



MEDIF

Information Sheet for Passengers Requiring Special Assistance

Confidential
Part 1 of 2
To be completed by the Passenger and/or Passenger's Physician in consultation with Scoot Call Centre

Answer ALL questions. Put a cross (X) in 'Yes' or 'No' boxes.
Use BLOCK LETTERS when completing this form

A	NAME/INITIAL/TITLE:		
B	PROPOSED ITINERARY (Airline(s), Flight Number(s), Class(es), Date(s), Segment(s) and Reservation Status of Continuous Air Journey)		Transfer from one flight to another often requires LONGER connecting time

C	NATURE OF INCAPACITATION:	Medical Clearance required?	No <input type="checkbox"/> Yes <input type="checkbox"/>
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D	IS STRETCHER NEEDED ON BOARD? (All stretcher cases MUST be escorted)	No <input type="checkbox"/> Yes <input type="checkbox"/>	Request rate if unknown
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E	INTENDED ESCORT (Name, Gender, Age, Professional Qualification, Segments if different from passenger). If untrained, state 'TRAVEL COMPANION'.	
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F	Wheelchair needed? No <input type="checkbox"/> Yes <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"/>	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
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G	Ambulance needed? No <input type="checkbox"/> Yes <input type="checkbox"/>	To be arranged by SPONSOR No <input type="checkbox"/> Yes <input type="checkbox"/>	Specify Ambulance Company Contact: _____ Specify Destination Address: _____	Request rate if unknown
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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, and (c) CONTACT addresses/telephone numbers where appropriate, or whenever specific persons are designated to meet/assist the passenger.
1	Arrangements for delivery 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: _____

I	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"/>	If 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 Part 2 overleaf.
	(See 'Note (*)' at the end of Part 2 overleaf)	_____ _____ _____

ALL MEDICAL CASES MUST NOT BE ASSIGNED EMERGENCY EXIT SEATS

PASSENGER'S DECLARATION

I HEREBY AUTHORISE: _____
(Name of nominated physician)

to provide the airlines with the information required by those airlines' medical department 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(s) concerned and that the carrier(s) do not assume any special liability exceeding those conditions/tariffs.

I agree to reimburse the carrier(s) upon demand for any special expenditures or costs in connection with my carriage. (Where needed, to be read by/to the passenger, dated and signed by him/her, or on his/her behalf)

I agree that the personal and medical details provided in this form will be processed by Scoot to handle my request for special assistance. Further, to assess and manage my request, and to arrange for the appropriate assistance, care and equipment, I acknowledge that it may be necessary for Scoot to process and/or disclose my personal and/or medical information to other airlines and to third parties, such as medical professionals, airport and airline staff, government bodies and border control authorities.

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

Place:	Date:	Passenger's Signature:
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MEDIF

Standard Medical Information Form for Air Travel

Confidential
Part 2 of 2
(for official use only)

Answer ALL questions. Put a cross (X) in 'Yes' or 'No' boxes.
Use BLOCK LETTERS when completing this form

To be completed by
ATTENDING PHYSICIAN

This form is intended to provide CONFIDENTIAL information to enable the airlines' MEDICAL REPRESENTATIVE to assess the fitness of the passenger to travel as indicated in Part 1 overleaf. If the passenger is acceptable, this information will permit the issuance of the necessary directives designed to provide for the passenger's welfare and comfort.

Please return completed form to Scoot through our "[Special Assistance Request](#)" online

The PHYSICIAN ATTENDING the passenger is requested to ANSWER ALL QUESTIONS. (Enter a cross 'X' in the appropriate 'yes' or 'no' boxes, and/or give precise concise answers).

Airlines' Ref Code MEDA 01	PATIENT'S NAME, INITIAL(S), GENDER, AGE:				
MEDA 02	ATTENDING PHYSICIAN (Name & Address)				
	Telephone & Contact	Business Hours:	Non-Business Hours:		
	Relationship to Passenger	(if any)			
MEDA 03	MEDICAL DATA (Diagnosis in detail including vital signs)				
	Day / Month / Year of first symptoms	Date of operation:	Date of diagnosis:		
MEDA 04	PROGNOSIS for the flight(s): Taking into account Part 1, Section B	Fit to Travel <input type="checkbox"/>	Not Fit to Travel <input type="checkbox"/>	Specify:	
MEDA 05	Contagious AND communicable disease?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Specify:	
MEDA 06	Would the physical and/or mental condition of the patient be likely to cause distress or discomfort to other passengers?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Specify:	
MEDA 07	Can the patient use normal aircraft seat with the seatback placed in the UPRIGHT position when so required?	No <input type="checkbox"/>	Yes <input type="checkbox"/>		
MEDA 08	Can the patient take care of his own needs on board UNASSISTED * (including meals, visit to toilet, etc)?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If No, type of help needed:	
MEDA 09	If to be ESCORTED, is the arrangement proposed in part 1/E overleaf satisfactory for you?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If No, type of escort proposed by YOU:	
MEDA 10	Does patient need OXYGEN** equipment in flight? (if yes, state rate of flow)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	2 / 4 Litres per minute (circle the applicable)	Continuous? No <input type="checkbox"/> Yes <input type="checkbox"/>
MEDA 11	Does patient need any MEDICATION *, other than self-administered, and/or the use of special apparatus such as respirator, incubator etc.**? And how critical these apparatuses?	(a) on the GROUND while at the airport(s):	No <input type="checkbox"/> Yes <input type="checkbox"/>	Specify:	
MEDA 12		(b) on BOARD the aircraft:	No <input type="checkbox"/> Yes <input type="checkbox"/>	Specify:	
MEDA 13	Does patient need HOSPITALISATION? (If yes, indicate arrangements made or, if none were made, indicate 'NO ACTION TAKEN')	(a) during long layover or night stop at CONNECTING POINTS en-route:	No <input type="checkbox"/> Yes <input type="checkbox"/>	Specify:	
MEDA 14		(b) upon arrival at DESTINATION:	No <input type="checkbox"/> Yes <input type="checkbox"/>	Specify:	
MEDA 15	Other remarks or information in the interest of your patient's smooth and comfortable transportation:	None <input type="checkbox"/>	Specify if any**:		
MEDA 16	Other arrangements made by the attending physician:				

NOTE(*): Cabin attendants are NOT authorized to give special assistance (e.g. lifting) to particular passengers, to the detriment of their service to other passengers. Additionally, they are trained only in FIRST AID and are NOT PERMITTED to administer any injection, or to give medication.

IMPORTANT: FEES IF ANY, RELEVANT TO THE PROVISION OF THE ABOVE INFORMATION AND FOR CARRIER-PROVIDED SPECIAL EQUIPMENT (**) ARE TO BE PAID BY THE PASSENGER CONCERNED.

Date:

Place:

Attending Physician's Signature and Stamp: