

Transport of medical patient by aircraft is the quickest and convenient way in most cases as it has comparative advantages in smoothness, with less vibration and motion.

However, long flight time, changes in cabin pressure and weather condition may sometimes adversely affect passenger's medical condition. For this reason, air travel may not be suitable for all passengers (patients).

Aircraft usually cruises at an altitude of 9,000-12,000 meters (30,000-40,000 feet) at a speed of 900km/h(560mi/h) which is almost the speed of sound. At high altitude and where barometric pressure is much lower than on ground, aircraft cabin is mechanically pressurized during the flight. However, significant changes in cabin pressure can occur 15-30 minutes after take-off and before landing.

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### Change of Air Pressure in Aircraft Cabin

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As air pressure becomes lower in aircraft cabin, gases inside of the human body expand. These expanded gases not discharged from the body may put pressure on wounds or internal organs possibly cause pain or difficulties in breathing.

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### Change of Oxygen Concentrations in Aircraft Cabin

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Respiratory organs, the heart, blood vessels in the brain and serious anemia can all be adversely affected by low oxygen concentrations. Moreover, this may also affect expectant mothers in the final stage of pregnancy and newborn babies.

For these reasons, passenger with any of the following conditions will be requested to prepare a medical certificate (MEDIF) and submit when making a reservation.

1. Passenger whose medical condition needs oxygen supply (inhalation), use of medical equipment/instruments, and any medical treatment in cabin
2. Passenger with serious injuries or disease(s)
3. Passenger who falls under any category listed on the "Reference - Unfit Conditions for Air Travel".
4. Other than above, passenger whose fitness for air travel is in doubt, as evidence by recent instability, treatment or surgery

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### Preparation of Medical Information Form (MEDIF)

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MEDIF must be prepared and issued within 14 days, including the day of departure. For return flight in a roundtrip itinerary, the date of return flight may exceed 14 days if it states "Fit to Travel" in the appropriate box of MEDIF.

\* However, our staff may ask the following passengers to submit a new MEDIF in order to reconfirm the fitness for air travel.

1. Patients or injured persons in emergency medical transportation
2. Passenger in unstable conditions with disease(s) of the heart, respiratory organs, brain nerve or mental nerve

\* For pregnant woman whose confinement may be expected in less than 28 days, MEDIF must be prepared and issued within 7 days, including the day of departure.

**For Passengers:** Please prepare "SPECIAL ASSISTANCE REQUEST" and submit it upon making reservation.

**For Physician:** Please answer all the questions on MEDIF. Please determine the passenger's (patient's) fitness for air travel by taking the whole itinerary into consideration. We would also appreciate any comments about the passenger's current condition and any suggestions for the proposed travel in the lower remarks space.

## Reference - Unfit Conditions for Air Travel

**Person who are suffering and/or suspected of having contagious disease specified in applicable laws and/or acute infections which may infect other passengers in flight shall not be accepted on STARFLYER flights.**

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, thus please consult with us.

1. Patients with severe disease such as Serious heart failure, Cyanotic heart disease, Unstable angina and Acute myocardial infarction  
(Usually unfit for air travel within 6 weeks from the crisis)
2. Patients with severe respiratory disease such as Severe respiratory failure, Severe chronic obstructive pulmonary disease and Pneumothorax whose symptoms are seen recently and whose patient's lungs are not fully inflated
3. Patients repeating Hemoptysis
4. Patients with apoplexy in acute phase (Usually unfit for air travel within 4 weeks after crisis)
5. Patients who have residual air in his/her central nervous system
6. Patients with lesions resulted in increased intracranial pressure, fracture of the skull
7. Patients with severe anemia
8. Patients with lesions which may cause hematemesis, melena and/or intestinal obstruction
9. Patients with severe otitis media
10. Patients who have not completely recovered from surgery of head, chest or abdomen
11. Patients with alcoholism or drug addiction in unstable conditions
12. Newborn babies within the first 7 days of birth
13. Expectant mothers whose confinement may be expected within 28 days
  - ※ Escort by a physician will be required if travelling by aircraft within 14 days of the expected confinement for international flights and 7 days for domestic flights.

**MEDICAL INFORMATION FORM (MEDIF)****To be completed by ATTENDING PHYSICIAN**

The Physician Attending is requested to answer ALL questions. Enter a cross (X) in the appropriate boxes, and/or give precise concise answers. Completion of the form in BLOCK LETTERS will be appreciated.

PATIENTS			
NAME, INITIAL(S)		AGE	GENDER
			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
MEDICAL DATA			
DIAGNOSIS in details (including vital signs)	Please write so that non medical personnel are able to understand.		
Date of first symptoms/ Diagnosis (Date of Operation)	Date:	For expectant mother (Estimated delivery date)	Date:

Diagnostic content	
<b>1</b> PROGNOSIS for the flight(s) * Please consider the itinerary and its potential effect on the patient's state of health	<input type="checkbox"/> Fit to Travel      Prognosis for the Return Flight (if any) <input type="checkbox"/> Fit to Travel <input type="checkbox"/> NOT Fit to Travel      date of return Flight _____ <input type="checkbox"/> NOT Fit to Travel
<b>2</b> Contagious AND communicable Disease?	<input type="checkbox"/> Yes → Specify: <input type="checkbox"/> No
<b>3</b> Can sit upright with seat belt fastened? (during take-off and landing)	<input type="checkbox"/> Yes <input type="checkbox"/> No → If not, Stretcher shall be necessary. However, as STARFLYER does not off stretcher at this time, those passengers cannot fly with us. We are sorry.
<b>4</b> Is the patient fit to travel unaccompanied? (See NOTE below.)	<input type="checkbox"/> Yes <input type="checkbox"/> No, Must be accompanied by Physician or Nurse <input type="checkbox"/> No, Must be accompanied by a person who is approved by Physician Name of Escort _____
<b>5</b> Oxygen needed in flight?	<input type="checkbox"/> Yes → If yes, specify (state rate of flow) <input type="checkbox"/> No      Liters per minute <input type="text"/> ℓ/minute Continuous? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6</b> Does patient need any medical equipment in flight? * If you bring oversized medical equipment that cannot be stored under the seat in front, you may need to purchase another seat.	<input type="checkbox"/> Yes → If yes, specify <input type="checkbox"/> No <u>Name of Medical Equipment</u> _____ <u>Manufacturer or Distributor /</u> <u>Product name / type or model number</u> _____ <u>Size / Type of Battery</u> _____
<b>7</b> Does patient need any MEDICATION in flight?	<input type="checkbox"/> Yes → If yes, specify <input type="checkbox"/> No
<b>8</b> Specify more details, if necessary	

Prognosis as above. I will provide necessary information required by the airline's medical department for the purpose of determining his/her fitness to travel by air with consent of the patient.

PHYSICIAN	
NAME (Signature)	Date
Address	
PhoneNo.	

(NOTE) Our cabin crew members are trained only in FIRST AID and are NOT PERMITTED to administer any injection, or to give medication, or to operate Medical Oxygen cylinders. Additionally, they are not authorized to provide personal care service to particular passengers, to the detriment of their service to other passengers and cabin safety.

**SPECIAL ASSISTANCE REQUEST****To be completed by the passenger or travel agent**

Please answer ALL questions. Enter a cross (X) in the appropriate "yes" or "no" boxes.

Use BLOCK LETTERS when completing this form.

PASSENGER			
Name	Age		Gender
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Contact Info	TEL	TEL	
Itinerary / Flight Info	Date:	Flight No.:	Travel Segment (DEP-ARR): (      -      )
	Date:	Flight No.:	Travel Segment (DEP-ARR): (      -      )
Escort Name	<input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Others (      )		
Escort Name	<input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Others (      )		

\* Our cabin crew members can assist you in using the onboard wheelchair and stowing or retrieving carry-on items, identifying in-flight meal items, and opening packages. However, our cabin crew members are not permitted to provide medical services, assist with feeding or personal hygiene and lavatory functions. For those customers requiring such assistance, it is recommended to travel with an escort.

<b>1</b>	Wheelchair needed?	<input type="checkbox"/> No <input type="checkbox"/> Yes → <input type="checkbox"/> Cannot walk by myself <input type="checkbox"/> Can walk alone but cannot ascend or descend stairs by myself <input type="checkbox"/> Can ascend or descend stairs by myself but cannot walk long distance
<b>2</b>	Wheelchair needed in cabin?	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>3</b>	Please tell us about your personal wheelchair.  * When you check your electric / battery-powered wheelchair, please tell our airport staff your wheelchair's specific battery type and instructions to disconnect / insulate the battery since some batteries are considered as "dangerous goods" and are permitted on passenger aircraft only under certain conditions.	<input type="checkbox"/> No wheelchair      * You can check your wheelchair at the counter. <input type="checkbox"/> Personal wheelchair      We will take you to the plane in our wheelchair.  <input type="checkbox"/> Manual <input type="checkbox"/> Electric/Battery-powered → <input type="checkbox"/> Non-Spillable Battery (Wet-cell "sealed") <input type="checkbox"/> Spillable Battery (Wet-cell "non-sealed") <input type="checkbox"/> Dry Battery (NiCad, Ni-MH, Li-ion Battery) ※We CANNOT accept any spare Lithium-ion batteries.  <input type="checkbox"/> Foldable <input type="checkbox"/> Non-foldable → If your wheelchair is non-foldable or battery-powered, please tell us the size and weight.  Length: _____ cm      Width: _____ cm Height: _____ cm      Weight: _____ cm * We may not be able to accept large-size wheelchairs due to the size of the cargo door and space.
<b>4</b>	Oxygen needed in flight?	<input type="checkbox"/> No <input type="checkbox"/> Yes, personal medical oxygen cylinders will be used in flight.
<b>5</b>	Ambulance arranged? (Ambulance must be arranged by the passenger.)  Departure Point      Company Name: _____      Contact _____ Arrival Point      Company Name: _____      Contact _____  Destination (Hospital Name): _____	
<b>6</b>	Special instructions / Precautions	