

# Special Medical Needs Request Form



## AIRLINK

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 [4ZRevenueControl@flyairlink.com](mailto:4ZRevenueControl@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><b>FORM REQUIRED:</b> 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><b>FORM(s) REQUIRED:</b> 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><b>FORM(s) REQUIRED:</b> 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><b>FORM REQUIRED:</b> 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. 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><b>FORM REQUIRED:</b> Medical Request (MEDA)</p>

BLND	Blind or partially sighted. Specify if accompanied by a guide dog. <b>FORM REQUIRED:</b> None
DEAF	Deaf or hearing impaired. Specify if accompanied by a assistance dog. <b>FORM REQUIRED:</b> 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. <b>FORM REQUIRED:</b> 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. <b>FORM REQUIRED:</b> 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. <b>FORM REQUIRED:</b> 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. <b>FORM REQUIRED:</b> Medical Request (MEDA) See Conditions of Carriage Clause 6.10
STCR	Stretcher case passengers <b>only</b> 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. <b>Contact 4Z Revenue Control office for arrangements.</b> <b>FORM(s) REQUIRED:</b> 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. <b>See Conditions of Carriage Clause 6.6 for CPAP machines.</b> <b>FORM REQUIRED:</b> Medical Request (MEDA)
PREGNANT	<ul style="list-style-type: none"> <li>- Up to thirty six (36) weeks for Domestic travel</li> <li>- Up to thirty five (35) weeks for Regional travel</li> </ul> <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> <b>FORM REQUIRED:</b> Medical Request (MEDA) See Conditions of Carriage 6.7

	<b>COLOSTOMY BAGS</b>	<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.</p> <p><b>FORM REQUIRED:</b> Medical Request (MEDA)</p>
	<b>ALLERGIES</b>	<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><b>FORM REQUIRED:</b> Medical Indemnity (MEDIF)</p>
	<b>ARTIFICIAL LIMBS</b>	<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 prosthesis' sufficiently for protection should they need to be checked-in, if required to be checked in there will be no charge.</p> <p><b>FORM REQUIRED:</b> None</p>
	<b>OTHER AILMENT</b>	<p>Please specify:</p> <p>.....</p> <p>.....</p> <p>.....</p>

**IMPORTANT:**

a.	Medical passengers may not make use of the Self Service Check-in Kiosk.
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 in excess of 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.
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.	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 the fitness to travel on all flights on which the Passenger intends to travel.

Please specify the reason for the medical request with a detailed description e.g. car accident three weeks ago, quadriplegic, pregnant, hip replacement, broken left leg, recent heart attack, recent operation etc.


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?			

A Doctors Medical Report (bearing a date no more than ten (10) days before the flight) needs to be completed by the Passenger's suitably qualified medical practitioner in order to certify that they are fit to travel -

- a) Any type of heart condition
- b) Any type of spinal or brain injury
- c) Any type of cancer
- d) Emphysema / COPD / Asthma
- e) Any operations within the previous three (3) months
- f) Any hospitalisation within the previous three (3) months
- g) Strokes within the previous six (6) months
- h) Parkinson's Disease
- i) Epilepsy
- j) Serious back or Spinal problems within the previous six (6) months
- k) Travelling with a premature Infant or Infant with a Medical Condition
- l) Unaccompanied minors with a Medical Condition (escort recommended)

I ..... have read the [Airlink Conditions of Carriage](#) Clause 6, Medical and Special Assistance.

Please be advised that if you have any medical condition that needs clearance from a doctor as per the Airlink Conditions of Carriage, then kindly ensure the letter from your attending physician accompanies this medical request form. This letter must clearly state that you are fit to travel by air.

For any questions please contact the Airlink Revenue Control office +27 11 451 7300 or +27 11 451 7350 on a South African Business day Monday to Friday 07h30 – 17h00.

Date: .....

Passenger Signature: .....