

FORM B - Part 1 (MEDIF "B 1") - INFORMATION SHEET FOR GUESTS REQUIRING MEDICAL CLEARANCE (to be completed by the attending physician)

THIS FORM MUST BE RETURNED TO SALES OFFICE WHERE THE RESERVATION HAS BEEN MADE.

Note to the attending physician:

The details requested in here will be treated confidentially. They should enable the Medical Services of the airline(s), as it is their obligation, to judge by their specific air medical knowledge and experience if and under what conditions the patient can be permitted to travel by aircraft as requested. These details will also help the Medical Service in issuing appropriate instructions for the patient's care which dually consider both his/her diagnosis and the special circumstances of the requested air journey. Kindly answer all questions by cross or in block letters, as necessary. Please fill in this form on your PC to enhance readability and clarity. You can easily typewrite into the grey fields. Thank you for your cooperation!

1. Patient (First name/Name)

Date of Birth	Gender	Height cm	Weight kg
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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2. Attending physician (First name/Name)

Address/E-mail	Phone contact number (+ prefix) preferably mobile phone	Fax
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<input type="text"/>	<input type="text"/>	<input type="text"/>
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3. Diagnosis in details (including date of onset of current illness, episode or accident and treatment)

Is the illness contagious? Yes No

Nature and date of any recent and/or relevant surgery

4. Current symptoms and severity

5. Will a 25% to 30% reduction in the ambient partial pressure of oxygen (relative hypoxia) affect the guests's medical condition? (Cabin pressure to be equivalent of a fast trip to a mountain elevation of 2400 meters – 8000 feet – above sea level):

Yes No Not sure

6. Additional clinical information

a. Anemia	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes, give recent result in grams of hemoglobin
b. Psychiatric and seizure disorder	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes, fill in form B 2 section 3
c. Cardiac condition	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes, fill in form B 2 section 1
d. Normal bladder control	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If no, give mode of control <input type="text"/>
e. Normal bowel control	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
f. Respiratory condition	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes, fill in form B 2 section 2
g. Does the patient use oxygen at home?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes, specify how much <input type="text"/>
h. Does the patient need oxygen in flight?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes, specify flow per minute
- continuously during journey (at airport and during flight)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	2 LPM <input type="checkbox"/>
- continuously (during flight only)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	4 LPM <input type="checkbox"/>
					Other <input type="checkbox"/>

7. Escort:

a. Is the patient fit to travel unaccompanied?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
b. If no, would a meet-and-assist (provided by airline to embark and disembark) be sufficient?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
c. If no, will the patient have a private escort to take care of his/her needs onboard (medicine, meal, toilette)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
d. If yes, who should escort the patient?	Doctor	<input type="checkbox"/>	Nurse	<input type="checkbox"/>	Other	<input type="checkbox"/>
e. If other, is the escort fully capable to attend to all the above needs?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
f. Medical Transport (from/to hospital)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		

If passenger is transported by the ambulance, please provide contact information of the medical institution which will perform the transport to/from the airport.

Designated Ambulance (to be organized by assistance/insurance/passenger)

Contact:

Phone:

Email:

8. Mobility:

a. Is the patient able to walk without assistance? Yes No

b. Wheelchair required for boarding

WCHR – Guest can climb and descend the stairs of the aircraft and proceed to the seat in the cabin **but he/she needs a wheelchair to cross the distance to/from the aircraft;**

WCHS – Guest cannot climb and descend the stairs of the aircraft but can proceed to the seat in the cabin; **he/she needs a wheelchair to cross the distance to/from the aircraft and must be carried up/down the stairs;**

WCHC – Guest is completely immobile, **he/she needs a wheelchair to cross the distance to/from the aircraft, and must be carried up/down the stairs to/from their seat in the passenger cabin.**

9. Seating:

Can patient use normal seat? Yes No

If the answer is no, the travel will be on a stretcher.

10. Medication list needed during flight**11. Other medical information**

FORM B - Part 2 (MEDIF "B 2") - INFORMATION SHEET FOR GUESTS REQUIRING MEDICAL CLEARANCE (to be completed by the attending physician)
1. Cardiac condition

 a. Angina Yes No When was last episode?

 Is the condition stable? Yes No

Functional class of the patients:

 No symptoms Angina with important effort Angina with light efforts Angina at rest

 Can the patient walk 100 metres at a normal pace or climb 10 – 12 steps without symptoms? Yes No

 b. Myocardial infarction Yes No Date

 Complications? Yes No If yes, give details

 Stress EKG done? Yes No If yes, what was the result? Metz

 If angioplasty or coronary bypass, can the patient walk 100 metres at a normal pace or climb 10 – 12 steps without symptoms? Yes No

 c. Cardiac failure Yes No When was last episode?

 Is the patient controlled with medication? Yes No

Functional class of the patients:

 No symptoms Shortness of breath with: important efforts light efforts at rest

 d. Syncope Yes No When was last episode?

 Investigations? Yes No If yes, state result
2. Chronic pulmonary condition Yes No

 a. Has the patient had recent arterial gases? Yes No

 b. Blood gases were taken on: Room air Oxygen LPM

 If yes, what were the results: pCO₂: pO₂:

 Saturation Date of exam

 c. Does the patient retain CO₂? Yes No

d. Has patient condition deteriorated recently? Yes No

Can the patient walk 100 meters at a normal pace or climb 10 – 12 steps without symptoms? Yes No

Has the patient ever taken a commercial aircraft in these same conditions? Yes No

If yes when?

Did the patient have any problems?

3. Psychiatric conditions Yes No

a. Is there a possibility that the patient will become agitated during flight? Yes No

b. Has the patient taken a commercial flight before? Yes No

If yes, give date of travel Did the patient travel Alone? Accompanied?

4. Seizure Yes No

a. What type of seizures?

b. Frequency of the seizures?

c. When was the last seizure?

d. Are the seizures controlled by medication? Yes No

5. Prognosis for the trip? Good Poor

Attending physician signature and stamp Place and date

Note: Cabin attendants are not authorized to give special assistance (e.g. lifting, feeding, toileting) to particular guests, to the detriment of their service to other guests. They are trained only in first aid and are not permitted to administer any injection, or to give medication.

GUEST`S DECLARATION (Customer or representative)

"I HEREBY AUTHORIZE (physician name)

to provide the airlines with the information regarding my health status for the purpose of determining my fitness for carriage by air in consideration, thereof I hereby relieve that physician of his/her professional duty of confidentiality in respect of such information, and agree to meet such physician's fees in connection therewith.

I take note that, if accepted for carriage, my journey will be subject to the general conditions of carriage/tariffs of the carrier concerned and that the carrier does not assume any special liability exceeding those conditions/tariffs.

I agree to reimburse the carrier upon demand for any special expenditures or costs in connection with my carriage.

I FURTHER CONSENT

to Air Serbia A.D., seated in Jurija Gagarina 12, Beograd 191050, Air Serbia processing my personal data as specified on this form for the purpose of operating a secure electronic passenger management system including reservation management. I further consent to Air Serbia transferring this data from outstation to Serbia and the other way round for these purposes. I confirm that I have reviewed and accepted Air Serbia's Privacy Policy regarding the processing of my personal data, including my medical data, which can be found on the following link <https://www.airserbia.com/en/privacy-policy>

I am aware that I have the right to withdraw this consent at any time and that such withdrawal will be effective for the future only."

(Where needed, to be read by/to the customer, dated and signed by him/her or on his/her behalf).

Customer or representative signature

Place and date