

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.(Note1)

- * For use of stretchers Must be issued within 10 days, including the day of departure
- * Pregnant woman whose confinement Must be issued within 7 days, including the day of departure
may be expected in less than 28 days
 - 1) EDD(estimated delivery date) is within 28days from departure date
 - 2) EDD unknown
 - 3) Expecting multiple birth
 - 4) Experienced premature delivery and miscarriage in the past
- * For newborn baby Must be issued within 2 days, including the day of departure

(Advance reservation is possible even before the above period)

(Note 1)

If the expiration date is separately determined by a physician, it is not necessary to resubmit within the expiration date.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 fill out the Necessary Arrangement Request.

Please be sure to send it along with the medical information form the Priority guest center 48 hours prior to departure.

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

For attending physician:

Please fill out the Medical Information Form (MEDIF).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 14 days 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 14 days 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 48 hours 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, COVID-19, tuberculosis, epidemic keratoconjunctivitis, acute hemorrhagic conjunctivitis, meningococcal meningitis).

As a rule of prohibition from attending school in Japan, same rule is applied for air travel. The medical certificate is not required for rubella, chickenpox, meningococcal meningitis, tuberculosis, epidemic keratoconjunctivitis, or acute hemorrhagic conjunctivitis cases after 11 days from onsets.

	Disease	Period when Medical Certificate is necessary
1	Influenza	Within 5 days of onset, and 2 days after temperature has dropped (3 days in case of infant)
2	Whooping cough	Until the characteristic cough is suppressed, or until 5 days treatment with antibiotics is ended
3	Measles	3 days after his/her temperature has dropped
4	Mumps	Within 5 days of onset of the swelling on submandibular, sublingual and parotid gland, and major symptoms general condition recovered
5	Rubella	Until the eruption disappears
6	Chickenpox	Until all eruption become scabs
7	Pharyngoconjunctival	2 days after the main symptom disappears
8	COVID-19	Until 5 days have passed after the onset of symptoms, and 1 day has passed after symptoms have abated
9	Epidemic keratoconjunctivitis	Until a physician or a pediatrician evaluates that the disease becomes non-contagious
10	Acute hemorrhagic conjunctivitis	
11	Tuberculosis	
12	Meningococcal meningitis	

- 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

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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. Please complete this MEDIF form using BLOCK LETTERS or a TYPEWRITER.

MEDA1	Patient's name, Initial(s), age, gender	Age	Gender
MEDA2	Diagnosis in detail (including symptoms): *Please describe the symptoms in layman's terms.		
	When did the first symptoms appear (Day/Month/Year) (Dates of operations, if any.)		
MEDA3	Anticipated prognosis and being fit for travel *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"/>
MEDA4	Contagious and/or communicable disease?	Yes <input type="checkbox"/> → If yes, specify: (e.g. the possibility of infection to others, preventive measures against infection) No <input type="checkbox"/>	
MEDA5	Can the patient use a normal aircraft seat with the seatback placed in the upright position during take off, landing, and when the seatbelt sign is on?	Yes <input type="checkbox"/> No <input type="checkbox"/> → If not, is a stretcher needed on board? Yes <input type="checkbox"/> No <input type="checkbox"/> *Advanced arrangements with the airline must be made when stretchers are required. It also involves an extra charge.	
MEDA6	Is the patient fit to travel without being accompanied by a physician and/or nurse? or traveling companion/escort? *Cabin attendants are not authorized to provide personal care services, such as assistance in use of lavatory facilities, eating and drinking. They are trained only in FIRST AID and are not authorized to administer medical care service, injections or help with oxygen bottles.	<input type="checkbox"/> Yes <input type="checkbox"/> No, must be accompanied by a physician or nurse. <input type="checkbox"/> No, must be accompanied by a person who is approved by a physician.	
MEDA7	Does the patient need oxygen during the flight?	Yes <input type="checkbox"/> If yes, liters per minute <input type="text"/> L/minutes Select oxygen delivery: Breath-synchronized oxygen delivery <input type="checkbox"/> Continuous flow oxygen <input type="checkbox"/> *A breath-synchronized feed device delivers oxygen that synchronizes with the patient's breathing pattern. Is continuous use of oxygen required including at takeoff and landing ? 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"/> No <input type="checkbox"/>	
MEDA8	Does the patient need medication other than self-administered and/or the use of medical equipment during the flight? (e.g. respirator, suction device, oxygen concentrators, and the like.) *The patient is required to pay extra costs if the equipment and arrangements require an extra seat.	Yes <input type="checkbox"/> If yes, please provide details of the medical equipment ■ Manufacturer : _____ ■ Product name : _____ ■ Type of batteries : _____ Number of batteries : _____ Is the use of a battery (including spare batteries) for a medical device critical to life support ? Yes <input type="checkbox"/> No <input type="checkbox"/> *The battery may be considered to be a restricted item for air transportation depending on the type, quantity, and capacity of the battery. No <input type="checkbox"/>	
MEDA9	Does the patient require hospitalization during long layovers or upon arrival at the destination?	Yes <input type="checkbox"/> → If yes, specify No <input type="checkbox"/>	
MEDA10	Are there any other matters we need to be attentive of such as special meals and services during the flight?	Yes <input type="checkbox"/> → Specify if any No <input type="checkbox"/>	
We would appreciate any general comments about the patient's current condition or medicat treatment.			
(Please fill in if the customer (patient) finds it appropriate. The Medical Information Form is considered to be effective until _____ (expiration date/year) if the patient's condition is stable.			

The patient's prognosis is as stated above. With the consennt of the patient, I will provide necessary information required by the airline's medical department to determine the patient's fitness to travel by air.

Physician	Name of hospital or clinic & profession	Telephone number
	Address	Emergency contact
		Name of the attending physician
		Signature (Attending Physician)
DATE	/ /	

*Please provide this MEDICAL INFORMATION FORM within 14 days prior to the flight. (If a stretcher is required, within 10 days prior to the flight.) If there is an expiration date specified by the physician, please fill in the expiration date in the remarks column.

Necessary Arrangement Request

To be completed by the passenger

F L I G H T	Patient's name :				Telephone No:	
	Flight No.	Date	Month	Reservation No.	Sector : from	to
	Flight No.	Date	Month	Reservation No.	Sector : from	to
	Flight No.	Date	Month	Reservation No.	Sector : from	to
	Flight No.	Date	Month	Reservation No.	Sector : from	to

1	Do you need wheelchair service at the airport?	No <input type="checkbox"/>				
		Yes <input type="checkbox"/> →	Mobility level: <input type="checkbox"/> Unable to walk ↳ Do you need to use an onboard wheelchair during the flight (to go to lavatory, and the like)? → <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cannot ascend/descend steps <input type="checkbox"/> Can ascend or descend stairs, but can not walk long distance			
2	Are you traveling with your own wheelchair? *Please be advised that our airport staff will visually check the specification of the electric wheelchair. We recommend you bring the operation manual if the battery is attached in a location where it is difficult to check.	No <input type="checkbox"/>				
		Yes <input type="checkbox"/> →	Please answer questions <div style="display: flex; align-items: center;"> <input type="checkbox"/> Foldable } Size: Height (H) _____cm Width (W) _____cm Depth (D) _____cm Weight _____kg </div> <input type="checkbox"/> Non-foldable } *If you have a foldable wheelchair please enter the size when it is folded.			
		<input type="checkbox"/> Manual <input type="checkbox"/> Electric → For electric wheelchairs, please answer questions (1) to (4). (1) Power source : <input type="checkbox"/> Nickel hydrogen battery <input type="checkbox"/> Lithium-ion battery <input type="checkbox"/> Nickel cadmium battery <div style="border: 1px dashed black; padding: 2px; display: inline-block;"> <input type="checkbox"/> Lead battery <input type="checkbox"/> Gel battery <input type="checkbox"/> Silicon battery </div> → <input type="checkbox"/> Non-spillable battery <input type="checkbox"/> Spillable battery (2) Is the battery removable? <input type="checkbox"/> Yes <input type="checkbox"/> No (3) Will you be carrying spare batteries? <input type="checkbox"/> No <input type="checkbox"/> Yes (*1) → <input type="checkbox"/> 1 item <input type="checkbox"/> 2 items (4) Where will you check in your wheelchair? <input type="checkbox"/> At check-in counter <input type="checkbox"/> At boarding gate (*2) <small>(*1) Up to two spare nickel metal hydride (Ni-MH) or nickel cadmium (Ni-CD) batteries are permitted in checked baggage. A maximum of one spare lithium-ion battery not exceeding 300Wh or two spares each not exceeding 160Wh may be carried into the cabin. Only one spare non-spillable battery can be accepted as checked baggage. Spare spillable batteries cannot be accepted neither as carry-on baggage nor checked baggage according to the applicable laws. (*2) Your cooperation would be appreciated to check in your electric wheelchair at the check-in counter as it may not be possible to load it at the boarding gate due to limitations on the passenger boarding bridge or ramp conditions on the date of departure.</small>				
3	Do you need to use medical oxygen in the cabin?	No <input type="checkbox"/>				
		Yes <input type="checkbox"/> →	<input type="checkbox"/> Will you bring your personal medical oxygen bottle? <input type="checkbox"/> Do you wish to use medical oxygen bottles supplied by Japan Airlines? (There will be a charge for oxygen bottles supplied by Japan Airlines. Unused oxygen cannot be refunded.) <small>Notice: Personal oxygen bottles are prohibited as checked baggage and carry-on items on flights to and from the United States (including Guam). Additionally, our cabin crew are not authorized to operate oxygen bottles. You, or your escort, will need to operate the medical oxygen bottles.</small>			
4	Will you be using a non-emergency ambulance?	(Departure)				
		No <input type="checkbox"/>	Company Name :	Contact Details :	Representative :	
		Yes <input type="checkbox"/> →	From:			
		(Arrival)				
		No <input type="checkbox"/>	Company Name :	Contact Details :	Representative :	
		Yes <input type="checkbox"/> →	Destination:			
5	Do you have a personal escort (*)?	No <input type="checkbox"/>				
		Yes <input type="checkbox"/> →	Name :	Age:	Gender:	<input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Others ()
		Name :	Age:	Gender:	<input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Others ()	

(*) Cabin attendants are not authorized to provide personal care services, such as assistance in using lavatory facilities or with eating and drinking. If you require such assistance, please travel with an escort. Additionally, please travel with an escort if your primary physician has diagnosed that you need the accompaniment of a doctor, nurse, or an escort approved by the physician.

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