



SOUTH AFRICAN AIRWAYS

A STAR ALLIANCE MEMBER 

MEDICAL INFORMATION FOR PASSENGERS REQUIRING MEDICAL CLEARANCE TO BE COMPLETED BY TREATING DOCTOR (Please read all pages)

MEDIF 1

Information Sheet for Passengers Requiring Special Assistance

1. PATIENT DETAILS:

| | | | |
|------------|----------------|---------|-------------------------------------|
| Name: | Date of Birth: | Age: | Sex: Male: <input type="checkbox"/> |
| Tel/Cel №: | Height: | Weight: | Female: <input type="checkbox"/> |

2. TRAVEL DETAILS:

| | | | |
|---------------------|-----------------|--------------|--------|
| Passenger PNR: | Airline: | Flight №: | Class: |
| Proposed Itinerary: | | | |
| Sector: | Departure date: | Return Date: | |

3. TREATING PHYSICIAN DETAILS AND DIAGNOSIS INFORMATION:

| | | | |
|------------|---------------------|------------|-------|
| Name: | Med Qualifications: | Specialty: | PR №: |
| Tel/Cel №: | Email address: | Fax No: | |

Diagnosis:

| | | |
|--------------------|--|--|
| Date of Diagnosis: | Contagious: YES: <input type="checkbox"/> NO: <input type="checkbox"/> | Communicable Disease: YES: <input type="checkbox"/> NO: <input type="checkbox"/> |
|--------------------|--|--|

| | |
|---|-------------|
| Anaemia: Yes: <input type="checkbox"/> No: <input type="checkbox"/> | If Yes, HB: |
|---|-------------|

| | |
|--------------------------------|-------------------------|
| Oxygen Saturation: Room Air: % | With Supplementation: % |
|--------------------------------|-------------------------|

Cardiopulmonary Status:

Psychiatric Status:

Current Symptoms and Severity:

Current Medication:

Nature and date of any recent surgery:

Prognosis for the trip:

| | |
|------------|-------|
| Signature: | Date: |
|------------|-------|



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MEDIF 2

| 1. MOBILITY REQUIREMENTS | | 2. MEDICAL ASSISTANCE INFORMATION | |
|--|--|--|--|
| Wheelchair required: YES: <input type="checkbox"/> NO: <input type="checkbox"/> | | Meet and Assist: YES: <input type="checkbox"/> NO: <input type="checkbox"/> | |
| Can climb stairs, can walk in cabin? WCHR YES: <input type="checkbox"/> NO: <input type="checkbox"/> | | Is passenger fit to travel alone? YES: <input type="checkbox"/> NO: <input type="checkbox"/> | |
| Unable to climb stairs, can walk in cabin? WCHS YES: <input type="checkbox"/> NO: <input type="checkbox"/> | | Intended Escorts Name: _____ | |
| Unable to climb stairs or walk in cabin? WCHC YES: <input type="checkbox"/> NO: <input type="checkbox"/> | | Title: _____ Age: _____ | |
| Other Comments: | | Medical Escort Qualification: _____ | |
| Own Wheelchair | | PNR No: _____ Language: _____ | |
| Type of Wheelchair: Please cross type | | Is a Ambulance Required? YES: <input type="checkbox"/> NO: <input type="checkbox"/> | |
| Collapsible: <input type="checkbox"/> | | At Departure Airport? YES: <input type="checkbox"/> NO: <input type="checkbox"/> | |
| Power Driven: <input type="checkbox"/> | | At Transit Airport? YES: <input type="checkbox"/> NO: <input type="checkbox"/> | |
| Battery Type: <input type="checkbox"/> | | At Arrival Airport? YES: <input type="checkbox"/> NO: <input type="checkbox"/> | |



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MEDIF 3

1. Is Other Ground Arrangements Needed? YES: NO: (If "Yes" please book 72 hours prior to departure)

If "Yes" please specify requirements:

2. Are Other Inflight Arrangements Needed? YES: NO: (If "Yes" please book 72 hours prior to departure)
(e.g. special meal, extra seat Leg rest, special seating)

If "Yes" please specify requirements:

3. Is Medical Equipment Needed Onboard? YES: NO: NOTE: (Passenger supplied CPAP machines must be battery powered for duration of flight)

Information:

- SAA oxygen cylinders can be provided for regional flights and domestic flights at a flow rate of 2LPM and 4LPM. (NOTE: The Cost to the passenger of a "SAA" Oxygen is \$150)
- NB: The SAA Portable Oxygen Concentrator (POC) supplies oxygen at rate of 1 - 5LPM. The POC can only be used after take-off and is taken away prior to landing. (NOTE: The Cost to the passenger of a "SAA" POC is \$150)
- A Passenger owned Battery operated POC can be used continuously. POC cannot be used on a Mask, the passenger must provide own nasal canula. There is no additional cost for a Passenger owned US Federal Aviation Administration (FAA) approved battery powered POC. (Refer Medif 6)
- A Passenger owned Continuous Positive Airway Pressure (CPAP) Machine is permitted. (Note: This CPAP machine must be battery operated)

Is a "SAA" Portable Oxygen Concentrator required? YES: NO: (NOTE: The Cost to the passenger of a "SAA" POC is \$150)

Is "SAA" Portable Oxygen Cylinder required? YES: NO: (NOTE: This service is available only for regional and domestic flights subject to operational requirements)

Is a Stretcher needed onboard? YES: NO: (NOTE: The passenger must be escorted by medical professional)

NOTE: Please Book at least 72 Hours in advance if a stretcher is require onboard.

Can the patient go without oxygen for short periods of time? e.g. toileting YES: NO:

Does the patient have a (FREMEC) – Frequent Traveller Medical Card? YES: NO:
(Refer to Medif 4)

Issued By: _____

EXP Date: _____

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 is to be paid by the passenger concerned.



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MEDIF 4

Special Travel Needs information

South African Airways (SAA) offers a limited range of services for travellers who require special medical assistance. Please read the information below and contact us if you need help with any of the services outlined here.

Frequent Travellers Medical Card

In order to make travelling easier for passengers with a disability, stable medical condition or special needs, we offer the [Frequent Travellers Medical Card](#) (FREMEC). This card helps you to avoid the hassle of obtaining medical clearance for each journey, and automatically determines your special requirements. Such cards are usually honoured by other airlines. For card renewal, your doctor needs to complete the application on your behalf.

Fax the completed form to SAA Special bookings: 27 11 978 2764 or your local SAA Reservations Office

For more information, contact 27 11 978 1331/5716/3837

Email address: specialhandling@flysaa.com

Reservation requirements

We recommend that you make your travel plans in advance, so we can better serve you. If you require any medical assistance, please make a request when you make your reservation (27 11 978 1111 or contact your local SAA reservations office), or at least 48 hours prior to the departure of your flight. It is important that you provide us with detailed information at time of booking. Please let us know if you require the following services:

- A wheelchair
- Assistance getting in and out of the aircraft seat
- Service animal amenities
- Transfer from wheelchair to aircraft seat and vice versa
- Aged care
- On-board facilities for the use of medical equipment, e.g. battery operated ventilator
- An adjacent seat for you and your carer

On the day of departure:

We request that you check in early for ground handling/security purposes:

- Domestic flights: arrive at latest 60 minutes before flight departure.
- International flights: arrive at least 2 - 3 hours before departure time.
- Earlier arrivals are highly encouraged

MEDIF 5

Medical clearance

Medical clearance is required to assess your fitness to fly; especially if you need special attention or use of any medical equipment on-board. A [Medical Information Form](#) (MEDIF) should be completed by you and your doctor, if you have complicated chronic illness, recent illness, injury, surgery or hospitalization. The form may be required of passengers who need special services such as:

- Oxygen supply (passenger and airline provided)
- Stretcher
- Medical escort or in-flight medical treatment
- Carriage of medical equipment or instruments

All medical information is strictly confidential. Once completed, the form must be faxed to SAA Special bookings within 10 days of your proposed flight.

Please note: We must be notified immediately of any change in your condition prior to travel. SAA Special bookings: Fax: 27 11 978 2764 Tel: 2711 978 1331/5716/3837 email: specialhandling@flysaa.com



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MEDIF 6

Guidance for Physicians and passengers to complete MEDIF:

- SAA reserves the right to accept or decline your application
- Reduced atmospheric pressure (cabin air pressure changes greatly during 15-30 minutes after take-off and before landing and gas expansion and contraction can cause pain and pressure)
- Reduction in oxygen tension. (The cabin is at a pressure equivalent to altitude of 6,000 to 8,000 feet and oxygen partial pressure is approximately 20% less than on the ground.)
- Travellers who require us to provide in-flight oxygen.
- SAA supplied oxygen concentrator costs 150 US\$ per flight
- SAA supplied oxygen cylinder (for regional and domestic flights only) costs 150 US\$ per flight
- Types of equipment available/provided:
 - Portable Oxygen Concentrator (POC)
 - Oxygen Cylinder (for regional and domestic flights only)
- Oxygen equipment used will be subject to aircraft type
- SAA portable oxygen concentrator (1 to 5 LPM) via nasal cannula and pulse
- Oxygen cylinder flows between 2LPM and 4 LPM on continuous flow
- Passenger can fly with own concentrator but must supply 150% of battery power for the expected duration of the flight
- These extra batteries must be carried on person and be declared to cabin crew
- The batteries must be packed in such a way as to prevent damage to battery and the terminals of the battery must be protected from short circuiting against each other or any other metal object in the carryon luggage
- Only three batteries allowed on-board. One is inside the machine and two are spares and the power of each battery must not exceed 160wh.
- Passenger who requires continuous flow oxygen must book oxygen cylinder (for regional and domestic flights only) and not a concentrator, subject to operational requirements
- **Oxygen concentrators work on demand therefore passengers are advised that they will receive oxygen flow only on inhalation**
- Passengers are not allowed to plug their own equipment in electrical outlets due to the following:
- Safety of the passenger/aircraft due to the power being 115 volts AC - 400 cycles and equipment plugged in could be 220 volts 50 cycles or 28 volts DC
- Safety of the aircraft due to Electro-magnetic Interference(EMI) – especially during the critical phase of the aircraft – take-off and landing and on the ground during alignment of the instrumentation and software loading.
- **Travellers who have a communicable disease or infection.**
 - Your doctor must state whether the condition poses a direct threat to the safety or health of others and any precautions necessary to prevent transmission.
- **Travellers who have been operated on or admitted to hospital within the previous two weeks.**
 - Your doctor must state whether you have recovered completely, and if your condition has stabilized sufficiently enough to travel by commercial air transport.
- Travellers suffering from an acute or chronic medical condition for which they might need to take medication during the flight.
- Travellers who suffer from any acute or severe symptoms, such as difficulty in breathing, high fever, severe pain, etc.
- Travellers who suffered from a recent major medical incident (heart attack, heart failure, stroke and respiratory failure or recent pneumothorax)
- Travellers who suffered from thrombophlebitis
- Travellers who might develop any symptoms or behaviour that could have an adverse effect on the welfare of other passengers.
- Travellers whose medical condition might be aggravated during or because of the flight.
- Traveller who is travelling with a premature infant or an infant with medical condition
- Traveller who is an unaccompanied minor with medical condition
- Unstable mental illness/impairment
- For Travellers that require any medical equipment, e.g. portable oxygen concentrator, oxygen cylinder, stretcher, etc.
 - All personal medical equipment should have sufficient battery to last the duration of the journey. Only dry cell batteries are permitted on-board for safety reasons.



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MEDIF 7

Specific cases:

Wheelchairs & mobility aids

For travellers with limited mobility, we offer the following assistance:

- Wheelchairs at the airport: We can arrange for wheelchair transport from check-in to the boarding gate, and from the aircraft to the arrivals hall at your destination.
- Travelling with your own wheelchair: You are welcome to check in one wheelchair as baggage, free of charge. On flights to & from European Union destinations (London, Frankfurt & Munich) one further mobility device may be carried free of charge, (two in total)
- Mobility aids (canes, crutches, walkers, etc.) do not count toward your free baggage allowance. These items must be small enough to be stowed without obstruction.
- Travellers requiring the use of wheelchairs or mobility aids are advised to make their travel plans in advance.

Travelling with medication

Please ensure that you keep your medication in your hand luggage, and have a medical letter on hand outlining your condition and medication, in case you encounter difficulties while travelling.

- All excess medicines and liquids are to be carried in checked baggage.
- All prescription medicine, syringes and needles used by diabetics must be sealed and properly labelled.
- The quantity of syringes and needles is limited to the amount required for the flight.
- They must be disposed safely once you've reached your destination.
- For medication requiring refrigeration make sure that you bring your cooler box with ice packs. This medication must be kept with passenger throughout duration of the flight.

MEDIF 8

Expectant mothers

- Medical clearance is only necessary if you are having complications with your pregnancy.
- Domestic travel is permitted up to 36 weeks for a routine pregnancy.
- International travel is permitted up to 35 weeks for a routine pregnancy.

All pregnant women beyond 28 weeks of gestation must provide a letter from their Obstetrician/General Practitioner or Midwife stating the following:

- Term of pregnancy
- Fitness to travel
- Whether it's a single, multiple or high risk pregnancy
- Any possible complications, including hypertensive passengers, history of premature labour, etc.

Colostomy bags

Travellers dependent on colostomy bags must ensure that they use an empty one at the start of the journey. You are responsible for carrying a sufficient number of bags for the duration of the flight, and disposing them, in a responsible manner, upon arrival at destination.

Nut and other allergies: If you have any allergies, please bring it to the attention of our reservations department. In the event that you suffer from a severe allergy, you are required to bring your own emergency medication, e.g. EpiPen.

SAA does not take responsibility for any allergens that may arise from food, medications, pets, rodents, dust mites or other



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MEDIF 9

Stowage of carry-on items

Our cabin crew will provide assistance with loading and retrieval of carry-on items and small assistive devices stowed on-board the aircraft. (follow up)

On-board wheelchair

All our aircrafts are equipped with an on-board wheelchair, allowing passengers to be escorted to and from the toilets. We also have seats with movable armrests that facilitate the transfer of a passenger from the on-board wheelchair to the seat and vice versa.

Passenger Declaration:

I take note that if accepted for the carriage, my journey will be subject to the general conditions of carriage/tariffs of the carrier(s) and that the carrier(s) do not assume any special liability exceeding those conditions/tariffs. I am prepared at my own risk to bear any consequences which carriage by air may have for my state of health and I release the carrier, its employees, servants and agents from liability for such consequences. I have read and understood MEDIF part 1-9.

Passenger Full Name and Surname:

Passenger ID № / Passport №:

Passenger Signature:

Date:

For Office Use: Medical Department

Medif Approved:

Recommended By:

Signature:

Approved By:

Signature:

Medical Requirements:

Date: