



MEDICAL INFORMATION FORM (MEDIF)

[To be completed by the attending physician]

The attending physician is requested to answer all questions. Enter a check mark (✓) in the appropriate "Yes" or "No" boxes, and/or give precise and concise answers. Please submit the Medical Information Form by document submission form or fax at least 3 days before departure.

•Files Submission Form : <https://support.flypeach.com/hc/en-us/articles/360006510914>

•FAX : +81-50-3737-9665

PATIENTS INFORMATION

Name		Age	
		Gender	<input type="checkbox"/> male <input type="checkbox"/> female
Diagnosis in details	*Please write so that non medical personnel can understand.		
When did the first symptoms appear (Date of Operations, if any)	Date:	For expecting mother (Estimated delivery date)	Date:

DIAGNOSIS CONTENT

1	Prognosis for the flight(s)	1 : Date _____ <input type="checkbox"/> Fit <input type="checkbox"/> Not Fit 2 : Date _____ <input type="checkbox"/> Fit <input type="checkbox"/> Not Fit
2	Can the patient use normal aircraft seat with the seatback placed in the Upright Position when so required? (during take-off and landing)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Can the patient is fully capable/able to use lavatory, provide self-care (eat, drink...etc.) unattended without assistant from flight crew?	<input type="checkbox"/> Yes (*The patient must be fully knowledgeable in its use.) <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 [_____]
4	Dose passenger need Oxygen equipment in flight?	<input type="checkbox"/> Yes → If "Yes",Liters per minute : <input style="width: 100px; height: 20px;" type="text"/> (ℓ /min) <input type="checkbox"/> No
	Continuous use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Dose the patient need medical equipment in flight?	<input type="checkbox"/> Yes → <The Name of Medical Equipment> _____
		<input type="checkbox"/> No <Manufacturer or Distributor> _____
		<Product name / type or model number> _____
		<Size / Type of Battery> _____
6	Does patient need any medication in flight?	<input type="checkbox"/> Yes → Specify: <input type="checkbox"/> No
7	Specify more details, if necessary	

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

PHYSICIAN		Date of Submission:	
NAME (Signature)			
Hospital Name			
Telephone Number		Emergency Telephone Number	

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