

Part 1**MEDIF****Information for health professionals.**

MEDIF is required when the passenger has a history of recent illness, hospitalization, recent surgeries, or any health condition that is considered unstable.

Our aircraft are pressurized and highly safe, as well as, in most cases, reasonably comfortable. However, all short, medium or long-haul flights can cause passengers some level of stress.

Inside the aircraft, the main difference between the internal environment and the ground environment is only pressurization. Contrary to what is commonly believed, modern aircraft are not pressurized at sea level. In this way, the altitude of the cabin during flight ranges between 1524 meters and 2438 meters (between 5000 and 8000 feet), which results in a barometric reduction, which causes some adaptations in the human body that are imperceptible to healthy people. Here are some examples:

- Blood pressure oxygen decreases, on average, from 98 mmHg to 55 mmHg. In practice, this means a decrease of about 4% in peripheral oxygen saturation (SO₂).
- A dilation of gases occurs during the exposure of the human body at this altitude to around twice its volume.
- Low humidity, between 10% and 20%. Although for the vast majority of healthy travelers the adaptations that occur in the human body are imperceptible, they can cause decomposition in people with coronary, pulmonary or cerebral vascular disease, as well as in anemic patients.

The following guide indicates the minimum waiting time that is recommended after some of the most common treatments:

- **Open surgeries of the chest, abdomen or skull:** 10 days.
- **Corneal laser cataract surgery:** 1 day.
- **Ophthalmological operations where gas was introduced into the eye or there was retinal detachment:** 6 days (since the air retained in the cavities expands during the flight).
- **Tonsillectomy or palatoplasty:** 15 days.
- **Appendectomy or closed abdominal surgery:** 7 days.
- **Laparoscopies:** 2 days.
- **Angioplasty.** If the procedure is simple and there are no symptoms: 3 to 5 days.
- **Cardiac surgery:** If you are well or in good health and really need to do so, you can travel after 10 days, although it is recommended to wait 4 to 6 weeks.
- **Heart attack:** You should not fly.
- **Hypertensive crisis:** 1 day after being stabilized.
- **Stable asthma:** This is usually not a problem. Carry your medication with you.
- **Chronic bronchitis, ephimsema or other type of chronic obstructive pulmonary disease:** If you can walk (without supplemental oxygen) for (50 meters) without flailing, you can fly.

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- **Pneumothorax:** It has to be completely resolved at least a week before flying.
- We remind you that if you suffer from an infection, the flight is contraindicated.
- **Stroke:** 10 days from when symptoms are stable.
- **Epilepsy:** 2 days after the last seizure.
- **Ear infection or sinusitis:** You should not fly during the infection.
- **Breaks:** If you had a cast, you should wait at least 48 hours.

This list is not exhaustive and Flybondi – Aerocare will evaluate each case individually according to the circumstances. We advise you to be cautious if you have any doubts: if you have recently undergone an operation or suffer from a serious illness, we recommend that you do not travel until you are able to do so. If you have any questions or would like more information, you can consult our health service.

Part 2

To be completed by the passenger or companion

MEDIF

Standard Medical Information for Transportation

Dear Doctor, Answer all questions – mark with a cross (x) in the "yes" or "no" boxes. Complete with legible print. Then all copies of the form must be signed.

1

Passenger First and Last Name (Full):

Cellular:

Date of birth:

Gender:

M ☐ F ☐ X ☐

Height:

Weight:

2

Proposed itinerary

Departing from:

Expected date of outbound travel:

Is it a round trip?

Yes ☐ No ☐

Arrival in:

Expected date of return trip:

3

Nature of the disability or the disease (reason for care):

4

Passenger Condition:

Can the passenger travel unaccompanied?

Yes ☐ No ☐

Does the companion have to be health personnel?

Yes ☐ No ☐

5

Flybondi does not transport passengers on stretchers.

6

Companion details

In the case of passengers with visual or hearing impairments, please indicate whether you are travelling with an assistance dog.

Name and surname:

Gender:

M ☐ F ☐ X ☐

Kinship:

Age:

Professional suitability:

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Do you need a wheelchair?

Yes ☐
No ☐

Do you have your Own chair?

Yes ☐
No ☐

Collapsible?

Yes ☐
No ☐

Mechanics?

Yes ☐
No ☐

¿With battery Spillable?

Yes ☐
No ☐

Chair Category:

WCHR ☐

Chair for transport around the the airport. The passenger can climb stairs.

WCHS ☐

Chair for transport around the airport. The passenger DOES NOT Climb stairs

WCHC ☐

Chair to SEAT AIRPLANE

NOTE: Spillable wheelchair batteries are considered "hazardous cargo." Other batteries are accepted under special conditions. You must request the acceptance form for the transport of wheelchairs with battery when submitting it to the MEDIF.

8

Ambulance NOT available. Does not apply inside the airport

9

Other shore-based needs

Yes ☐ No ☐

(Please indicate other contracted services, the person responsible for the expenses, the relevant addresses and the contact information)

1 Preparations for Boarding At the airport

☐ ☐

Specify

2 Preparations at the points of connection

☐ ☐

Specify

3 Preparations at the airport Destiny

☐ ☐

Specify

4 Other requirements or other Important Information

☐ ☐

Specify

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Special services on board?
(For example, special meals, special seat, rest
legs, extra seat, special seat belt and others
special equipment).

Yes ☐

No ☐

If so, indicate in each item the tranche where special services will be required, the description of the special services contracted and the person responsible for the expenses.
Note: For special supplements, such as oxygen concentrators, it is necessary to clarify their use and their approval is subject to company policies and the adequacy of the equipment to the
IATA DGR table 2.3.A.

11

Are you a valid FREMEC card holder for this trip?

No ☐

Yes ☐

If yes, please indicate number, issued by, permanent/chronic disability, special needs.

PLACE

DATE

ID

SIGNATURE AND CLARIFICATION OF THE PASSENGER

Part 3

To be completed by
the passenger's
attending physician

MEDIF

Medical Information Sheet

To be completed by the doctor treating the passenger. We ask the treating physician to answer all questions. Use Part No. 1 as a guide. Mark with a cross (x) in the Yes or No boxes. Answer briefly and concisely. Use PRINT.
This form is intended to provide confidential information that will enable Aerocare to assess the passenger's health conditions in relation to the flight. If the passenger is accepted, this information will allow the necessary steps to be taken to provide them with adequate safety and comfort

MEDA

1

Passenger's First and Last Name:

MEDA

2

Details of the treating doctor

Name and surname of the doctor:

Professional Registration Number:

Email (medical):

Contact telephone numbers:

MEDA

3

Medical Information

Detailed diagnosis (including vital signs): Onset of

early symptoms:

Date of surgeries and/or diagnoses:

MEDA

4

Forecast for the flight:

MEDA

5

Carrier of contagious and communicable disease

Yes

No

Specify

MEDA

6

Could physical and/or mental condition be a cause of stress?

Yes

No

Specify possible discomfort for other passengers

MEDA

7

Can the patient use the aircraft seat in the VERTICAL position?
when necessary?

Yes

No

MEDA

8

Can the patient take care of their own needs or help (including meals,
bathroom visits, etc.)?

Aboard

Yes

No

If not, what kind of help do you need?

MEDA

9

If it is necessary to take a companion on the trip, do you agree with the
proposal in Part 2?

Yes

No

If not, what do you propose?

MEDA

10

Flybondi does not accept the carriage of passengers who need oxygen on board.

MEDA

11

Does the patient need any medication during the flight (which can be taken without assistance or administered by
another person) or any special devices (respirator, incubator, aspirator, etc.)?

MEDA

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A) On the ground, at the airport

Yes

No

If it is YES, specify:

B) On board the aircraft

Yes

No

If it is YES, specify:

Part 3

To be completed by
the passenger's
attending physician

MEDIF**Medical Information Sheet**

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Does the patient require hospitalization? (If so, indicate the preparations made or, if not prepared, Indicate "No preparations were made").

MEDA

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A) During long waits or nights in or the

Sections of the route ☐ Yes ☐ No Preparations:

B) After arriving at the destination:

☐ Yes ☐ No Preparations:

MEDA

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Other information or other
recommendations for transport?

No ☐

If any, specify the patient carefully and comfortably

MEDA

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Other measures taken by the treating physician:

Diagnosis

(include the date of onset of the disease, the episode or accident and the treatment and specify if it is contingency).
In the case of a recent transaction, declare the nature and date of any recent transaction (regardless of its importance):

MEDA

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Current signs and symptoms (Specify severity; vital signs are required):

MEDA

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Part 3

To be completed by
the passenger's
attending physician

MEDIF

Medical Information Sheet

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Can a 25% to 30% reduction in the partial pressure of ambient oxygen (relative hypoxia) affect the patient's medical condition? (The cabin pressure becomes equivalent to that of a high-speed trip or a mountain at an altitude of 2400 meters (8000 feet) above sea level)

Yes ☐ No ☐ I'm not sure ☐

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Additional Clinical Information

1. Heart condition

Yes ☐ No ☐

When was the last episode?

Date ____ / ____ / ____

Is the condition stable?

Yes ☐ No ☐

1.1 Angina

Yes ☐ No ☐

Functional classification

No symptoms ☐
>-exertional angina ☐
<-exertional angina ☐
Resting angina ☐

Can the patient walk 100 meters at a normal pace or climb 10 to 12 steps without symptoms?

Yes ☐ No ☐

1.2 Myocardial infarction

Yes ☐ No ☐

When was the last episode?

Date ____ / ____ / ____

Complications?

Yes ☐ No ☐

Report details.
.....

Have you taken an EKG stress test?

Yes ☐ No ☐

Result in Mtz
.....

1.3 Heart failure

Yes ☐ No ☐

When was the last episode?

Controlled with medication?

Yes ☐ No ☐

Functional classification ?

No symptoms ☐
Shortness of breath with:
> Effort ☐
< Effort ☐
Rest ☐

1.4 Syncope

Yes ☐ No ☐

When was the last episode?

Date ____ / ____ / ____

Was it studied?

Yes ☐ No ☐

Report details.
.....
.....
.....

2. Chronic lung condition

Yes ☐ No ☐

Has the patient had arterial gas recently?

Yes ☐ No ☐

Blood gases were taken in:

Ambient air Oxygen ☐
LPM ☐
☐

If so, what were the results:

PCO2 ____ PO2 ____ SATURATION ____

Test Date ____ / ____ / ____

Part 3

To be completed by
the passenger's
attending physician

MEDIF

Medical Information Sheet

MEDA
20

Does the patient retain CO2?

Yes No

Has your situation deteriorated recently?

Yes No

Have you ever flown a commercial jet with the same conditions?

Yes No Date ____ / ____ / ____

Accompanied? Yes No

Did you have any problems?

3. Psychiatric condition

Is there any chance that the patient will be upset during the flight?

Yes No

Has your situation deteriorated recently?

Yes No

4. Seizures?

Yes No

What kind of seizures?

Frequency of seizures?

Date of last episode:

____ / ____ / ____

Are seizures controlled with medication?

Yes No

5. Forecast for the flight

Well

Regular

Bad boy

6. Mobility and musculoskeletal system

Yes No

Specify Fractured Bone

Are you currently with plaster?

Yes No

Date of placement of the plaster

____ / ____ / ____

Is the plaster found? cleft?

Yes No

The crew is NOT authorized to provide special assistance to passengers in a private way to the detriment of the service provided to other passengers. In addition, she is only trained in FIRST AID and is NOT AUTHORIZED to give injections or give medicines. Important: Any charges that may result from the above and the special equipment provided by the company must be paid by the passenger.

PLACE	DATE	DOCTOR'S SIGNATURE AND SEAL
I hereby authorize my treating physician stated herein, to provide all information required by Aerocare, in order to confirm that I am in good health condition to travel by air in pressurized air cabin.		
PLACE	DATE	SIGNATURE AND CLARIFICATION OF THE PASSENGER
This MEDIF has been reviewed and validated by AEROCARE		
PLACE	DATE	AEROCARE SIGNATURE