

## Medical Information Form (MEDIF)

### SHOW THIS INSTRUCTION TO YOUR DOCTOR

Please read the following guidelines before completing the MEDIF form. This form is used to assess if the passenger with health problems can travel safely by plane and to ensure appropriate assistance during the flight.

The MEDIF form consist of two parts, which must be consistent with each other:

- 1) **Attachment A** – is completed by the passenger. They provide flight details and any special requirements (e.g. an assistance).
- 2) **Attachment B** – is completed by the attending physician. They assess the passenger's health and determine if they are fit to travel safely. The physician assumes full responsibility for the accuracy of the information provided. Any amendments to the document must be confirmed by the physician's initials, stamp, or signature at the place where the changes are made.

### THE MEDIF FORM IS REQUIRED IN THE FOLLOWING CASES:

- **Pregnant women:**

- all women over 32 weeks pregnant or women with multiple pregnancies or complications.

- **Infants** up to and including the 7th day of life.

- **Passengers requiring the assistance** of a doctor, medical personnel or specialised equipment, such as an oxygen concentrator during the flight.

**Exception:** If the **CPAP** device is not connected to a ventilator and the passenger has no other health problems, the MEDIF form is not required.

- **Passengers whose health might deteriorate as a result of air travel. In particular, passengers with:**

- severe anemia,
- psychiatric disorder,
- seizure disorder,
- cardiac condition (e.g. cardiac failure, recently experienced heart attack),
- respiratory problems,
- bladder or bowel control problem (not applicable to the presence of a catheter or stoma),
- health deterioration after recent surgeries,
- visible effects of a previous aesthetic medical procedure.

### EXPIRY OF THE MEDIF FORM:

- 1) **Flights to/from USA:** The form must be completed **no earlier than 10 days before the departure date.**

- The same form is valid for your return flight, even if it takes place at a later date.

**Note:** If your return flight is booked under a different reservation number than the initial flight, a new MEDIF form is required.

- You must submit the correctly completed MEDIF form to the carrier no later than 48 hours before departure.

- 2) **Other flights:** The form must be completed **no earlier than 14 days before the departure date.**

- If your return flight takes place within 14 days of the MEDIF issue date, a new form is not required.
- If the return flight is scheduled more than 14 days after the MEDIF was issued, a new form must be completed.
- You must submit the correctly completed MEDIF form to the carrier no later than 72 hours before departure.

### IN WHICH CASES IS THE MEDIF FORM NOT REQUIRED?

You do not need to complete the MEDIF form if:

- You are **blind, visually impaired, or deaf** (BLND or DEAF).
- You have **hidden disability** and need assistance at the airport or during boarding/disembarkation (DPNA).
- You are an **elderly** passenger.
- You need a **wheelchair, crutches, a cane, or a walker** for comfort during travel.
- You use a **CPAP device** during the flight for sleep apnea, provided you do not have other medical conditions requiring the MEDIF form.
- You are carrying a **Portable Oxygen Concentrator (POC)** in your cabin baggage but do not intend to use it during the flight.
- You have a **plaster cast** applied **more than 48 hours before the flight** — however, you must have a doctor's note stating the exact date the cast was applied.
- You have **diabetes** and are travelling with an insulin pump or self-inject using a pen.
- You are travelling with a **catheter** or a **stoma**.

#### IMPORTANT INFORMATION:

- **Travel in a lying position:** LOT does not offer travel on a stretcher or in a lying position.
- **Oxygen:** Oxygen cylinders are not available on LOT flights. Passengers are not allowed to bring their own.
- **Power supply for medical equipment:** You cannot charge medical devices using in-seat power outlets. You must bring extra batteries sufficient for **150%** of the flight time.
- **Wheelchair:** If you are travelling with your own wheelchair, you must provide its exact weight, dimensions, and information about any battery at least 48 hours before departure using the form available at our website.
- **Cabin crew assistance:** In a medical situation, cabin crew is trained only to provide first aid. They are not authorized to administer injections, give medication or lift/carry passengers.
- **Health deterioration:** If your health deteriorates after the MEDIF form has been issued, you must obtain a new form.
- **Form validity:** The MEDIF form is only valid for the flights and dates specified in the document. LOT Polish Airlines will indicate the items that need to be corrected. Any corrections made to Appendix B must be confirmed by the physician's initials/stamp/signature at the place where the modification was made. We recommend that the physician complete the document again.
- **Original document:** Always carry the original paper MEDIF form with you to present it at check-in and to the cabin crew before boarding.
- **Questions?** Email meda@lot.pl if you have any questions about how to complete the form.

## Sheet for Passengers Requiring Medical Clearance (MEDIF)

Attachment A - to be completed by the passenger (handling advice for airlines staff)

### IATA Resolution 700 Attachment A

|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |            |               |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------|---------------|
| <b>1</b> | <b>Passenger's full name</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Title</b> | <b>Age</b> | <b>Gender</b> |
| <b>2</b> | <b>Booking number</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |            |               |
| <b>3</b> | Flight No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | From         | To         | Date          |
|          | Flight No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | From         | To         | Date          |
| <b>4</b> | <b>Do you require an assistance during the journey?</b><br><input type="checkbox"/> WCHR – You are able to walk up/down stairs<br><input type="checkbox"/> WCHS – You are unable to walk up/down the stairs<br><input type="checkbox"/> WCHC – You are unable to walk<br><input type="checkbox"/> I do not need                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |            |               |
| <b>5</b> | <b>A. Do you need to transport a wheelchair?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO<br>If <b>YES</b> , specify the type of wheelchair:<br><input type="checkbox"/> manually powered wheelchair (WCMP)<br><input type="checkbox"/> with non-spillable batteries (WCBBD)<br><input type="checkbox"/> with spillable cell batteries (WCBW)<br><input type="checkbox"/> with lithium-ion batteries transported in the wheelchair in the aircraft hold (WCLB)<br><input type="checkbox"/> with lithium-ion batteries carried in the cabin (WCLX)<br><br><b>B. Is the wheelchair collapsible?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO<br>Please provide the size of wheelchair (if possible, when folded):<br><b>Length</b> (cm): _____ <b>Width</b> (cm): _____ <b>Height</b> (cm): _____ <b>Weight</b> (kg): _____<br>For battery powered wheelchair, please provide:<br><b>Number of batteries:</b> _____ <b>Parameters of each battery (Wh):</b> _____ <b>Type of batteries:</b> _____<br><br><b>C. Can the batteries be removed from the device?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO<br><i>In case of battery powered wheelchairs, electrical cabling must be protected and isolated by the owner against accidental short circuits.</i> |              |            |               |
| <b>6</b> | <b>Do you need on-board wheelchair (WCOB) to assist with getting to/from the toilet?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |            |               |
| <b>7</b> | <b>Do you need an ambulance?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO<br>If <b>YES</b> , provide contact details of the company providing the ambulance: _____<br><i>Ambulance arrangements must be made by the passenger, their insurance provider, or an assistance service.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |            |               |

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A. **Do you need additional oxygen during the flight?** ☐ YES ☐ NO

If **YES**, remember that you must use your own portable oxygen concentrator (POC) during the flight.

Specify brand and model of POC: \_\_\_\_\_

**Length** (cm): \_\_\_\_\_ **Width** (cm): \_\_\_\_\_ **Height** (cm): \_\_\_\_\_ **Weight** (kg): \_\_\_\_\_

**Number of batteries:** \_\_\_\_\_ **Parameters of each battery** (Wh): \_\_\_\_\_ **Type of batteries:** \_\_\_\_\_

B. **As the POC cannot be powered from the on-board socket, I confirm that I have extra batteries that will last the 150% of flight time.** ☐ YES ☐ NO

*Example: If the flight is 8 hours long, you must bring enough battery power to last 12 hours of flying.*

**Please note that the service of carrying or providing an oxygen cylinder on board is not available.**

### Data Protection and Privacy Consent Declaration:

*The personal and medical details you provide on this form, or attached to this form, will be used by Polskie Linie Lotnicze LOT S.A. to handle your request for medical clearance and to arrange the necessary assistance for your travel arrangements. In order to assess and manage your request, and in order to arrange for the appropriate assistance, care and equipment, LOT Polish Airlines S.A. will be processing your personal details. It may also be necessary to disclose these details to other airlines in your itinerary and to third parties, such as medical professionals, airport and airline staff, government bodies and border control authorities. In cases where you also request mobility assistance we may need to provide your information to relevant service providers. Detailed information can be found in the privacy policy of LOT Polish Airlines S.A.*

**I hereby consent to my personal and/or medical data being processed, used and/or disclosed for the purposes set out above.**

**Passenger's / legal guardian signature**

**Place and date**

\_\_\_\_\_

\_\_\_\_\_

## Information Sheet for Passengers Requiring Medical Clearance

### Attachment B - to be completed by attending physician

#### IATA Resolution 700 Attachment B

This form is intended to provide confidential information to assess the health of the passenger to travel as indicated. If the passenger is acceptable, this information will permit issuance of the necessary directives designed to provide for the passenger's need and comfort. The incapacitated passenger's attending physician is requested to answer all questions. The passenger's attending physician is required to answer all questions in the form and to review Appendix A completed by the passenger. The attending physician assumes full responsibility for the accuracy and completeness of the information provided in the form.

|   |                       |     |        |
|---|-----------------------|-----|--------|
| 9 | Passenger's full name | Age | Gender |
|   |                       |     |        |

|    |                                 |                           |
|----|---------------------------------|---------------------------|
| 10 | Attending physician's full name | e-mail                    |
|    | Address                         | Telephone (+country code) |

|    |                                                                                    |
|----|------------------------------------------------------------------------------------|
| 11 | Diagnosis (dates of last treatment and onset of illness or information concerning) |
|    | Nature and date of any recent and/or relevant surgery:                             |

|    |                                                                                                             |
|----|-------------------------------------------------------------------------------------------------------------|
| 12 | Current symptoms and their severity. Is there an infectious disease present? If so, please provide details: |
|    | Additional comments / information:                                                                          |

|    |                                                                                                                                                                                                                                                                                                                                                     |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 13 | Will a 25% to 30% reduction in the ambient partial pressure of oxygen (relative hypoxia) affect the passenger's medical condition? (Cabin pressure to be the equivalent of a fast trip to a mountain elevation of 2400 meters/8000 feet above sea level) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|    |                                           |                                                                                                            |
|----|-------------------------------------------|------------------------------------------------------------------------------------------------------------|
| 14 | Does the passenger have:                  | <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, provide result in grams of hemoglobin:___ |
|    | A. Anemia                                 | <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please complete points 19-21.             |
|    | B. Cardiovascular problems                | <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please complete point 22.                 |
|    | C. Respiratory problems                   | <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please complete point 23.                 |
|    | D. Psychiatric disorder                   | <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please complete point 24.                 |
|    | E. Seizures                               | <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify how much: _____            |
|    | F. Does the passenger use oxygen at home? | <input type="checkbox"/> YES <input type="checkbox"/> NO                                                   |
|    | G. Controlled urination                   | <input type="checkbox"/> YES <input type="checkbox"/> NO                                                   |
|    | H. Controlled defecation                  | <input type="checkbox"/> YES <input type="checkbox"/> NO                                                   |

If NO is indicated under G and/or H, the passenger must travel with an accompanying person.

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**Is the passenger fit to travel unaccompanied?** ☐ YES ☐ NO

A. If **NO**, is the assistance provided by the airline sufficient? ☐ YES ☐ NO

B. If **NO**, indicate the person who will be assisting the passenger during the journey (including their PRN, if different), as well as their medical qualifications (e.g. physician): \_\_\_\_\_

C. If the accompanying person is not medically qualified, is he or she fully capable of providing all necessary support? ☐ YES ☐ NO

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**Is the passenger able to remain seated for the duration of the journey, if require?** ☐ YES ☐ NO

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**Does the passenger need medication other than those taken independently?** ☐ YES ☐ NO

A. At the airport ☐ TAK ☐ NIE

B. On board ☐ TAK ☐ NIE

*If YES is indicated under A and/or B, the passenger must travel with an accompanying person.*

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**Does the passenger need to use any other medical equipment (apart from those listed in Appendix A), e.g. a ventilator?**

A. At the airport ☐ TAK ☐ NIE

B. On board ☐ TAK ☐ NIE

*If YES is indicated under A and/or B, please provide:*

**Type of device:** \_\_\_\_\_ **Make and model of the device:** \_\_\_\_\_

**Length (cm):** \_\_\_\_\_ **Width (cm):** \_\_\_\_\_ **Height (cm):** \_\_\_\_\_ **Weight (kg):** \_\_\_\_\_

**Number of batteries:** \_\_\_\_\_ **Parameters of each battery (Wh):** \_\_\_\_\_ **Type of batteries:** \_\_\_\_\_

*If a passenger needs to use a medical device during a flight, the device must be able to operate on battery power for at least 150% of the flight time, e.g. if the flight is 8 hours long, you must bring enough battery power to last 12 hours of flying.*

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*Item should be completed if item 14B is marked.*

**Cardiac condition** ☐ YES ☐ NO

A. Symptoms of angina? ☐ YES ☐ NO

If **YES**, when was the last episode? \_\_\_\_\_

Is the condition stable? ☐ YES ☐ NO

B. Functional class of the passenger?

☐ No symptoms ☐ Angina with important efforts ☐ Angina with light efforts ☐ Angina at rest

C. Can the passenger walk 100 meters at a normal pace or climb 10 - 12 stairs without symptom?

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*Item should be completed if item 14B is marked.*

**Myocardial infraction** ☐ YES ☐ NO Date: \_\_\_\_\_

A. Complications? ☐ YES ☐ NO If YES, please provide details: \_\_\_\_\_

B. Stress EKG done? ☐ YES ☐ NO If YES, what was the result? \_\_\_\_\_ METS

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*Item should be completed if item 14B is marked.*

**Cardiac failure?** ☐ YES ☐ NO

A. If YES, when was the last episode? \_\_\_\_\_

B. Functional class of the passenger?

☐ No symptoms ☐ Shortness of breath with important effort ☐ Shortness of breath with light effort

☐ Shortness of breath at rest

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Item 19 should be completed if item 14C is marked.

**Chronic lung diseases** ☐ YES ☐ NO

If **YES**, please complete the following sections:

A. Has blood gas analysis been performed? ☐ YES ☐ NO

If **YES**, please provide date of examination: \_\_\_\_\_

Results were taken on: ☐ on room air ☐ oxygen

Liters per minute (LPM): \_\_\_\_\_

Saturation: \_\_\_\_\_ pCO<sub>2</sub> \_\_\_\_\_ pO<sub>2</sub>

B. Does the passenger retain CO<sub>2</sub>? ☐ YES ☐ NO

C. Has the passenger condition deteriorated recently? ☐ YES ☐ NO

D. Can the passenger walk 100 meters at a normal pace or climb 10 - 12 stairs without symptom?

☐ YES ☐ NO

E. Has the passenger ever taken a commercial aircraft in the same health condition?

☐ YES ☐ NO If YES, when? \_\_\_\_\_

Did the passenger have any problems? \_\_\_\_\_

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Item 19 should be completed if item 14D is marked.

**Psychiatric Conditions**

A. Is there a possibility that the flight will adversely affect the passenger's psychiatric condition?

☐ YES ☐ NO

B. Is there a possibility that the passenger's psychiatric conditions during the flight will cause stress or discomfort to other passengers? ☐ YES ☐ NO

C. Has the passenger taken a commercial flight before? ☐ YES ☐ NO

If **YES**, please provide date of travel: \_\_\_\_\_

Has the passenger travelled alone? ☐ YES ☐ NO

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Item 19 should be completed if item 14E is marked.

**Seizures** ☐ YES ☐ NO

A. What type of seizures? \_\_\_\_\_

B. Frequency of seizures? \_\_\_\_\_

C. When was the last seizure? \_\_\_\_\_

D. Are the seizures controlled by medication? ☐ YES ☐ NO

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**Syncope?** ☐ YES ☐ NO

If **YES**, when was the last episode? \_\_\_\_\_

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**To be completed only if the passenger is pregnant:**

A. ☐ Single pregnancy ☐ Multiple pregnancy

Gestational week on the date of departure and on the date of return: \_\_\_\_\_

B. ☐ I confirm that the passenger or child does not have any known complications contraindicating the flight.

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**A. Passenger is in good health and fit to fly**

☐ YES ☐ NO

**B. Date of completion:** \_\_\_\_\_

**Physician's signature and stamp (if available):** \_\_\_\_\_

**Contact number and Medical Facility:** \_\_\_\_\_

***In a medical situation, cabin crew is trained solely to provide first aid. They are not authorized to administer injections, give medication, or lift or carry passengers.***

### **PASSENGER'S DECLARATION:**

*I hereby authorize: \_\_\_\_\_ (name of nominated physician) to provide the airlines with the information required by those airlines' medical departments for the purpose of determining my fitness for carriage by air and in consideration thereof I hereby relieve that physician of his/her professional duty of confidentiality in respect of such information, and agree to meet such physician's fees in connection therewith. I take note that, if accepted for carriage, my journey will be subject to the general conditions of carriage/tariffs of the carrier concerned and that the carrier does not assume any special liability exceeding those conditions/tariffs. I agree to reimburse the carrier upon demand for any special expenditures or costs in connection with my carriage.*

**Passenger's / legal guardian signature**

**Place and date**