

Long flight time and pressure change caused by changing flight altitude, may sometimes adversely affect passenger's medical condition. **For these reason, air travel may not be suitable for all passengers.**

Handling of Personal Information

ANA may share this MEDIF with a designated organization of medical specialists, who might contact customers if necessary.

Cases when Medical Information Form (MEDIF) is requested

Person traveling with any of the following conditions are requested to notify our reservation staff and will be asked to prepare MEDIF when making a flight reservation.

- ① Person requiring medical oxygen or medical equipment or medical treatments on board.
- ② Person requiring a stretcher service or an incubator on board.
- ③ Person with serious diseases or injuries
- ④ Person who correspond to any of the categories listed on the next page.(GUIDANCE FOR THE PHYSICIAN)
- ⑤ Other than above. Person traveling by air may have adverse affects to one's medical conditions due to recent treatment or surgery.

Submitting MEDIF

For doctors and passengers

MEDIF must be prepared and issued **within 14 days, including the day of departure.** (Example: If the departure date is December 15, the MEDIF must be issued no earlier than December 2.) For round-trip flight, the date of return flight may exceed 14 days if it states "Fit to travel" in the appropriate box of MEDIF. However, if adverse change of the passenger's medical condition is observed our staff may ask to submit a new MEDIF to reconfirm the fitness for air travel.

Filling out MEDIF

For doctors

Please consider the itinerary and its potential effect on the patient's state of health when writing prognosis for the flight. Specify details if any other special attention should be considered in the lower part of MEDIF.

Fee or surcharge

For doctors and passengers

Fee if any, relevant to the provision of "Special Assistance Request" or MEDIF and for carrier-provided special equipment are to be paid by the passenger concerned.

For following cases, the passenger must purchase extra seats.

***a stretcher service**

***extra seats for an incubator**

***an oversized medical equipment that cannot be stored under the seat in front**

For flight safety reasons, some medical equipment may not be allowed in cabin or as checked baggage. Please contact ANA Disability Desk (ADD) for specific regulation.

The cabin environment and effect on one's body

For doctors and passengers

Aircraft cabin pressure is regulated by pressurization device at between 0.7-0.8 bars (10.2psia to 12psia), which equals to that at an altitude of 2000-2500 meters However, significant changes in cabin pressure can occur 15-30 minutes after takeoff and before landing.

As air pressure becomes lower in the cabin, normal internal gases present in the human body expand. These expanded gases not discharged from the body may put pressure on wounds or internal organs possibly cause pain or breathing difficulties.

The cabin pressure drops oxygen density to 70-80% of that at sea level.

Respiratory organs, the heart, blood vessels in the brain and serious anemia can all be adversely affected by low oxygen concentrations. Moreover, this may also affect women in late stages of pregnancy and newborn babies.

As stipulated in the Japan Act on the Prevention of Infectious Diseases and Medical Care for Patients with Infectious Diseases, persons suffering from or suspected of having a Class 1, 2, or 3 infectious disease, a new strain of influenza, a new infectious disease, or another serious acute infectious disease which may infect other persons on board and shall not be basically allowed to travel by air.

Person's condition which is not fit to travel

■ A person who is prohibited from attending school by Japanese law ("Act on School Health and Safety")

Other than above, a person who is prohibited from attending school by Japanese law^(*1) shall not be allowed to travel by air unless a physician confirms that there is no risk of the disease to be transmit from person to person.

(*1)

The name of a disease	
Influenza	After 5days of onset, and 2days after his/her temperature has dropped
Whooping cough	Until the characteristic cough has suppressed, or until 5days treatment with antibiotics has ended.
Measles	3 days after his/her temperature has dropped
Mumps	After 5days of onset of the swelling on submandibular, sublingual and parotid gland, and major symptoms general condition recovered
Rubella	Until eruption disappears
Chickenpox	Until the eruption changes to scab
Pharyngoconjunctival	2 days after the main symptom disappears
Tuberculosis, Epidemic keratoconjunctivitis, Acute hemorrhagic conjunctivitis	Until a physician evaluates that the disease becomes non-contageous.

■ Person with other symptoms or conditions

Persons with the following conditions are generally considered unfit for air travel. However, if a physician certifies that the patient is stable, and that physician will be accompanying him/her on the entire journey, the airline may accept that individual for travel. Please contact ANA for further information.

1. Those who have critical cardiac disease, severe heart diseases such a cardiac failure, cyanotic heart disease conditions, who have had an episode within the past 6 weeks are not acceptable for travel.
2. Those who have unstable angina pectoris, acute myocardial infarction, who have had an episode within the past 2 weeks are not acceptable for travel.
3. Those who have severe respiratory illness, server respiratory failure, severe chronic obstructive pulmonary disease, or pneumothorax whose lungs are not fully inflated.
4. Those who have repeated hemoptysis
5. Those with apoplexy who have had an episode within the past 4 weeks are not acceptable for travel.
6. Those lesions resulted in increased intracranial pressure, fracture of the skull, or those who underwent permanent wiring in the jaws for mandibular fracture
7. Those who have severe anemia
8. Those with lesions which may cause hematemesis, or melena, intestinal obstruction patients
9. Those who have severe otitis media
10. Those who have not completely recovered from surgery of head, chest or abdomen or women immediately after childbirth
11. Alcoholism or drug addiction
12. Those who have residual air or other gas in his/her body after operation. (for example eye operation)
13. Pregnant woman whose confinement may be expected in less than 28 days. However an escort by a physician will be required if traveling by aircraft within 14 days of the expected confinement for international flights and 7 days for domestic flights.
14. Newborn baby within the first 7 days of birth.

End

SPECIAL ASSISTANCE REQUEST

To be completed by the passenger or travel agent

Please answer ALL questions. Enter a cross (X) in the appropriate "yes" or "no" boxes.
Use BLOCK LETTERS when completing this form.

PATIENTS			
Name			Age
Contact Info	TEL:	TEL:	
Itinerary / Flight Info	Date:	Flight No.:	Travel Segment (DEP-ARR):(—)
	Date:	Flight No.:	Travel Segment (DEP-ARR):(—)
Escort name			<input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Others ()
Escort name			<input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Others ()

* Our cabin crew members can assist you in using the onboard wheelchair and stowing or retrieving carry-on items, identifying in-flight meal items, and opening packages. However, our cabin crew members are not permitted to provide medical services, assist with feeding or personal hygiene and lavatory functions. For those customers requiring such assistance, it is recommended to travel with an escort.

1	Wheelchair needed?	<input type="checkbox"/> No <input type="checkbox"/> Yes →	<input type="checkbox"/> Can not walk by myself <input type="checkbox"/> Can walk alone but can not ascend or descend stairs by myself <input type="checkbox"/> Can ascend or descend stairs by myself but can not walk long distance									
2	Wheelchair needed in cabin?	<input type="checkbox"/> No <input type="checkbox"/> Yes										
3	Please tell us about your personal wheelchair. From Aug 10, 2012, passengers will be allowed to transport spare Li-ion/Lithium-ion batteries that power the mobility device. If the battery is not fully encased and protected to prevent short circuit, the battery must be removed and transported in the cabin of the aircraft. Please inform us in advance for limitation may apply.	<input type="checkbox"/> No wheelchair <input type="checkbox"/> Personal wheelchair <input type="checkbox"/> Manual <input type="checkbox"/> Electric/Battery-powered →	* You can check your wheelchair at the counter. We will take you to the plane in our wheelchair. <input type="checkbox"/> Spillable Battery (Wet-cell "non-sealed") <input type="checkbox"/> Non-Spillable Battery (Wet-cell "sealed") <input type="checkbox"/> Dry Battery * (<input type="checkbox"/> Li-ion/Lithium-ion <input type="checkbox"/> Ni-Cd <input type="checkbox"/> Ni-MH) * Please specify <input type="checkbox"/> Foldable <input type="checkbox"/> Non-foldable → If your wheelchair is non-foldable or battery-powered, please tell us the size and weight. Length _____ cm Width _____ cm Height _____ cm Weight _____ kg *We may not be able to accept large-size wheelchairs due to the size of the cargo door and space.									
4	Is Oxygen Cylinder needed in flight?	<input type="checkbox"/> No <input type="checkbox"/> Yes →	Personal medical oxygen cylinders Oxygen Cylinder Rentals (Pay) * The passenger or escort should have knowledge in the use of oxygen cylinders. Must be requested by reservation in advance.									
5	Stretcher needed on board?	<input type="checkbox"/> No <input type="checkbox"/> Yes										
6	Ambulance arranged? (Ambulance must be arranged by the passenger) <table border="0" style="width:100%"> <tr> <td>▶Departure point</td> <td>Company name _____</td> <td>Contact Info _____</td> </tr> <tr> <td>▶Arrival point</td> <td>Company name _____</td> <td>Contact Info _____</td> </tr> <tr> <td colspan="3" style="text-align:center">Destination (Hospital Name)</td> </tr> </table>			▶Departure point	Company name _____	Contact Info _____	▶Arrival point	Company name _____	Contact Info _____	Destination (Hospital Name)		
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▶Arrival point	Company name _____	Contact Info _____										
Destination (Hospital Name)												
7	Special instructions / Precautions											

MEDICAL INFORMATION FORM (MEDIF)**To be completed by ATTENDING PHYSICIAN**

The Physician Attending is requested to answer ALL questions. Enter a cross (X) in the appropriate boxes, and/or give precise concise answers. ANA or a designated medical organization may contact the customer for clarification if necessary .

Completion of the form in BLOCK LETTERS will be appreciated.

PATIENTS			
NAME, INITIAL(S)			AGE
MEDICAL DATA			
DIAGNOSIS in details (including vital signs)	Please write so that non medical personnel are able understand.		
Date of first symptoms/ Diagnosis (Date of Operation)	Date:	For expecting mother (Estimated delivery date)	Date:

Diagnostic content			
1	PROGNOSIS for the flight(s) * Please consider the itinerary and its potential effect on the patient's state of health	<input type="checkbox"/> Fit to Travel <input type="checkbox"/> NOT Fit to Travel	<input type="checkbox"/> One-Way Itinerary <input type="checkbox"/> Round-Trip Itinerary Date of return flight _____ <small>*For round-trip itineraries, please also enter the departure date of the last flight in your itinerary.</small>
2	Contagious AND communicable Disease ?	<input type="checkbox"/> Yes →If Yes, may the disease be infectious to other persons? <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Can sit upright with seat belt fastened ? (during take-off and landing)	<input type="checkbox"/> Yes <input type="checkbox"/> No →If not, is Stretcher needed on board?	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>* An extra stretcher fee is requested besides the applicable fare for both the passenger and escort. Necessary arrangement must be made with the airline.</small>
4	Is the patient fit to travel unaccompanied?	<input type="checkbox"/> Yes <input type="checkbox"/> No, Must be accompanied by Physician or Nurse <input type="checkbox"/> No, Must be accompanied by a person who is approved by Physician	Escort name [_____]
5	Oxygen needed in flight?	<input type="checkbox"/> Yes If yes, please enter the amount of oxygen. <input type="checkbox"/> No Liters per minute	<input type="text"/> ℓ/minute
6	Do you need oxygen continuously?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Does patient need any medical equipment in flight? (e.g., ventilator, oxygen concentrator, etc.) * If you bring oversized medical equipment that cannot be stored under the seat in front, you may need to purchase another seat.	<input type="checkbox"/> Yes →If yes, specify <input type="checkbox"/> No	■ The Name of Medical Equipment ■ Manufacturer or Distributor / Product name / type or model number ■ Size / Type of Battery
8	Does patient need any MEDICATION in flight?	<input type="checkbox"/> Yes →If yes, specify <input type="checkbox"/> No	
9	Specify more details, if necessary		

Prognosis as above. I will provide necessary information required by the airline's medical department for the purpose of determining his/her fitness to travel by air with consent of the patient.

PHYSICIAN			
Print Name			Date
Signature			
Hospital Name			
Phone No.		Address	

* Our cabin crew members are trained only in FIRST AID and are NOT PERMITTED to administer any injection, or to give medication, or to operate Medical Oxygen cylinders. Additionally, they are not authorized to provide personal care services to particular passengers, to the detriment of their service to other passengers and cabin safety.