Vietnam Airlines

MEDICAL CLEARANCE FORM PART I – MEDIF I

PART I To be completed by PASSENGER	- Answer ALL questions. - Put a cross "X" in "YES" or "NO" boxes. - Use BLOCK LETTERS when completing this form.

A	Passenger 's full name: ☐ Male ☐ Female Age:.....	
B	Itinerary: Flight No……..Class.....Date..... Origin…….....Destination……..... Flight No……..Class.....Date..... Origin…….....Destination……..... Flight No……..Class.....Date..... Origin…….....Destination…….....	
C	Nature of Medical Condition/Incapacitation:	MEDIF II needed? ☐ No ☐ Yes
D	Is stretcher needed on board? ☐ No ☐ Yes	
E	Intended Escort 's full name:..... ☐ Male ☐ Female Age:..... Professional qualification:.....(If untrained, state: "TRAVEL COMPANION"). Telephone/Moble phone:..... If passenger with vision/hearing impairment, please state if escorted by trained dog? ☐ No ☐ Yes	
F	Wheelchair services by Vietnam Airlines needed? ☐ No ☐ Yes If YES, service type: ☐ To boarding gate/ to aircraft step ☐ To aircraft door ☐ To seat and inflight	Own wheelchair? ☐ No ☐ Yes If YES, wheelchair type: 1.Collapsible ☐ No ☐ Yes 2. Power driven ☐ No ☐ Yes 3. Spillable battery ☐ No ☐ Ýes 4. Other type, specify:.....
G	Ambullance needed? ☐ No ☐ Yes *(Passenger/Escort is responsible for making all ambullance arrangements)* Ambullance company contact: Origin contact:..... Telephone/Moble phone:..... Destination contact:..... Telephone/Moble phone:.....	
H	Other ground arrangement needed? ☐ No ☐ Yes	If YES, specify below and idicate for each item: (a) The ARRRANGING airlines or other organization (b) At WHOSE expense, and (c) CONTACT addresses/phones where appropriate or whenever specific persons are designated to meet/asssist passenger.
	1. Arrangements for drop-off delivery at DEPARTURE airport. ☐ No ☐ Yes	Details:
	2. Arrangements for assistance at CONNECTION point. ☐ No ☐ Yes	Details:
	3. Arrangements for pick up at ARRIVAL point. ☐ No ☐ Yes	Details:
	4. Other requirement or relevant information. ☐ No ☐ Yes	Details:
I	Special In-flight arrangements needed? ☐ No ☐ Yes *(e.g:special meal, special seating, extra seat, medical equipments(*), assistances with medications,special baggage…)* Details:..... *(*) Provision of special equipment such as oxygen etc. always require completion of Part II. See NOTE at the end of Part II.*	If YES, describe and indicate for each item: (a) Special service type and segment(s) on which required. (b) Airline – arranged or arranging third party. (c) At whose expense
J	PASSENGER 'S DECLARATION I take note that, if acccepted for carriage, my journey will be subject to the general conditions of carriage/tariffs of Vietnam Airlines and that Vietnam Airlines does not assume any special liability exceeding those conditions/tariffs. I am prepared, at my own risk to bear any consequences which carriage by air may have for my state of health and I release Vietnam Airlines, its employees, servants and agents from any liability for such consequences.	

Address	Date	Passenger or authorized person 's signature and full name