



**INFORMATION SHEET FOR PASSENGERS
REQUIRING SPECIAL ASSISTANCE (MEDIF)
IATA resolution 700 Attachment A**

Confidential

To be completed by Sales office/agent

Answer all questions. Put a cross (x) in 'yes' or 'no' boxes. Use block letters when completing this form.

A Name _____ Initials _____ Title _____

B Proposed itinerary _____ *Transfer from one flight to another often requires longer connecting time.*
(airline(s), flight number(s), class(es), date(s), segment(s), reservation status of continuous air journey)

C Nature of incapacitation _____

D Is stretcher needed on board _____ *Request rate if unknown*
(all stretcher cases **must** be escorted) no yes

E Intended escort (name, sex, age, professional qualification, segments if different from passenger). If untrained, state **travel companion** _____ *For blind and/or deaf, state if escorted by trained dog*

F Wheelchair needed no yes, category * WCHR WCHS WCHC
Own wheelchair no yes, collapsible no yes
battery type no yes, spillable no yes *Wheelchairs with spillable batteries are 'dangerous goods' and are permitted on passenger aircraft only under certain conditions, which can be obtained from the airline(s). In addition, certain countries may impose specific restrictions*

G Ambulance needed no yes
To be arranged by **airline** no, specify ambulance company contact _____
(request rate(s) if unknown) yes, specify destination address _____

H Other ground arrangements needed no yes *If yes specify below and indicate for each item: (a) the **arranging** airline or other organisation, (b) at whose **expense** and (c) **contact** address/telephone numbers where appropriate, or whenever specific persons are designated to meet/assist the passenger.*

1 Arrangements for delivery at airport of departure no yes specify _____

2 Arrangements for assistance at connecting points no yes specify _____

3 Arrangements for meeting at airport of arrival no yes specify _____

4 Other requirements or relevant information no yes specify _____

K Special in-flight arrangements needed no yes *Describe and indicate for each item: (a) **segment(s)** on which required, (b) airline **arranged** or arranging third party and (c) at whose expense. Provision of **special equipment**, such as oxygen, etc. always requires completion of the **MEDIF** (see back). See also note 2 on the MEDIF.*

L Does the passenger hold a frequent travellers medical card (FREMEC) valid for this trip no yes *If yes, add below **FREMEC** data to your reservation requests. If no, (or if additional data needed by carrying airline(s), have physician in attendance complete this **MEDIF***
FREMEC no. _____ / _____ Issued by _____ Valid until _____
 M F Date of birth _____ Incapacitation _____
Limitations _____

* WCHR = passenger cannot walk well, but can use stairs
WCHS = passenger cannot going up- and down stairs
WCHC = passenger cannot walk at all

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