Dear Doctor

Airline travel has some unique features that must be considered for certain passengers, so please note the following information before filling out the form.

※ Key features that must be considered

a. Reduced oxygen pressure: The ambient partial pressure of oxygen in flight is 25~30% lower than on the ground. If a passenger has heart/lung disease or anemia, supplemental oxygen may be required during flight.
   e.g. A passenger travelling within the first 2 weeks of having a stroke or having a Hgb level that is less then 8.5g/dl, should receive supplementary oxygen.

b. Reduced atmospheric pressure: Cabin air pressure changes greatly during takeoff and landing and expansion and contraction of gas in body cavities can cause pain and effect surgical suture sites.
   e.g. Allow 10 days after major abdominal surgery and 7 days after full inflation of pneumothorax(14 days after inflation for traumatic pneumothorax) to fly.

c. Turbulence: Spinal disease can be worsened by sudden turbulence and impact from landing.
   e.g. If the patient cannot sit in a normal seat for consecutive hours but can sit upright during take-off and landing, please use prestige class.
    If the patient cannot sit upright, please use a stretcher.

d. Absence of advanced medical care: Please be advised that cabin attendents cannot provide special assistance to patient passengers. Also, they are only trained for first aid and are not permitted to give medication or adminster any injection.

e. Increased risk of deep vein thrombosis: Please consider DVT prophylaxis for any passenger who is elderly, has a history of cancer had recent surgery (major hip, knee, or ankle) or trauma as sitting immobilized in a cramped seat may increase the risk of deep vein thorombosis.
   e.g. Consider DVT prophylaxis in cases of longer travel (> 6hrs) within the first 6 weeks after surgery.

※ For further information, please refer to the IATA Medical Manual.
### MEDIF _Medical Information Form_

<table>
<thead>
<tr>
<th>1</th>
<th>Patient</th>
<th>Name</th>
<th>Age</th>
<th>Sex M / F</th>
<th>Height(cm)</th>
<th>Weight(kg)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>2</th>
<th>Purpose of air travel</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>For medical (operation, treatment, etc.)</td>
</tr>
<tr>
<td>□</td>
<td>For travel (sightseeing, etc.)</td>
</tr>
<tr>
<td>□</td>
<td>Others</td>
</tr>
</tbody>
</table>

※ Fill in the chief complaint and current symptoms in detail.

<table>
<thead>
<tr>
<th>3</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Chief complaint</td>
</tr>
<tr>
<td>b.</td>
<td>Current symptoms</td>
</tr>
<tr>
<td>c.</td>
<td>Treatment</td>
</tr>
<tr>
<td>d.</td>
<td>Recent surgery</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Complic</td>
</tr>
<tr>
<td>e.</td>
<td>Recent hospitalization</td>
</tr>
<tr>
<td></td>
<td>When:</td>
</tr>
<tr>
<td>f.</td>
<td>Contagious</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4</th>
<th>Vital signs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BP / mmHg, PR /min, RR /min, BT °C</td>
</tr>
<tr>
<td>Mental Status</td>
<td>Alert</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5</th>
<th>Underlying disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Is his/her underlying disease controlled well?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6</th>
<th>Seat</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Able to walk alone</td>
</tr>
<tr>
<td>b.</td>
<td>Wheelchair required</td>
</tr>
<tr>
<td>c.</td>
<td>Type of seat required</td>
</tr>
</tbody>
</table>

* Economy: If the patient can sit in a normal seat for several hours and can sit upright during take-off and landing.

* Prestige: If the patient cannot sit in a normal seat for hours but can sit upright during take-off and landing.

* Stretcher: If the patient cannot sit upright.

<table>
<thead>
<tr>
<th>7</th>
<th>Medical Escort</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Does the patient need to be accompanied?</td>
</tr>
<tr>
<td>b.</td>
<td>If yes, is the escort fully capable of attending to all of the needs stated above?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8</th>
<th>Medication (Yes, No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>If yes,</td>
</tr>
<tr>
<td>b.</td>
<td>Medication list:</td>
</tr>
<tr>
<td>c.</td>
<td>Will the patient take any of the medications (noted above) during flight?</td>
</tr>
</tbody>
</table>
### Medical Information Form

#### 9 Medical equipment needed during flight (Check only when applicable)
- **IV line**
- **Foley catheter**
- **Nasogastric tube**
- **Oximeter**
- **Ventilator (Mode, TV, RR, FiO2)**
- **BP monitor**
- **Suction kit**
- **Tracheostomy**
- **Intubation**
- **Chest tube**
- **Infusion pump**
- **Nebulizer**
- **Splint/Cast**
- **Other**

* All medical equipment necessary during flight should be prepared on the passenger’s side, other than oxygen and a stretcher.
* For ventilator use, please confirm that its connector type matches the Korean Air medical oxygen bottle.
* Any necessary supply of electricity should be battery powered.
* IV fluid should be prepared in plastic bag type and requires medical staff accompaniment.

#### 10 Oxygen needed in flight (☐ Yes, ☐ No)
- **a. Oxygen needed on ground**
  - ☐ Yes
  - ☐ No
- **b. Oxygen type in flight**
  - ☐ Korean Air Medical oxygen
  - ☐ POC(prepared by passenger)
- **c. Oxygen flow rate**
  - ____ L/min
  - ☐ Continuous
  - ☐ Intermittent
  - ☐ Prepare
- **d. Mask type**
  - ☐ Nasal cannula
  - ☐ Facial mask
  - ☐ Bag valve mask
  - ☐ Reservoir oxygen mask
  - ☐ Other
- **e. ABGA or O2 Saturation**
  - When
  - Result: PCO2 ____ PO2 ____ Sat ____
- **Blood gases were taken on**
  - ☐ Room air
  - ☐ Oxygen ____ L/min
- **f. Anemia**
  - ☐ Yes
  - ☐ No
  - Hgb ____ g/dl

* If Hgb is less than 8.5g/dl, in-flight oxygen is advised.
* Korean Air Medical Oxygen is available in 2~8L/min.

#### 11 Cardiac disease (☐ Yes, ☐ No)
- **a. When was the last episode?**
- **b. Stable condition**
  - ☐ Yes
  - ☐ No
- **c. Is this patient controlled with medication?**
  - ☐ Yes
  - ☐ No
- **d. Functional class (NYHA class)**
  - ☐ Class I
  - ☐ Class II
  - ☐ Class III
  - ☐ Class IV
- **e. Complications**
  - ☐ Yes
  - ☐ No
  - If yes, in detail
- **f. Last EKG**
  - When
  - Result
- **g. Echocardiogram**
  - When
  - Result
  - EF: ____%
- **h. Angioplasty / Coronary bypass**
  - When
  - Result

#### 12 Cerebral Vascular Accident (Ischemic Stroke, Cerebral Hemorrhage / ☐ Yes, ☐ No)
- **a. Recent recurrence, deterioration**
  - ☐ Yes
  - ☐ No
- **b. Brain CT/MRI**
  - When
  - Result
- **c. Motor power grade (R/L)**
  - Upper extremity
  - Lower extremity

* Passenger travelling within the first 2 weeks of having a stroke is recommended to receive supplementary oxygen.
13 Respiratory disease ( □ Yes , □ No )
   a. Has the patient's condition deteriorated recently? □ Yes □ No
   b. Can the patient walk 100 meters at a normal pace without any symptoms? □ Yes □ No
   c. Chest test result (X-ray, CT etc.) When ____________________________ Result ____________________________

14 Trauma ( □ Yes , □ No )
   a. The reason □ Motor vehicle accident □ Fall down □ Burn □ Other ____________________________
   b. Traumatic brain injury □ Yes □ No If yes, give details ____________________________
   c. Brain CT/MRI When ____________________________ Result ____________________________
   d. Internal organ injury □ Yes □ No If yes, give details ____________________________
   e. Thoracic/Orthopedic injury(fracture) □ Yes □ No If yes, give details ____________________________

15 Psychiatric disorder ( □ Yes , □ No )
   a. Is there a possibility that the patient will become agitated during flight? □ Yes □ No
   b. Is there a possibility of injury to oneself or another? □ Yes □ No
   c. Is the patient controlled with medication? □ Yes □ No

16 Epilepsy disorder (Seizure) ( □ Yes , □ No )
   a. Seizure type ____________________________
   b. Frequency/Duration ____________________________
   c. When was the last seizure? ____________________________
   d. Is the patient controlled with medication? □ Yes □ No

17 Cancer ( □ Yes , □ No )
   a. Location, Stage ____________________________
   b. Chemotherapy or Radiotherapy □ Yes □ No If yes, when? ____________________________
   c. Metastasis □ Yes □ No If yes, where? ____________________________
   d. Pain control □ Yes □ No If yes, how? ____________________________

18 DNAR(Do Not Attempt Resuscitation) ( □ Yes , □ No )

19 Based on the above considerations, indicate the prognosis for the trip
   □ FIT TO TRAVEL □ NOT FIT TO TRAVEL If no, the reason ____________________________
   Other opinion (Special precautions for travel) ____________________________

Please ensure that all sections are clearly and fully completed.
This MEDIF form is used to evaluate the patient passenger's health status by a Korean Air aviation medical doctor. We might contact the attending physician for further information, if needed. So, please write down an email address or phone number where we can reach you.

Physician Name ____________________________ Hospital ____________________________ Specialist ____________________________
C.P ____________________________ E-mail ____________________________
Signature ____________________________ Date ____________________________