

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 than 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 attendants cannot provide special assistance to patient passengers. Also, they are only trained for first aid and are not permitted to give medication or administer 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 thrombosis
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

1 Patient	Name _____, Age _____, Sex M / F, Height(cm) _____, Weight(kg) _____
2 Purpose of air travel	<input type="checkbox"/> For medical (operation, treatment, etc.) <input type="checkbox"/> For travel (sightseeing, etc.) <input type="checkbox"/> Others _____
※ Fill in the chief complaint and current symptoms in detail.	
3 Diagnosis	_____
a. Chief complaint	_____ Onset : _____
b. Current symptoms	_____ _____
c. Treatment	_____
d. Recent surgery	<input type="checkbox"/> Yes <input type="checkbox"/> No The name of operation _____ When : _____ Complic <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in detail _____
e. Recent hospitalization	<input type="checkbox"/> Yes <input type="checkbox"/> No When : _____ Discharge date : _____ Reason : _____
f. Contagious	<input type="checkbox"/> Yes <input type="checkbox"/> No
4 Vital signs	BP _____ / _____ mmHg, PR _____ /min, RR _____ /min, BT _____ °C
Mental Status	<input type="checkbox"/> Alert <input type="checkbox"/> Drowsy <input type="checkbox"/> Stupor <input type="checkbox"/> Semi-coma <input type="checkbox"/> Coma
5 Underlying disease	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in detail _____ Is his/her underlying disease controlled well? <input type="checkbox"/> Yes <input type="checkbox"/> No
6 Seat	a. Able to walk alone <input type="checkbox"/> Yes <input type="checkbox"/> No b. Wheelchair required <input type="checkbox"/> Yes (<input type="checkbox"/> On board <input type="checkbox"/> In flight) <input type="checkbox"/> No need c. Type of seat required <input type="checkbox"/> Economy class <input type="checkbox"/> Prestige class <input type="checkbox"/> Stretcher * 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.
7 Medical Escort	a. Does the patient need to be accompanied? <input type="checkbox"/> Yes(<input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Family <input type="checkbox"/> OTR _____) <input type="checkbox"/> No b. If yes, is the escort fully capable of attending to all of the needs stated above? <input type="checkbox"/> Yes <input type="checkbox"/> No
8 Medication (<input type="checkbox"/> Yes , <input type="checkbox"/> No)	a. If yes, <input type="checkbox"/> Orally <input type="checkbox"/> IV or IM <input type="checkbox"/> Other _____ b. Medication list : _____ c. Will the patient take any of the medications (noted above) during flight? <input type="checkbox"/> Yes <input type="checkbox"/> No

MEDIF_Medical Information Form

9 Medical equipment needed during flight (Check only when applicable)

- | | | | |
|--|---|---|--------------------------------------|
| <input type="checkbox"/> IV line | <input type="checkbox"/> Foley catheter | <input type="checkbox"/> Nasogastric tube | <input type="checkbox"/> Oximeter |
| <input type="checkbox"/> Ventilator (Mode, TV, RR, FiO2) _____ | | | <input type="checkbox"/> BP monitor |
| <input type="checkbox"/> Suction kit | <input type="checkbox"/> Tracheostomy | <input type="checkbox"/> Intubation | <input type="checkbox"/> Chest tube |
| <input type="checkbox"/> Infusion pump | <input type="checkbox"/> Nebulizer | <input type="checkbox"/> Splint/Cast | <input type="checkbox"/> 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 _____

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

11 Respiratory disease (Yes , No)

- a. Has the patient's condition deteriorated recently? Yes No
- b. Does the patient have dyspnea? Yes No
- c. ABGA When _____ PH _____ PCO₂ _____ PO₂ _____ SaO₂ _____%
 (Blood gases were taken on Oxygen _____ L/min Room air)
- d. O₂ Saturation When _____ Sat _____% (Blood gases were taken on Oxygen _____ L/min Room air)
- e. Anemia Yes No Hgb _____ g/dl
- f. Can the patient walk 100meters at a normal pace without any symptoms? Yes No
- g. Chest test result (X-ray, CT etc.) When _____ Result _____

12 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 _____

MEDIF_Medical Information Form

13 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.

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 _____