

# MEDICAL INFORMATION FORM FOR AIR TRAVEL (MEDA)

## PART 1

To be completed by  
PASSENGER or AGENT

Please complete the form in CAPITAL letters using BLACK ink. Answer all questions.

Part 2 Doctor Form must be completed if passenger has a serious or unstable medical condition  
(refer Part 3 Medical Guidelines for Doctors) or as indicated below.

**A** PASSENGER'S FULL NAME: \_\_\_\_\_ DATE OF BIRTH (DD/MM/YY) / / \_\_\_\_\_

SEX Male  Female  AGE: \_\_\_\_\_ DAYTIME TELEPHONE: ( ) \_\_\_\_\_

## B FLIGHT DETAILS

Note: You may need to allow longer for transfer between flights. Air New Zealand can only provide medical clearance for Air New Zealand operated flights.

AIR NZ BOOKING REF. (REQUIRED)	FLIGHT NO.	DATE	FROM	TO	CLASS
	NZ				
	NZ				
	NZ				
	NZ				

## C NATURE OF DISABILITY, ILLNESS OR INJURY:

### D 1 INTENDED ESCORT

NAME: \_\_\_\_\_ THEIR AIRNZ BOOKING REF: \_\_\_\_\_ TRAVEL COMPANION  NURSE  DOCTOR

**2** Is the intended escort capable and prepared to provide all assistance including feeding, toileting and lifting if required? N/A  YES  NO

## E SERVICES REQUESTED:

WHEELCHAIR NEEDED? YES  NO  Own wheelchair? YES  NO

If YES indicate category: Manual? YES  NO

**WCHR:** Cannot walk far, but can manage stairs  Power driven? YES  NO

**WCHS:** Cannot walk far, cannot manage stairs  Battery type (spillable?) YES  NO

**WCHC:** Unable to walk, needs assistance to cabin seat  Wheelchair weight? \_\_\_\_\_ Kgs

Wheelchair Dimensions (cm): W \_\_\_\_\_ D \_\_\_\_\_ H \_\_\_\_\_

Quadruplegic harness YES  NO  Wheelchairs with spillable batteries are "restricted articles" and are permitted on passenger aircraft only under certain conditions. Refer [www.airnewzealand.co.nz](http://www.airnewzealand.co.nz)

Seating Aisle seat  Seat near toilet

Oxygen (refer Part 2) YES  NO

## F SPECIAL SERVICES REQUESTED Note: If yes to any, Part 2 must be completed

Is supplementary oxygen required? YES  NO

Is stretcher needed onboard? YES  NO  All stretcher transfers must have a medical escort

Are ambulance arrangements required? YES  NO

Is hospital admission required? YES  NO

Are other ground arrangements required? YES  NO

**G LIST OF ALL MEDICAL EQUIPMENT BEING CARRIED (EG. CPAP, FEEDING PUMP, OXYGEN CONCENTRATOR)**  
 Note: All passengers carrying medical equipment other than CPAP must complete Part 2.

Equipment type	Make/Model	Dimensions (cm)	Power Supply (select one)		When Required (select one)	
			Requires Aircraft power supply	Has own portable battery	For use during all flight phases	Not required during take-off or landing
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: To prevent interference with aircraft systems, all electronic apparatus must be approved by Air New Zealand for use on board. Refer PART 3.

**PASSENGER'S DECLARATION**

- I HEREBY AUTHORISE \_\_\_\_\_ (Name of nominated medical doctor in CAPITAL LETTERS) to provide Air New Zealand with the information required by Air New Zealand's Chief Medical Officer for the purpose of determining my fitness to fly. I relieve that doctor of his/her professional duty of confidentiality in respect of such information, and I agree to meet such doctor's fees and costs in connection there with.
- I have provided my Doctor with Air New Zealand MEDA Part 2 to complete and MEDA Part 3 Medical Guidelines for Doctors
- I acknowledge that, if accepted for carriage, my journey will be subject to the general conditions of carriage/tariffs of Air New Zealand and that Air New Zealand does not assume any special liability exceeding those conditions/tariffs.
- I accept that there may be consequences which carriage by air may have for my state of health and I release Air New Zealand, its employees, servants and agents from any liability for such consequences (except where contrary to law).
- I agree to reimburse Air New Zealand upon demand for any special expenditures or costs in connection with my carriage.
- I hereby authorise Air New Zealand to send a copy of this authorisation to my medical doctor indicating my consent.
- I agree to contact the Air New Zealand Paxcare team if my medical condition or travel details change in any way prior to travelling.
- I acknowledge that by providing private medical information I consent to its use by appropriate Air New Zealand personnel (or their agents) for the purpose for which it was provided.

NAME	SIGNATURE	DATE (DD/MM/YY) / /
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# MEDICAL INFORMATION FORM FOR AIR TRAVEL (MEDA)



## PART 2

To be completed by  
nominated DOCTOR

This form is intended to provide CONFIDENTIAL information to assess the fitness of the passenger to travel. If the passenger can be transported, this information will facilitate the issuance of the necessary directives.

The Doctor of the named passenger is requested to answer ALL questions in CAPITAL letters using BLACK ink. Enter an "X" in the appropriate "Yes" or "No" box and give concise answers. Refer to Part 3 Medical Guidelines for Doctors.

Part 1 Passenger/Agent Form must be completed by all passengers who require a Part 2 Doctor Form.

**MEDA 01** PASSENGER'S FULL NAME: \_\_\_\_\_ DATE OF BIRTH (DD/MM/YY) / / \_\_\_\_\_

SEX Male  Female  DAYTIME TELEPHONE: ( ) \_\_\_\_\_

### FLIGHT DETAILS

Note: You may need to allow longer for transfer between flights. Air New Zealand can only provide medical clearance for Air New Zealand operated flights.

AIR NZ BOOKING REF. (REQUIRED)	FLIGHT NO.	DATE	FROM	TO	CLASS
	NZ				
	NZ				
	NZ				
	NZ				

**MEDA 02** DOCTOR NAME: \_\_\_\_\_ SPECIALITY: \_\_\_\_\_

NAME OF HOSPITAL/CLINIC: \_\_\_\_\_ MOBILE PHONE: ( ) \_\_\_\_\_

FAX: ( ) \_\_\_\_\_ EMAIL \_\_\_\_\_

Note: You may be contacted by Air New Zealand for further information to allow your patient to fly. Please provide all contact information requested

**MEDA 03** MEDICAL DATA DIAGNOSIS IN DETAIL (e.g. Injury, type of operation, co-morbidities): \_\_\_\_\_

Date of surgery/procedure/diagnosis: (dd/mm/yy) / / \_\_\_\_\_

VITAL SIGNS (dd/mm/yy) / / \_\_\_\_\_

BP: / PULSE: bpm SAO2 (on air): %

**MEDA 04** PROGNOSIS FOR THE FLIGHT(S) Please consider the potential effects of the itinerary and physiological stresses of flight on the patient's state of health and mention if Terminal case. Details should be provided for guarded / poor (refer Part 3).

GOOD  (no problems anticipated) GUARDED  (potential problems) POOR  (problems likely) Details (e.g. late stage disease, unstable): \_\_\_\_\_

**MEDA 05** Is PASSENGER FREE FROM Contagious and/or Communicable disease: YES  NO  Specify: \_\_\_\_\_

**MEDA 06** Would the physical and/or mental condition of the passenger cause distress, discomfort or a safety risk to other passengers? YES  NO  Specify: \_\_\_\_\_

**MEDA 07** Can the passenger use a normal aircraft seat with seatback placed in the UPRIGHT position when required (as required by Civil Aviation Rules) YES  NO  Travelling via Stretcher? YES  NO  Note: Medical Report required

**MEDA 08** Can the passenger take care of their own needs on board UNASSISTED (including feeding, toileting, mobility etc.)? YES  NO  Note: If not refer to MEDA PART 1 & 3

**MEDA 09** Specify the ESCORT the passenger requires: NIL  TRAVEL COMPANION  NURSE  DOCTOR

**MEDA 10** Does the patient need SUPPLEMENTARY OXYGEN equipment in flight? YES  NO  2L/min  Other  Specify: \_\_\_\_\_

GUIDANCE: Refer PART 3. Patients who can walk 50 metres without dyspnoea generally do not require supplementary oxygen. If sea-level SAO2 ≥93%, passenger is unlikely to need in-flight O2; if 89-92% may need O2; if <88% should travel with O2.

Pulse delivery  (preferred) Continuous flow  (Medical Report required)

**MEDA 10 cont.** Has oxygen been arranged for transit with another provider? YES  NOT REQUIRED  Specify:

Note: Air New Zealand is only able to provide oxygen IN-FLIGHT (on some aircraft)

**MEDA 11** Does the passenger need any MEDICATION other than self-administered?

(a) On Ground: YES  NO  Specify: \_\_\_\_\_

(b) On board the AIRCRAFT: YES  NO  Specify: \_\_\_\_\_

Can these be administered by the escort: YES  NO

**MEDA 12** Does the passenger need the use of MEDICAL EQUIPMENT such as respirator, IV pump, monitor, etc? YES  NO

Equipment type	Make/Model	Dimensions (cm)	Power Supply (select one)		When Required (select all that apply)		
			Requires Aircraft power supply	Has own portable battery	For use during all flight phases	Not required during take-off or landing	On ground
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: To prevent interference with aircraft systems, all electronic apparatus specification must be approved by Air New Zealand for use on board. Refer PART 1&3.

**MEDA 13** HAS HOSPITAL ADMISSION BEEN CONFIRMED? In transit  At arrival port  NOT REQUIRED

HOSPITAL NAME: \_\_\_\_\_

RECEIVING DOCTOR: \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE No. ( ) \_\_\_\_\_

HAVE AMBULANCE ARRANGEMENTS BEEN CONFIRMED AT DEPARTURE PORT? In transit  At arrival port  NOT REQUIRED

Provider Details: \_\_\_\_\_

If yes to either, Medical transfer letter attached

Note The doctor is responsible for all ambulance and hospital arrangements.

**MEDA 14** Other remarks or information in the interest of the passenger's smooth and comfortable travel. NONE  Specify if any: \_\_\_\_\_

**MEDA 15** Other arrangements made by the doctor NONE  Specify if any: \_\_\_\_\_

Note: Cabin crew are NOT authorised to give special assistance to particular passengers, to the detriment of their service to other passengers.

Cabin crew are employed as food handlers and are therefore UNABLE to assist with toileting needs. They are trained in FIRST AID procedures only and are NOT PERMITTED to administer any injection, or give medication. Please ensure the passenger has all the necessary help via their travel companion/escort.

IMPORTANT Fees: If any costs are incurred for the provision of specific equipment, these must be met upon demand by the named passenger

**DOCTOR DECLARATION**

- I understand the final decision for passenger acceptance for travel rests with Air New Zealand alone.
- I have read and understood PART 3 of the Air New Zealand MEDA (Medical Guidelines for Doctors).
- In my opinion, this person is safe to undertake the proposed flights, is free from communicable disease, and is not likely to affect the safety or wellbeing of other passengers or crew.
- I agree that the services requested above are appropriate in the circumstances. This passenger is able to take care of their own meals, transfers, personal hygiene, medication and other needs in flight (or is escorted by someone who can assist with all these needs).
- Where an ESCORT is required, I believe they are qualified and have all necessary equipment to deal with the patient's needs and any likely complications during the journey.
- I have enclosed a recent detailed MEDICAL REPORT for serious cardiopulmonary cases, cases requiring hospital transfer, terminally ill passengers, those requesting continuous oxygen or stretchers, and other complicated or potentially serious medical cases.

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE (DD/MM/YY) / /

MEDICAL COUNCIL NUMBER: \_\_\_\_\_