

Information concerning the effect of air travel

Transport of medical patient by aircraft is, in most cases, the quickest and convenient way. Transport by aircraft has an comparative advantages in smoothness, with less vibration and motion. However, passenger's (patient's) state of health may deteriorate consequently from long flight time and high altitude. For these reasons, not all passengers (patients) are suitable for air travel.

Aircraft fly at an altitude of 9,000–12,000 meters (30,000–40,000 feet) through the stratosphere at almost the speed of sound, 900km per hour (560 miles per hour). At high altitude and where barometric pressure is much lower than on ground, aircraft cabin is mechanically pressurized during the flight. The cabin air pressure during the cruise is maintained at equivalent to that of 1,500–2,100 meters (5,000–7,000 feet) . However, cabin air pressure changes greatly during 15–30 minutes after takeoff and landings.

Air pressure:

As air pressure becomes lower, the gas trapped in the body, which dose not get discharged, expands during flight.

This may put pressure on affected parts or internal organs, and may cause pain and/or difficulty in breathing.

Oxygen density:

Person having problems with respiratory organs, heart, cerebral blood vessel and serious anemia will be affected by decreasing oxygen density at high altitudes. Also expected mother in the final stage of pregnancy and newborn babies may also be effected.

From above reasons, in order to assess the fitness of the passenger (patient) for air travel, person travelling with any of the following conditions will be requested to prepare a medical certificate and submit when making a reservation.

- ① Person whose medical condition requires Oxygen supply (inhalation), carriage and/or use of medical equipment and/or instruments, and any treatment onboard the flight.
- ② Person who needs Stretcher onboard the aircraft.
- ③ Person with serious sickness or injuries.
- ④ Person who comes under any one of the categories listed on the following page.
- ⑤ Other than above, person whose fitness for air travel is in doubt, as evidence by recent instability, treatment or surgery.

A credible medical certificate for an air travel must be issued within 14 days, including the day of departure, but excluding the cases below.

- * For use of stretchers _____ → Must be issued within 10 days, including the day of departure
- * Pregnant woman whose confinement may be expected _____ → Must be issued within 7 days, including the day of departure
in less than 28 days
- * For newborn baby _____ → Must be issued within 2 days, including the day of departure

(Advance reservation is possible even before the above period)

If the company determines that adverse change of the passenger's (patient's) medical condition is observed, we shall ask the passenger (patient) to submit a new medical certificate to reconfirm the fitness for air travel.

For passengers:

Please complete "Necessary Arrangement Request", the third page of this form, including your signature on the "Agreement" box.

You are not required to present the medical information form upon check-in.

Please be sure to send the medical information form the Priority Guest Center 48 hours prior to departure.

For attending physician:

Please complete "MEDIF", the fourth page of this form.

Please determine the fitness of the passenger (patient) for the purpose of air travel by taking the whole itinerary into consideration. We would also appreciate any comments about the current condition and suggestion for the proposed travel in the lower remarks space.

Guidance for the attending physician

Person who are suffering and/or suspected of having any infections or/and contagious disease shall not be accepts for air travel

Persons under the following conditions are generally considered unfit for air travel.

However, if the medical conditions or the state of health of the person is considered stable and the physician certifies the person as "Fit to Travel" with the prognosis, passenger may be accepted for air travel after airline assessment, thus please consult with our reservation representative.

- 1, Critical cardiac diseases: severe cardiac failure, unstable angina pectoris, within 6 weeks after acute myocardial infarction, uncontrolled severe arrhythmia; unstable condition after cardiac surgery including catheterization (within 21 days), within 72 hours after angiography, within 4 days after angioplasty, pulmonary edema,
- 2, Thrombophlebitis of legs, deep vein thrombosis which has not been treated, pulmonary embolism.
- 3, Severe respiratory failure, severe COPD, severe bronchial asthma, pneumothorax that lungs are not fully inflated, haemopneumothorax, pneumonia, emphysema, pulmonary fibrosis, within 14 days after chest surgery,.
- 4, Acute phase of stroke (cerebral infarction, subarachnoid hemorrhage, intracerebral bleeding, TIA) within 4 weeks, increased intracranial pressure, uncontrolled cramped seizure (epileptic), within 14days after cranial surgery and air remains in cranium,
- 5, Severe anemia, sickle cell anemia, haemoglobinopathies.
- 6, GIT bleed, gastro-intestinal disease with possible risk of bleeding and melena (acute phase of gastric or duodenal ulcer), ileus, within 1 week after colon polypectomy, colon tested on the day, within 14 days after major abdominal surgery including appendectomy and laparoscopic surgery (keyhole), within 14days after investigative laparoscopy.
- 7, Acute phase of ENT disease (otitis media, sinusitis), within 14 days after middle ear surgery and tonsillectomy, wired jaw, difficulty opening mouth,
- 8, Within 14 days after surgery and injury that any gas remains in globe (intra-ocular surgery, penetrating eye injury), cataract surgery, corneal laser surgery,
- 9, Postoperative wound does not recover completely, any gas remains in the inside of the body after surgery.
- 10, Acute phase of decompression sickness (dysbarism).
- 11, Within 48hours after severe fracture with full plaster cast, burns.
- 12, Communicable illness which has a risk of transmission during flight (influenza, whooping cough, measles, mumps, rubella, chickenpox, pharyngoconjunctival fever, tuberculosis, epidemic keratoconjunctivitis, acute hemorrhagic conjunctivitis). As a rule of prohibition from attending school in Japan, same rule is applied for air travel. The medical certificate is not required for mumps, rubella and chicken pox cases after 11 daysfrom onsets.

	Disease	Period when Medical Certificate is necessary
1	Influenza	2 days after his/her temperature has dropped
2	Whooping cough	Until the characteristic cough is suppressed
3	Measles	3 days after his/her temperature has dropped
4	Mumps	Until the swelling disappears
5	Rubella	Until the eruption disappears
6	Chickenpox	Until all eruption become scabs
7	Pharyngoconjunctival	2 days after the main symptom disappears
8	Epidemic keratoconjunctivitis	Until physician confirms that there is no risk of the disease to be transmit from person to person.
9	Acute hemorrhagic conjunctivitis	
10	Tuberculosis	

- 13, Pregnant woman whose EDD (estimated delivery date) is within 28 days from departing date. Escort by an obstetrician is required if EDD is within 14 days for international flight and 7 days for domestic flight. Escort is not required if EDD is out of the above periods and obstetrician certifies the fitness for travel.

- 14, Newborn baby within the first 7 days after birth.

End

MEDICAL INFORMATION FORM (MEDIF)

To be completed by the attending physician

The attending physician is requested to answer all questions.
 Enter a cross "X" in the appropriate "Yes" or "No" boxes, and/or give precise and concise answers.
 Completion of this MEDIF form in BLOCK LETTERS or by TYPEWRITER will be appreciated.

<Note1> As for MEDA3, please write so that non medical personnel are able understand. As for MEDA4, please consider the effect of flight.

<Note2> Cabin Attendants are not authorized to provide personal care services, such as assistance in using lavatory facilities, with eating and drinking etc. Additionally they are trained only in FIRST AID and are not authorized to administer medical care service

<Note3> Additional charges will be applied for carrier provided equipments and arrangements. (To be paid by the patient)

MEDA1	Patient's Name, Initial(s), age, gender:		Age:	Gender:
MEDA2	p h y s i c i a n	Name of the attending physician: Name of Hospital or Clinic & profession:		Address:
		Telephone contact Business:		Home:
MEDA3	Diagnosis in details (including vital signs):			
<Note1>	When did the First symptoms appear (Day/Month/Year): (Date of Operations, if any)			
MEDA4 <Note1>	Prognosis for the flight(s) (Please consider the itinerary and its potential effect on the patient's state of health)		Fit <input type="checkbox"/> Not Fit <input type="checkbox"/>	Prognosis for the Return Flight (if any) Fit <input type="checkbox"/> Not Fit <input type="checkbox"/>
MEDA5	Contagious and/or communicable disease?	Yes <input type="checkbox"/> No <input type="checkbox"/>	→ If "Yes", Specify:	
MEDA6	Would the physical and/or mental condition of the patient be likely to cause distress or discomfort to other passengers?	Yes <input type="checkbox"/> No <input type="checkbox"/>	→ If "Yes", Specify:	
MEDA7	Can the patient use normal aircraft seat with the seatback placed in the Upright Position when so required?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
MEDA8	Can the patient take care of his personal needs unassisted. (use of lavatory facilities, eating and drinking etc.) <Note 2>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
MEDA9	If ESCORTED, is the arrangement satisfactory to you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	→ If not, type of escort proposed by you:	
			Can the patient travel alone? Yes <input type="checkbox"/> No <input type="checkbox"/>	
MEDA10	Dose passenger need Oxygen equipment in flight?	Yes <input type="checkbox"/> No <input type="checkbox"/>	→ If "Yes" Liters per minute <input style="width: 50px;" type="text"/>	
	Continuous use?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
			→ Can the patient or escort operate the Medical Oxygen Bottle? Yes <input type="checkbox"/> No <input type="checkbox"/>	
MEDA11	Dose the patient need Medication other than self-administered, and/or the use of specious apparatus such as respirator, etc. <Note 2/Note 3>	(a) on the GROUND while at Ai	Yes <input type="checkbox"/> No <input type="checkbox"/> → If "Yes", Specify: _____	
MEDA12	Dose the medical equipment need special electrical Supply?	(b) on board of the AIRCRAFT:	Yes <input type="checkbox"/> No <input type="checkbox"/> → If "Yes", Specify: _____	
			※All electronic equipment must be verified it's safety by the airline for onboard use. ※All electronic equipment should operate on batteries.	
MEDA13	Dose the patient need hospitalization? (If yes, indicate arrangements made or, if none were made, indicate "NO ACTION TAKEN".	(a) during long layover or overnight stop at CONNECTING POINTS en rout	Yes <input type="checkbox"/> No <input type="checkbox"/> → If "Yes", Action: _____	
MEDA14		(b) upon arrival DESTINATION	Yes <input type="checkbox"/> No <input type="checkbox"/> → If "Yes", Action: _____	
MEDA15	Other remarks or information in the interest of your patient's smooth and comfortable transportation.	No <input type="checkbox"/> Yes <input type="checkbox"/>	→ Specify if any: <Note 3>	
MEDA16	Other arrangements made by the attending physician:			

We would appreciate any general comment about the patient's condition and suggestion for the proposed air travel.

Prognosis as above.

Date: _____ Attending Physician: _____ Signature (Attending Physician): _____

Necessary Arrangement Request

<To be completed by the passenger>

FLIGHT	Flight No. _____	Class _____	Date _____	Month _____	Portion: from _____	to _____
	Flight No. _____	Class _____	Date _____	Month _____	Portion: from _____	to _____
	Flight No. _____	Class _____	Date _____	Month _____	Portion: from _____	to _____
	Flight No. _____	Class _____	Date _____	Month _____	Portion: from _____	to _____

1. Do you need a wheelchair service at the airport?

No

Yes → Categories:

Requires assistance to/from the cabin seat. (WCHC)

Can not ascend/descend steps, but able to walk in the cabin. (WCHS)

Can ascend/descend steps, but requires wheelchair for walking long distance. (WCHR)

2. Are you travelling with your own wheelchair?

No

Yes Please answer the questions from ① to ④

<p>① Wheelchair size</p> <p>(Weight : kg)</p> <p>(Width (W) : cm)</p> <p>(Depth (D) : cm)</p> <p>(Height (H) : cm)</p> <p>※ If you have a collapsible wheelchair please input the size when it is collapsed.</p>	<p>② Wheelchair type</p> <p><input type="checkbox"/> Collapsible</p> <p><input type="checkbox"/> Non-Collapsible</p> <p><input type="checkbox"/> Seat height and angle adjustable type</p> <p><input type="checkbox"/> Wheelchairs using gas spring</p> <p>(There are restrictions on the handling of gas cylinder)</p> <p><input type="checkbox"/> Wheelchair with The "Not Restricted Seal" issued by The Japan wheelchair Seating Association (Non Dangerous goods)</p> <p><input type="checkbox"/> Gas Springs which is manufactured in Japan (Non Dangerous goods)</p> <p><input type="checkbox"/> Foreign made Wheelchair</p> <p>You are required to obtain the certificate from the manufacturer. *1 (<input type="checkbox"/> certificate obtained)</p>	<p>③ Power Source</p> <p><input type="checkbox"/> manual Wheelchair (WCMP)</p> <p><input type="checkbox"/> Power Driven Wheelchair</p> <p><input type="checkbox"/> Operated on Wet Battery(WCBW)</p> <p><input type="checkbox"/> Spillable Wet Battery</p> <p><input type="checkbox"/> Non-Spillable Battery</p> <p><input type="checkbox"/> Others ()</p> <p><input type="checkbox"/> Operated on Dry Battery (WCBD)</p> <p><input type="checkbox"/> Not Lithium Battery</p> <p><input type="checkbox"/> Lithium Battery</p> <p>There are restrictions on the handling of Lithium Battery *2</p>
<p>④ When to check-in *3</p> <p><input type="checkbox"/> At Check-in Counter</p> <p><input type="checkbox"/> At Boarding Gate</p>		
<p>Supplement)</p> <p>*1: Wheelchairs equipped with gas cylinder are only accepted on Domestic flights. If the gas spring area of the wheelchair is not made in Japan, passenger needs to obtain a certificate from the manufactures stating that "IATA Dangerous Goods Regulations Special Provision A114" is met.</p> <p>*2: Lithium-ion batteries may not be carried onboard even if detached from such wheelchairs or other similar mobility aids. Spare lithium-ion batteries may not be checked in or carried onboard.</p> <p>*3: Restrictions to check power driven wheelchair at boarding gate may apply due to facility and condition on the date of departure</p>		

3. Do you need a wheelchair service in the cabin? No Yes (WCOB)

4. Do you need to use Medical Oxygen in the cabin?

No

Yes → Will you bring your personal Medical Oxygen Bottle?

Do you wish to use a carrier owned Medical Oxygen Bottle?

(You will need to operate the Medical Oxygen Bottles by yourself)

5. Do you need to use Stretcher in the cabin? No Yes → (Personal Escort and Medical Certificate is required)

6. Ambulance use

(Departure)	No <input type="checkbox"/>	Company Name and Contact Details	
	Yes <input type="checkbox"/>		From:
(Arrival)	No <input type="checkbox"/>	Company Name and Contact Details	
	Yes <input type="checkbox"/>		Destination

7. Personal Escort

No <input type="checkbox"/>	1. Name: _____	Age: _____	Gender: _____	<input type="checkbox"/> Physician	<input type="checkbox"/> Nurse	<input type="checkbox"/> Others ()
	2. Name: _____	Age: _____	Gender: _____	<input type="checkbox"/> Physician	<input type="checkbox"/> Nurse	<input type="checkbox"/> Others ()
	3. Name: _____	Age: _____	Gender: _____	<input type="checkbox"/> Physician	<input type="checkbox"/> Nurse	<input type="checkbox"/> Others ()
Yes <input type="checkbox"/>						

Agreement

I here by authorize _____ (Name of nominated attending physician)

to provide the airlines with the information, required by those airline's medical department for the purpose of determining my fitness for carriage by air and inconsideration there of, I hereby relieve that physician of his/her professional duty of confidentiality in respect of such information and agree to meet such physician's fees in connection therewith.

Date: _____ Passengers signature: _____

(or a Representative)

(for Airline use) Original copy of the "MEDIF" and "Necessary Arrangement Request" shall be returned to the passenger.
 Departure airport shall create a copy, deliver one set to the Cabin Crew and retain another set at the departing station. (Retain for one year)
 Cabin Crew shall deliver the copy to the arrival station.