

Special Medical Needs Request Form



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 other airlines in your itinerary and to third parties, such as medical professionals, airport and airline staff, service providers, government bodies and border control authorities.

Passenger Name and Surname	
Contact number including dialling code	
E-mail address	
Booking Reference number	
First leg Flight Number and Date	

This MEDA form needs to please be completed and signed by the passenger and e-mail back to e-ticketing@flyairlink.com as soon as possible but no later than three (3) business days prior to first flight departure.

PLEASE TICK THE FOLLOWING SUITABLE OPTION/S:

WCHR	<p>Wheelchair Ramp for passengers who require a wheelchair in the airport terminal to/from the boarding gate and to/from the aircraft steps and must climb stairs but cannot walk long distance and does not need assistance in the bus, on passenger steps and in the aircraft to/from the seat, toilets and with meals.</p> <p>FORM REQUIRED: Medical Request (MEDA)</p>
WCHS	<p>Wheelchairs Stairs for passengers who require a wheelchair from the airport terminal to and from the aircraft and up and down the stairs. A Passenger Aid Unit (PAU) service will be provided if the passenger cannot climb stairs at all (e.g., broken leg).</p> <p>FORM(s) REQUIRED: Medical Request (MEDA) and Medical Indemnity (MEDIF)</p>
WCHC	<p>Wheelchair to cabin seat for passengers who are completely immobile e.g., Paraplegics and Quadriplegics who require a wheelchair to and from the aircraft via the service of a Passenger Aid Unit (PAU) and to and from their cabin seat. An able bodied assistant needs to accompany quadriplegic passengers at all times.</p> <p>FORM(s) REQUIRED: Medical Request (MEDA) and Medical Indemnity (MEDIF)</p>
LEGL	<p>Left leg in a cast. This leg may not obstruct the aisle and can bend knee at 90° for the duration of the flight. The plaster cast must also be split open to ensure maximum comfort on board. Casts should be loosely fitted to allow for expansion and swelling at high altitudes.</p> <p>FORM REQUIRED: Medical Request (MEDA)</p>
LEGR	<p>Right leg in a cast. This leg may not obstruct the aisle and can bend knee at 90° for the duration of the flight. Casts should be loosely fitted to allow for expansion and swelling at high altitudes.</p> <p>FORM REQUIRED: Medical Request (MEDA)</p>

BLND	Blind or partially sighted. Specify if accompanied by a guide dog. FORM REQUIRED: None
DEAF	Deaf or hearing impaired. Specify if accompanied by an assistance dog. FORM REQUIRED: None
DIABETIC	You will be allowed to take insulin and one needle on board in the cabin, but the medication has to be self-administered. FORM REQUIRED: None
MENTAL DISABILITY	To travel in complete safety, mentally disabled passengers must be able to understand and implement security measures. Must include the mental age and physical age and declare they are fit to travel. If the Passenger's mental age is 11 years and younger, then they shall be treated as an Unaccompanied Minor. If the mental age is 12 years and older then Airlink requires an escort or carer who must be 18 years and older to accompany such Passenger. FORM REQUIRED: Medical Indemnity (MEDIF) See Conditions of Carriage Clause 6.7
ESAN	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 (MEDA) See Conditions of Carriage Clause 6.11
SVAN	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 (MEDA) See Conditions of Carriage Clause 6.10
STCR	Stretcher case passengers only to/from Saint Helena Island with prior medical clearance. The stretcher is limited to one (1) stretcher passenger per E190 flight for an adult or child from the age of two (2) years and up. Infant stretcher cases are not permitted. Contact the Airlink Reservation Support desk for arrangements. FORM(s) REQUIRED: Medical Request (MEDA) and Medical Indemnity (MEDIF)
OXYGEN	Airlink does not permit passengers to bring their own Portable Oxygen Cylinders on board the aircraft in Checked or Unchecked baggage. Airlink is not equipped to supply oxygen on board the aircraft. See Conditions of Carriage Clause 6.6 for CPAP machines. FORM REQUIRED: Medical Request (MEDA)
PREGNANT	<ul style="list-style-type: none"> - Up to thirty six (36) weeks for Domestic travel - Up to thirty five (35) weeks for Regional travel <p>All pregnant passengers beyond twenty-eight (28) weeks gestation must provide a signed letter by a suitably qualified Gynaecologist, General Medical Practitioner or Midwife.</p> FORM REQUIRED: Medical Request (MEDA) See Conditions of Carriage 6.8
COLOSTOMY BAGS	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 (MEDA)

ALLERGIES	<p>Passengers who are allergic to peanuts and/or other substances are required to bring it to the attention of the booking agent. In the event that you suffer from a severe allergy, you are required to bring your own emergency medication with you. Airlink will not take any responsibility should you have an allergic reaction on board.</p> <p>FORM REQUIRED: Medical Indemnity (MEDIF)</p>
ARTIFICIAL LIMBS	<p>Due to limited stowage space in the cabin, you may be restricted to carrying only one spare limb as part of your cabin baggage, additional limbs may be stowed as checked baggage. Please be aware that longer items (legs for above-knee amputees for example) may not be able to be accommodated in the cabin of the aircraft. Please package longer prostheses sufficiently for protection should they need to be checked-in, if required to be checked in there will be no charge.</p> <p>FORM REQUIRED: None</p>
OTHER AILMENT	Please specify:

IMPORTANT:

a.	Medical passengers may not make use of the Self-Service Check-in Kiosk or Mobile or Web check-in.												
b.	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 carried as cargo.												
c.	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.												
d.	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.												
e.	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.												
f.	<p>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: 33%;">Any type of heart condition</td> <td style="width: 33%;">Any type of spinal or brain injury</td> <td style="width: 17%;">Epilepsy</td> <td style="width: 17%;">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	
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											

Passenger age in years		Weight in kilograms		
Are you able to walk up/down the bus and aircraft stairs without assistance?			Yes	No
Are you able to walk long distances?			Yes	No
Are you able to manage inside the aircraft cabin unaided?			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: e-ticketing@flyairlink.com

For further assistance or questions contact the Airlink Reservations Support desk +27 11 451 7300 (*press 1*) or e-mail e-ticketing@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 e-ticketing@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 signature or Legal guardian signature

Passenger full names or Legal guardian full names

Date and place (dd/mm/yyyy)