



## MEDICAL INFORMATION FOR FITNESS TO TRAVEL

### Guidance & Information

Contact our 24/7 reservation team at [reservations\\_mru@airmauritius.com](mailto:reservations_mru@airmauritius.com) to book your flight.

Your attending physician will fill out the MEDIF, which will then be reviewed and signed by our airline doctor.

Part A & B of the completed forms must be sent to [airmauritius.panel@cliniquedarne.com](mailto:airmauritius.panel@cliniquedarne.com)

Passengers who are required to fill in a MEDIF form will not be able to purchase their tickets online. For more detailed information, please refer to our medical clearance

This form is intended to provide CONFIDENTIAL information to enable our airline doctor to assess the fitness of the passenger to travel as indicated in PART A. If the passenger is accepted, this information will permit the issuance of the necessary directives designed to provide for the passenger's welfare and comfort.

**Any missing information will unnecessarily delay the approval process and subsequently the travel of the patient.**

Any information given by Air Mauritius and/or its Medical Advisors is strictly for the purpose of clarifying the conditions onboard. Any and all clarifications that have been communicated do not affect the attending physician's independent prognosis or assessment of the patient's fitness to travel.

In cases of doubt or for further information, Medical Practitioners should consult the Air Mauritius airline doctor or refer to the passenger travel guidelines issued by the airline. The relevant contact details can be obtained from any of our offices.

The principal factors to be considered when assessing a patient's fitness for air travel are:

- Reduced atmospheric pressure (Cabin air pressure changes greatly during 15-30 minutes after takeoff and before landing and gas expansion and contraction can cause pain and pressure effects)
- Reduction in oxygen tension. (The cabin is at a pressure equivalent to an altitude of 6,000 to 8,000 feet and oxygen partial pressure is approximately 20% less than on the ground).

Any medical condition which would render a passenger unable to complete the flight safely, without requiring extraordinary medical assistance during the flight is considered unacceptable for air travel.

#### Medical Conditions Generally Deemed Unsuitable for Air Travel

**(Note: These are general guidelines. Each case should be evaluated individually, especially if the passenger is accompanied by a qualified medical escort.)**

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|---|--|
| 1. Severe anemia  | 8. <u>Recent surgical procedures:</u>  |
| 2. Advanced otitis media or sinusitis   | • Within 10 days after minor abdominal surgery   |
| 3. Any acute, contagious, or communicable disease   | • Within 21 days after chest surgery or invasive eye procedures (excluding laser surgery)                                |
| 4. Uncontrolled congestive heart failure or other cyanotic conditions                           | 9. Jaw fractures with fixed wiring, unless accompanied by medical personnel  |
| 5. <u>Recent myocardial infarction:</u>   | 10. Unstable psychiatric conditions without proper medication and escort   |
| • Uncomplicated MI within 2 weeks of onset  | 11. Uncontrolled seizures unless accompanied by medical support  |
| • Complicated MI within 6 weeks of onset  | 12. <u>Pregnancy considerations:</u>   |
| 6. Serious respiratory conditions or recent pneumothorax  | • Single pregnancies beyond 36 weeks   |
| 7. Gastrointestinal conditions with risks of vomiting blood, black stools, or bowel obstruction | • Multiple pregnancies beyond 32 weeks   |
|   | 13. Newborns less than 7 days old  |
|   | 14. Patients who have had air introduced into body cavities for diagnostic or therapeutic reasons within the past 7 days |

#### Notes on Specific Conditions and Requirements


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| <b>**Allergies:**</b><br>If only a special meal is needed, this form does not need to be completed. However, if the passenger has a life-threatening food allergy—especially one that could be triggered by airborne particles—this form <b>**must**</b> be submitted.<br><br><b>**Asthma:**</b><br>Asthma medication must be carried in cabin baggage. Nebulizers no longer require their own power source. Spacer devices used with inhalers are an effective alternative for use during the flight.<br><br><b>**Fractures:**</b><br>Passengers with recent long bone fractures or full leg casts must provide a medical certificate. Casts must be at least 48 hours old. For fresh injuries (under 48 hours), casts should be split to prevent complications due to swelling during flight. While economy class does not allow for extra legroom, aisle seats can be requested. Please specify if the injury is on the left or right side. | <b>**Lung or Heart Disease:**</b><br>Those with cardiopulmonary conditions that cause shortness of breath after walking more than 100 meters on flat ground—or those who have required oxygen in hospital, at home, or on previous flights—may need in-flight oxygen. Aircraft oxygen is strictly for emergencies. Passengers requiring continuous oxygen, a stretcher, or an incubator must submit a recent and detailed medical report along with their medical certificate. A hospital or specialist referral letter is typically sufficient.<br><b>**Physical Disabilities:**</b><br>This form is not required if a wheelchair is only needed to the aircraft door. Your travel agent can make this request directly. Note: Civil Aviation Regulations require all passengers to sit upright in their seat during take-off and landing.<br><b>**Special Meals:**</b><br>Special dietary requirements for religious or medical reasons can be arranged directly through your travel agent. If the dietary need is due to a food allergy, please refer to the "Allergies" section above.<br><b>**Terminal Illness:**</b><br>Passengers in the advanced stages of a terminal illness generally need to be accompanied by a medical or nursing escort. |
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**Medical or personal escorts are responsible for all aspects of care during the flight, including meeting all the bodily needs of the passenger. Cabin crew cannot assist with personal care due to food handling and hygiene regulations.**


**Cabin attendants are NOT authorized to give special assistance (e.g. lifting) 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 to 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.**

		<b>MEDICAL INFORMATION FOR FITNESS TO TRAVEL</b> <b>(PART A - to be completed by passenger, agent, relative or treating doctor)</b>						
<p>This form is intended to provide confidential information that will enable our airline doctor to assess the fitness for travel and provide for the passenger's special needs. It must be dated within one month and must be submitted at least 48 hours prior to date of travel. The physician attending the incapacitated passenger is requested to answer all questions.</p> <p><i>Put a cross (X) in 'Yes' or 'No' boxes. Use BLOCK LETTERS when completing this form.</i></p>								
<b>Passenger Details</b>	Lastname					Gender		
	Firstname					Age		
	Email			Phone				
<b>Travel Details</b>	Itinerary	Booking Ref.	Date	Flight No.	From	To	Class	
<b>Nature of incapacitation</b>								
<b>Intended Escort Details</b>	Type of escort	Physician	<input type="checkbox"/>	Nurse	<input type="checkbox"/>	Travel Companion	<input type="checkbox"/>	
	Medical Qualification					Relation to patient		
<b>Wheelchair Details</b>	Does passenger require wheelchair?		If own wheelchair -->	Collapsible	<input type="checkbox"/>	Battery Type --->	Dry Cell WHC BD	<input type="checkbox"/>
	Yes	<input type="checkbox"/>		Power Driven	<input type="checkbox"/>		Wet Cell WHC BW	<input type="checkbox"/>
	No	<input type="checkbox"/>		Spillable Batt. (see right)	<input type="checkbox"/>		Lithium WHC LB	<input type="checkbox"/>
	Can climb stairs and walk in cabin - WCHR			<input type="checkbox"/>	Unable to climb steps, but can walk in cabin - WCHS		<input type="checkbox"/>	Unable to climb steps or walk in cabin - WCHC
<b>Oxygen, Stretcher &amp; Life Support</b>	Does passenger require oxygen on board?				Does passenger require stretcher?		Does passenger require life support equipment?	
	Yes	<input type="checkbox"/>	2L / M	<input type="checkbox"/>	Yes (specify)	<input type="checkbox"/>	Yes (specify)	<input type="checkbox"/>
	No	<input type="checkbox"/>	4L / M	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>
	Continuous	<input type="checkbox"/>	Intermittent	<input type="checkbox"/>				
<b>Incubator</b>	Does passenger require incubator?		Yes (specify)	<input type="checkbox"/>	No	<input type="checkbox"/>		
<b>Special inflight arrangements?</b>								
<b>Ground Arrangements</b>	Are hospital arrangements confirmed at arrival?			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
	Hospital Name			Contact & Phone				
<p>I ..... hereby indemnify and hold AIR MAURITIUS harmless from and against any liability arising out of any bodily injury and/or death, damage or loss that I may suffer and against any other damage, payments, of accepting me for carriage on its flights, and I do hereby undertake to repay AIR MAURITIUS the same damages, payments, expenses., fees and costs. I also understand and agree that any such payments, expenses, fees and costs made or incurred by AIR MAURITIUS shall be solely for my welfare and will be without prejudice and entirely without admission of any liability on the part of AIR MAURITIUS.</p>								
Signature passenger		Agent /Relative		Date				

		<b>MEDICAL INFORMATION FOR FITNESS TO TRAVEL</b> <b>(PART B - to be completed by attending physician)</b>							
This form is intended to provide confidential information that will enable our airline doctor to assess the fitness for travel and provide for the passenger's special needs. It must be dated within one month and must be submitted at least 48 hours prior to date of travel. The physician attending the incapacitated passenger is requested to answer all questions.									
Put a cross (X) in 'Yes' or 'No' boxes. Use BLOCK LETTERS when completing this form.									
MEDA 1	Passenger Details	Lastname				Gender		Weight (kgs)	
		Firstname				Age		Height (cms)	
MEDA 2	Attending Physician	Lastname				Phone			
		Firstname				Email			
		Hospital/Clinic				Speciality			
MEDA 3	Diagnosis						Date of diagnosis		
	Short history, onset of current illness, symptoms, treatment, etc.:								
	Vitals	Temp:	Pulse:	BP:	RR:	Oxygen Saturation (Room Air) - %			
MEDA 4	Medication List								
	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.						Yes	<input type="checkbox"/>	
							No	<input type="checkbox"/>	
							Not Sure	<input type="checkbox"/>	
	Has the patient ever taken a commercial aircraft in his/her current status? (If NO, go to Section MEDA 5. If yes, please specify:					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	How did the patient travel?					Alone	<input type="checkbox"/>	Escorted	<input type="checkbox"/>
	Did the patient have any problems? If yes, please specify:					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Can the patient walk without assistance?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Can the patient walk 50m or climb 10-12 stairs without symptoms?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
MEDA 5	Has his/her condition deteriorated recently?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Does passenger require oxygen on board?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		Flow 2L/M	<input type="checkbox"/>	Flow 4L/M	<input type="checkbox"/>	Continuous	<input type="checkbox"/>	Intermittent	<input type="checkbox"/>
MEDA 6	Does the patient has a contagious or communicable disease?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
MEDA 7	Is there a likelihood that the patient's physical or psychological condition could cause distress or discomfort to other passengers?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
MEDA 8	Is the patient able to use a standard aircraft seat with the seatback in the upright position when necessary? If NO, stretcher will be needed.					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
MEDA 9	Is the patient able to manage their own needs on board without assistance (e.g., meals, using the toilet, etc.)? If not, please specify the type of assistance required:					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
MEDA 10	Is the patient able to manage his/her own needs on board without assistance (e.g., meals, using the toilet, etc.)? If not, please specify the type of assistance required:					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
MEDA 11	Does the patient require any medication beyond self-administration, or need special equipment such as a respirator, incubator, nebulizer, etc. ? (Please note, all equipment on board must be powered by dry cell batteries.)					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
MEDA 12	"Does the patient require hospitalization? (If yes, please provide details of the arrangements made.)					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
MEDA 13	Any additional remarks or information to ensure the smooth and comfortable transportation of your patient (please specify if applicable):								
MEDA 14	Other arrangements made by the attending physician:								
<b>TO BE COMPLETED BY ATTENDING PHYSICIAN</b> <b>I have read and understood the guidance &amp; information part of the MEDIF form.</b>									
It is certified that, in my opinion, the above named is medically fit to travel by air from ..... to ..... and that the patient will not, in any way, adversely affect the welfare and comfort as well as, endanger the lives of other passengers.									
Name					Official Seal			Date	
Signature							Medical Council Reg.	No	

		<b>MEDICAL INFORMATION FOR FITNESS TO TRAVEL</b> <b>TO BE COMPLETED BY AIR MAURITIUS MEDICAL EXAMINER</b>							
Approved One Way	<input type="checkbox"/>	<b>Requirements</b>	Doctor	<input type="checkbox"/>	Stretcher	<input type="checkbox"/>	Oxygen	<input type="checkbox"/>	
Approved Full Journey	<input type="checkbox"/>		Nurse	<input type="checkbox"/>	Wheelchair	<input type="checkbox"/>	L/PM		
Rejected	<input type="checkbox"/>		Non-Medical	<input type="checkbox"/>	Ventilator	<input type="checkbox"/>	Diapers	<input type="checkbox"/>	
Need Details	<input type="checkbox"/>		Life Support	<input type="checkbox"/>	Incubator	<input type="checkbox"/>	Bassinet	<input type="checkbox"/>	
Name		Signature		Official Seal					
Date									
Clinic		Phone							