

Information sheet for passengers requiring special assistance – Special Assistance Form SAF

In accordance with IATA Resolution 700, attachment A, 29th edition, December 2010

A.	Name, first name:	Title:	Age:	Sex:
	Phone (indicate country and area code):			
	E-mail:	Fax:		
B.	Passenger Name Record (PNR):			
C.	Routing			
	from: to: Flight number: Class: Date:			
	from: to: Flight number: Class: Date:			
D.	Nature of disability and/or required assistance:			
E.	Stretcher required on board:			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> STCR A stretcher requires a medical escort.			
F.	Escort needed in-flight:			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of escort:			
	Medical qualification: <input type="checkbox"/> Physician <input type="checkbox"/> Nurse/paramedic <input type="checkbox"/> None PNR (if different)			
G.	Wheelchair required:			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> WCHR Ambulant but impaired in walking: Needs assistance in terminal to/from gate, needs wheelchair or similar when passengers are boarding/disembarking by walking over ramp. Does not need assistance in a ramp bus, on passenger steps and in the aircraft cabin to/from seat, toilets and with meals.			
	<input type="checkbox"/> WCHS Ambulant but more severely limited in walking: Cannot use a ramp bus and/or needs assistance in boarding/disembarking (e.g. on passenger steps). Does not need assistance in the aircraft cabin to/from seat, toilets and with meals.			
	<input type="checkbox"/> WCHC Non-ambulant: Needs also assistance in the aircraft to/from seat, toilets and with meals (Please note that help within toilet or with meals is not provided by airline).			
	Own wheelchair: <input type="checkbox"/> WCH OWN Battery-driven: <input type="checkbox"/> WCH BD/dry batteries Collapsible: <input type="checkbox"/>			
	Size (W/H/L cm): Weight (kg):			
H.	Ambulance to/from airport (to be organized by assistance/insurance/passenger):			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of company:			
	Contact (phone/e-mail):			
I.	Assistance (other than wheelchair) required while in the airport:			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Specify needs:			
J.	Other ground support required:			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Specify:			
K.	Specific needs/support/equipment (incl. own equipment) required in-flight/on board:			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Please specify (e.g. extra seat, type of equipment, special seating, etc.):			
	Arising expenses on account of passenger.			
	For use of portable oxygen concentrator (POC) and CPAP machine, please find special information sheet http://medicalservices.swiss.com (Quick Links)			
	Use of POC and CPAP requires technical (POC, CPAP) and medical clearance (POC) issued by airline.			
L.	FREMEC (Frequent Medical Traveller Card):			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Valid until: Issued by:			
	If FREMEC required please indicate full address and phone (incl. country and area code) number of applicant:			
	Address: Phone number:			

The conditions of carriage, in particular the rules of liability contained in the terms and conditions of Swiss International Air Lines Ltd., will apply.

Swiss International Air Lines Ltd.
Special Assistance Form (SAF)

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Information sheet for passengers requiring Medical Clearance – MEDIF, part one

In accordance with IATA Resolution 700, attachment A, 29th edition, December 2010

Note for the attending physician:

The details requested in here will be treated confidentially; they should enable the Medical Services of the airline(s), as it is their obligation, to judge by their specific air medical knowledge and experience if and under what conditions the patient can be permitted to travel by aircraft as requested. These details will also help the Medical Service in issuing appropriate instructions for the patient's care which duly consider both his/her diagnosis and the special circumstances of the requested air journey. Kindly answer all questions by cross or in block letters, as necessary. Please fill in this form on your PC to enhance readability and clarity. You can easily typewrite into the grey fields. Thank you for your cooperation!

1. Patient			
Name, first name:			
Date of birth:	Sex:	Height:	Weight:
2. Attending physician			
Name:			
Address:		Phone:	
E-Mail:		Fax:	
3. Diagnosis (including short history, onset of current illness, episode or accident and treatment, specify if contagious)			
.....			
Nature and date of any recent and/or relevant surgery:			
4. Current symptoms and severity		Date of onset:	
.....			
5. Will a 25% to 30% reduction in the ambient partial pressure of oxygen (relative hypoxia) affect the passenger's medical condition? (Cabin pressure to be the equivalent of a fast trip to a mountain elevation of 2,400 meters (8,000 feet) above sea level)			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure			
6. Supplementary information			
Anaemia:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give date:	and result of gm/dl
Psychiatric conditions:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, see Part 2	
Cardiac disorder:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, see Part 2	
Normal bladder control:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, give mode of control:	
Normal bowel control:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Respiratory disorder:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, see Part 2	
Does the patient require oxygen at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify how much l/min (LPM):	
Oxygen needed during flight?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify, <input type="checkbox"/> 2 l/min <input type="checkbox"/> 4 l/min	
Seizure disorder:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, see Part 2	
7. Escort			
Is the patient fit to travel unaccompanied?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, would a meet-and-assist (provided by the airline to embark and disembark) be sufficient?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, will the patient have a private escort to take care of his/her needs on board?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, who should escort the passenger?		<input type="checkbox"/> Doctor <input type="checkbox"/> Nurse/Paramedic <input type="checkbox"/> Other	
If other, is the escort fully capable to attend to all above mentioned needs?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the patient able to sit in a usual aircraft seat (seatback in upright position)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Mobility			
able to walk without assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No		Wheelchair required for boarding: <input type="checkbox"/> to aircraft <input type="checkbox"/> to seat	
9. Medication list (incl. doses):			
10. Other medical information:			

Information sheet for passengers requiring Medical Clearance – MEDIF, part two

In accordance with IATA Resolution 700, attachment A, 29th edition, December 2010

1. Cardiac condition:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Angina:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When was last episode?
- Is the condition stable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
- Functional class of the patient? (CSS)	<input type="checkbox"/> Angina with strenuous activity	<input type="checkbox"/> with moderate activity	
	<input type="checkbox"/> with mild activity	<input type="checkbox"/> with rest or minimal activity	
- Can the patient walk 100 metres at a normal pace or climb 10–12 stairs without symptoms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Myocardial infarction:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:
- Complications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, give details:
- Stress EKG done?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, what was the result? MET's or Watt
- If angioplasty or coronary bypass, can patient walk 100 yards/metres at a normal pace or climb 10–12 stairs without symptoms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Cardiac failure:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When was last episode?
- Is the patient controlled with medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
- Functional class of the patient?	<input type="checkbox"/> No symptoms	<input type="checkbox"/> Shortness of breath (SOB) with moderate exertion	
	<input type="checkbox"/> SOB with minimal exertion	<input type="checkbox"/> Shortness of breath at rest	
Syncope:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When was last episode?
- Investigations:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, state results?
2. Chronic pulmonary condition:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has the patient had recent arterial blood gases?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Blood gases were taken on	<input type="checkbox"/> Room air	<input type="checkbox"/> Oxygen	Litres per minute (LPM)
- If yes, what were the results?	pCO ₂ [kPa/mmHg]		pO ₂ [kPa/mmHg]
	% Saturation		Date of exam:
Does the patient retain CO ₂ ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has his/her condition deteriorated recently?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Can patient walk 100 yards/metres at a normal pace or climb 10–12 stairs without symptoms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has the patient ever taken a commercial aircraft in his/her current medical status?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
- If yes, when?			
- Did the patient have any problems?			
3. Psychiatric conditions:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is there a possibility that the patient will become agitated during flight?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has he/she taken a commercial aircraft before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
- If yes, date of travel?	Did the patient travel:	<input type="checkbox"/> alone	<input type="checkbox"/> escorted?
4. Seizure:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
What type of seizures?			
Frequency of the seizures:			
When was the last seizure?			
Are the seizures controlled by medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5. Prognosis for the trip:	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	

Signature of physician (or facsimile):

Date:

Note: Cabin attendants are not authorized to give special assistance (e.g. lifting, meals) to particular passengers, to the detriment of their service to other passengers. Additionally, they are trained only in first aid and are not permitted to administer any injection, or give medication. Important: Fees, if any, relevant to the provision of the above information and for carrier-provided special equipment are to be paid by the passenger concerned.