist the passenger			
1	Arrangements for deliver at airport of DEPARTURE No <input type="checkbox"/> Yes <input type="checkbox"/>	Specify			
2	Arrangements for assistance at CONNECTING POINTS No <input type="checkbox"/> Yes <input type="checkbox"/>	Specify			
3	Arrangements for meeting at airport of ARRIVAL No <input type="checkbox"/> Yes <input type="checkbox"/>	Specify			
4	Other requirements or relevant information No <input type="checkbox"/> Yes <input type="checkbox"/>	Specify			
K	SPECIAL IN-FLIGHT ARRANGEMENTS NEEDED, such as special meals, special seating, leg - rest, extra seat(s), special equipment, etc. No <input type="checkbox"/> Yes <input type="checkbox"/> (See NOTE (*) at the end of MEDIF II attached)	If YES, describe and indicate for each item: (a) Kind of special service and segment(s) on which required (b) Airline arranged or arranging third party (c) Whose expense Provision of special equipment such as oxygen etc. Always requires completion of MEDIF II attached.			
L	WAIVER OF RESPONSIBILITY I am prepared, at my own risk, to bear any consequences which carriage by air may have for my state of health and I release the carrier, its employees, servants and agents from any liability for such consequences.				
Date		Place		Signature of passenger or on his/her behalf (Full name)	