

Frequent Travellers Medical Request Form **MEDF**



1. The purpose of this **MEDF** form is for passengers with a permanent medical condition / chronic stable medical condition that flies regularly on Airlink within a one (1) year period.
2. This **MEDF** form is **valid for one (1) year from the signed date** and thereafter a new MEDF form needs to be completed and emailed to Airlink.

<i>Date of completion (dd/mm/yyyy)</i>	<i>Valid until date (dd/mm/yyyy)</i>
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3. **Data protection and Privacy Consent Declaration.** The personal and medical details you provide on this form will be used by Airlink to evaluate your request for medical clearance and to arrange the necessary assistance for your travel arrangements. To evaluate and manage your request, to arrange for the appropriate assistance and equipment, it may be necessary for Airlink to disclose your personal and/or medical information to third parties, such as medical professionals, airport and airline staff, service providers, government bodies and border control authorities.
4. This **MEDF** form needs to be completed and signed by the passenger and their qualified medical practitioner. Please e-mail the form back to specialassistance@flyairlink.com as soon as possible but no later than 72 hours prior to first flight departure. For future Airlink flights, email specialassistance@flyairlink.com no later than 72 hours prior to first flight departure to advise them of your new flight booking reference in order for Airlink to update the booking with the medical details as described in this MEDF form and for Airlink to make the necessary medical assistance.
5. Kindly notify Airlink specialassistance@flyairlink.com should your medical condition change from the one/s mentioned in this MEDF from.
6. The Airlink Medical Indemnity Form MEDIF will need to be completed for every 4Z flight if applicable.
7. Airlink will place this form securely on file for a period of one (1) year. For new bookings, please contact the Airlink Reservations Support desk +27 11 451 7300 press 1 or email E-ticketing@flyairlink.com and advise them of your name and surname and that your medical details are on file.
8. **Note** that this MEDF form does not guarantee automatic medical confirmation and consideration is given to pre-booked medicals and aircraft quota limitation on the flight/s in question.

Passenger Name and Surname	
Contact number and dialling code	
E-mail address	
Nature of Incapacitation	
Escort details if required, only for quadriplegic passengers	Name: _____ Surname: _____ Over 18 years of age: yes/ no
Skybucks membership, if applicable	


PLEASE TICK THE FOLLOWING SUITABLE OPTION/S:

	W C H S	<p>Wheelchairs Stairs is for passengers who require a wheelchair from the airport terminal to and from the aircraft and up and down the stairs. See Conditions of Carriage Clause 6.2 FORM(s) REQUIRED: Medical Request (MEDF) and Medical Indemnity (MEDIF)</p>						
	W C H C	<p>Wheelchair to cabin seat is for passengers who are completely immobile e.g., Paraplegics and Quadriplegics who require a wheelchair to and from the aircraft. An able-bodied assistant needs to always accompany quadriplegic passengers. See Conditions of Carriage Clause 6.2 FORM(s) REQUIRED: Medical Request (MEDF) and Medical Indemnity (MEDIF)</p>						
	B L N D	<p>Blind or partially sighted. Specify if accompanied by a guide dog. FORM REQUIRED: MEDF See Conditions of Carriage Clause 6.10</p>						
	D E A F	<p>Deaf or hearing impaired. Specify if accompanied by an assistance dog. FORM REQUIRED: MEDF See Conditions of Carriage Clause 6.2</p>						
	D P N A	<p>To travel in complete safety, passengers with Intellectual, Cognitive or Developmental Disability are required to understand and implement security measures.</p> <table border="1" data-bbox="437 674 1508 913"> <tr> <td data-bbox="437 674 727 745">Mental age between 5 and 12 years</td> <td data-bbox="727 674 1508 745">Such passengers will be booked to travel as an unaccompanied minor (UMNR) and passenger with intellectual or developmental disability (DPNA)</td> </tr> <tr> <td data-bbox="437 745 727 817">Mental age between 13 and 16 years</td> <td data-bbox="727 745 1508 817">Such passengers will be booked as a young passenger (YNGP) and passenger with intellectual or developmental disability (DPNA)</td> </tr> <tr> <td data-bbox="437 817 727 913">Mental age is above 17 years</td> <td data-bbox="727 817 1508 913">provided they are physically able to assist with their own evacuation in case of an emergency and is confident in their ability to do so can travel independently without the need of a carer.</td> </tr> </table> <p>The Passenger actual age is? _____ The Passenger mental age is? _____ FORM REQUIRED: Medical Indemnity (MEDIF) and MEDF See Conditions of Carriage Clause 6.7</p>	Mental age between 5 and 12 years	Such passengers will be booked to travel as an unaccompanied minor (UMNR) and passenger with intellectual or developmental disability (DPNA)	Mental age between 13 and 16 years	Such passengers will be booked as a young passenger (YNGP) and passenger with intellectual or developmental disability (DPNA)	Mental age is above 17 years	provided they are physically able to assist with their own evacuation in case of an emergency and is confident in their ability to do so can travel independently without the need of a carer.
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	E S A N	<p>An Emotional Support Dog or Psychiatric Support Dog can only be used by passenger’s diagnosed with mental or emotional disorder and need not have specific training for that function but must be trained to behave appropriately in a public setting and obey your commands. If this is not the case, you may need to provide a certificate indicating that the dog has been trained or the dog may not be allowed in the aircraft cabin. FORM REQUIRED: Medical Request (MEDF) See Conditions of Carriage Clause 6.11</p>						
	S V A N	<p>A Service Dog that has been trained to perform an active task to assist a person with a diagnosed disability (including sensory or physical disabilities other than a vision or hearing impairment) to alleviate the effects of that disability being either a Guide dog, Hearing dog, Diabetic Alert dog, Seizure alert dog or Medical Response dog. FORM REQUIRED: Medical Request (MEDF) See Conditions of Carriage Clause 6.10</p>						
	P P O C	<p>Passengers are permitted one (1) Personal Portable Oxygen Concentrator that bears a label which indicates the device is FAA approved for carriage and all the conditions have been met. FORM REQUIRED: Medical Request (MEDF) See Conditions of Carriage Clause 6.6</p>						
	COLOSTOMY BAGS	<p>Passengers’ dependent on colostomy bags must ensure that they use an empty bag at the start of the journey and carry sufficient number of bags for the duration of the flight and dispose of them in a responsible manner upon arrival at destination as per doctors’ instruction. FORM REQUIRED: Medical Request (MEDF) See Conditions of Carriage Clause 6.2.19</p>						
	PROSTHETIC DEVICE	<p>Due to limited stowage space in the cabin, you may be restricted to carrying only one prosthesis as part of your cabin baggage, additional prosthesis may be stowed as checked baggage. Please be aware that longer prosthesis (legs for above-knee amputees for example) may not be able to be accommodated in the cabin of the aircraft. Please pack longer prosthesis sufficiently for protection should they need to be checked-in at no additional charge. FORM REQUIRED: None</p>						
	OTHER AILMENT	<p>Please specify:</p>						

IMPORTANT:

a.	Signed and completed form to be emailed to specialassistance@flyairlink.com															
b.	The Frequent travellers' medical needs form is valid for 1(one) year from date of signing the document for 4Z/749 flights.															
c.	Medical passengers may not make use of the Self-Service Check-in Kiosk or Mobile or Web check-in.															
d.	One mobility aid (up to 32kg) e.g., wheelchair, walker, crutches etc. is carried free of charge in addition to the applicable free baggage allowance. No battery powered wheelchairs or mobility aids weighing more than 32kg will be allowed on board and will need to be transported as cargo.															
e.	Wheelchairs within the limit will only be carried in the hold compartment of our aircraft and not permitted in the main cabin. Regulations limit us to the amount of assisted medical passengers permitted per flight.															
f.	Due to Occupational Health and Safety Law, the maximum weight of a person that can be carried is limited by the capabilities of the individual staff member carrying the passenger and may not exceed 100kg.															
g.	The airline's airport staff can only provide wheelchair assistance from the check-in desk to the aircraft as well as from the aircraft to the arrival hall upon landing and to the baggage claim area. This does not include the outside of the airport building nor can they wait with the passenger or provide help with ground transportation.															
h.	<p>Assistance from Airlink: A medical report from an appropriately qualified doctor, bearing a date no more than ten (10) days before the flight date and time, which confirms that the passenger requires the assistance from Airlink requested in this form for the following:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Any type of heart condition</td> <td style="width: 25%;">Any type of spinal or brain injury</td> <td style="width: 25%;">Epilepsy</td> <td style="width: 25%;">Any type of cancer</td> </tr> <tr> <td>Emphysema / COPD / Asthma</td> <td>Strokes within the previous six (6) months</td> <td colspan="2">Parkinson's Disease</td> </tr> <tr> <td>Unaccompanied minors with a Medical Condition (escort recommended)</td> <td>Serious back or Spinal problems</td> <td colspan="2">Travelling with a premature Infant or Infant with a Medical Condition</td> </tr> </table>				Any type of heart condition	Any type of spinal or brain injury	Epilepsy	Any type of cancer	Emphysema / COPD / Asthma	Strokes within the previous six (6) months	Parkinson's Disease		Unaccompanied minors with a Medical Condition (escort recommended)	Serious back or Spinal problems	Travelling with a premature Infant or Infant with a Medical Condition	
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i.	<p>Fitness to Travel: A medical report from a suitably qualified medical practitioner, bearing a date no more than ten (10) days before the flight date and time, which confirms the passenger's fitness to travel on all flights on which the passenger intends to travel for the following:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Strokes within the previous 6 – 12 months</td> <td style="width: 50%;">Serious back problems within the previous 6 – 12 months</td> </tr> <tr> <td>Alzheimer's / Parkinson's Disease</td> <td>Pregnant passengers who are experiencing complications or expecting more than one baby</td> </tr> </table>				Strokes within the previous 6 – 12 months	Serious back problems within the previous 6 – 12 months	Alzheimer's / Parkinson's Disease	Pregnant passengers who are experiencing complications or expecting more than one baby								
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Passenger age in years		Weight in kilograms	
Are you able to climb into the bus and walk up/down the aircraft stairs without assistance?		Yes	No
Are you able to walk long distances?		Yes	No
Are you able to walk unaided without assistance onboard?		Yes	No
Are you able to sit unaided for the duration of the flight?		Yes	No
Are you able to eat and drink unaided?		Yes	No
Are you able to see to your own needs on board including toilet facilities?		Yes	No
Can you sit in an upright position and can bend knees at 90° for duration of flight?		Yes	No
If using your own wheelchair, is it battery operated or a manual wheelchair?		MANUAL	BATTERY
Weight of the wheelchair, including battery if applicable?			

 Please be advised that if you have any medical condition that needs clearance from a doctor as per the Airlink [Conditions of Carriage Clause 6](#), then kindly ensure the letter from your attending physician accompanies this medical request form and emailed to: specialassistance@flyairlink.com

 For further assistance or questions contact the Airlink Reservations Support desk +27 11 451 7300 (*press 1*) or e-mail: specialassistance@flyairlink.com 7 days a week, 05h30 – 21h00.

IMPORTANT NOTICE

PLEASE READ CAREFULLY AND SIGN IN THE SPACE PROVIDED BELOW IF YOU CONSENT

Consent and notifications in terms of the Protection of Personal Information Act, 2013 (POPIA)

Airlink (Pty) Ltd (**Airlink**) needs to know certain medical information about passengers to be able to fly them safely and provide them with appropriate assistance. By completing and signing this form you consent to Airlink collecting and handling your, and any passenger on whose behalf you are completing and signing this form, personal medical information provided by you or on your behalf in this form for the purpose of providing necessary support and assistance relative to the medical conditions you have disclosed. The information will be provided to Airlink's ground staff, ground handling agents, flight crews and general sales agents who are assisting you before and after your flight including to embark, during the flight and to disembark the aircraft as necessary. Where the destination to which you are flying is in another country, the information will be transferred to that country. We impose contractual obligations to ensure that the information is treated as securely in foreign countries as it is in South Africa.

If you are completing this form on behalf of any other person you must be legally entitled or have their consent to do so. Where a person gives you consent this means that they need to know the content of this form, the information you are providing about them and that the information will be provided to Airlink's ground staff and flight crews for purposes of assisting them before and after their flight including to embark, during the flight and to disembark the aircraft as necessary. If you are completing this form on behalf of a child, please be aware that children over the age of 12 have greater autonomy over their health and medical information than they do over other personal information. You may therefore need to obtain the consent of a child over the age of 12 if you are completing this form on their behalf. The child may also complete a form on their own behalf without your consent or involvement. Please ensure that you comply with the law relating to the medical and health information of children.

Airlink will store this information for as long as required having regard to the purpose for which it was collected or as permitted by law.

Any person who has given their consent may withdraw it on notice to us at any time. It is mandatory to provide Airlink with the necessary information. If consent is either not given to provide the necessary medical information to us or is withdrawn, we will not fly that person. Persons who provide their personal information to us on this form also have other rights, including the rights to (1) access their personal information held by Airlink; (2) request Airlink to correct inaccurate, irrelevant, excessive, outdated, incomplete, misleading or unlawfully obtained personal information and (3) complain to the Information Regulator using the following email address: complaints.IR@justice.gov.za.

If you have any queries about this consent and notifications, please contact specialassistance@flyairlink.com

I confirm that I have: (i) read and understood this MEDA form and agree to this consent and notification in terms of POPIA; and (ii) have obtained all necessary consents from any other person on whose behalf I am completing this form.

Passenger full name and signature or Legal guardian full name and signature

Qualified medical practitioner full names and signature

Practitioner stamp

Date and place (dd/mm/yyyy)