



# FORM OF INDEMNITY

To be Completed by Sales Office / Agent	<b>M E D I F</b>				<b>Standard Medical Information Form for Air Travel</b>			
	Answer all questions. Put a cross (x) in "YES" or "NO" boxes Use <b>Block Letters</b> while Completing this Form							
<b>A</b>	Name/Initials/Title :							
	Tel No. Departure City :							
<b>B</b>	Proposed Flights Details							
<b>C</b>	Nature of Disability				Medical Clearance Required		No	
							YES	
<b>D</b>	Is Stretcher required On-board				YES	NO	NA (In case of ATR 72-500)	
	( If all Stretcher cases must be escorted )							
<b>E</b>	Intended Escort ( Name, Sex, Age ,Professional qualification, Segments if different from guest) - if untrained state "Travel Companion "							
<b>F</b>	Wheelchair Required?			NO				
				YES		WCHS	WCHC	
<b>G</b>	Ambulance Arranged Hospital Details			NO				
				YES				
<b>H</b>	Other Ground Arrangements Required			NO				
				YES				
<b>1</b>	Arrangements for delivery at airport of departure	NO	YES					
<b>2</b>	Arrangements for assistance at Connecting points	NO	YES					
<b>3</b>	Arrangements for meeting at airport of Arrival	NO	YES					
<b>4</b>	Other requirements or relevant information	NO	YES					
<b>I</b>	Special In-Flight Arrangements needed such as: Special Meals, Special Seating, leg Seat, extra seat(s),special equipment etc.		NO		If yes, Describe and indicate for each item: (a) Segment(s) on which required (b) Airline arranged or arranging third party and (c ) at whose expense- Provision of special Equipment such as oxygen etc.. Always requires completion of Part 2 overleaf			
			YES					
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