

MEDICAL INFORMATION FORM  
FOR AIR TRAVEL (MEDA)

PART 1

To be completed by  
PASSENGER or AGENT

Please complete the form in CAPITAL letters using BLACK ink. Answer all questions.

Part 2 Doctor Form must be completed if passenger has a serious or unstable medical condition  
(refer Part 3 Medical Guidelines for Doctors) or as indicated below.

A PASSENGER'S FULL NAME: DATE OF BIRTH (DD/MM/YY) / /

SEX Male ☐ Female ☐ AGE: DAYTIME TELEPHONE: ( )

B FLIGHT DETAILS  
Note: You may need to allow longer for transfer between flights. Air New Zealand can only provide medical clearance for Air New Zealand operated flights.

AIR NZ BOOKING REF. (REQUIRED)	FLIGHT NO.	DATE	FROM	TO	CLASS
	NZ				
	NZ				
	NZ				
	NZ				

C NATURE OF DISABILITY, ILLNESS OR INJURY:

D 1 INTENDED ESCORT  
NAME: THEIR AIRNZ BOOKING REF: TRAVEL COMPANION ☐ NURSE ☐ DOCTOR ☐

2 Is the intended escort capable and prepared to provide all assistance including feeding, toileting and lifting if required? N/A ☐ YES ☐ NO ☐

E SERVICES REQUESTED:

WHEELCHAIR NEEDED?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Own wheelchair?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES indicate category:		Manual?	YES <input type="checkbox"/> NO <input type="checkbox"/>
WCHR: Cannot walk far, but can manage stairs	<input type="checkbox"/>	Power driven?	YES <input type="checkbox"/> NO <input type="checkbox"/>
WCHS: Cannot walk far, cannot manage stairs	<input type="checkbox"/>	Battery type (spillable?)	YES <input type="checkbox"/> NO <input type="checkbox"/>
WCHC: Unable to walk, needs assistance to cabin seat	<input type="checkbox"/>	Wheelchair weight?	<input type="text"/> Kgs
		Wheelchair Dimensions (cm):	W <input type="text"/> D <input type="text"/> H <input type="text"/>
Quadriplegic harness	YES <input type="checkbox"/> NO <input type="checkbox"/>	Wheelchairs with spillable batteries are "restricted articles" and are permitted on passenger aircraft only under certain conditions. Refer <a href="http://www.airnewzealand.co.nz">www.airnewzealand.co.nz</a>	
Seating	Aisle seat <input type="checkbox"/> Seat near toilet <input type="checkbox"/>		
Oxygen (refer Part 2)	YES <input type="checkbox"/> NO <input type="checkbox"/>		

F SPECIAL SERVICES REQUESTED Note: If yes to any, Part 2 must be completed

Is supplementary oxygen required?	YES <input type="checkbox"/> NO <input type="checkbox"/>	All stretcher transfers must have a medical escort
Is stretcher needed onboard?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are ambulance arrangements required?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Is hospital admission required?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are other ground arrangements required?	YES <input type="checkbox"/> NO <input type="checkbox"/>	

**G** LIST OF ALL MEDICAL EQUIPMENT BEING CARRIED (EG. CPAP, FEEDING PUMP, OXYGEN CONCENTRATOR)  
Note: All passengers carrying medical equipment other than CPAP must complete Part 2.

Equipment type	Make/Model	Dimensions (cm)	Power Supply (select one)		When Required (select one)	
			Requires Aircraft power supply	Has own portable battery	For use during all flight phases	Not required during take-off or landing
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: To prevent interference with aircraft systems, all electronic apparatus must be approved by Air New Zealand for use on board. Refer PART 3.

PASSENGER'S DECLARATION

- I HEREBY AUTHORISE \_\_\_\_\_ (Name of nominated medical doctor in CAPITAL LETTERS) to provide Air New Zealand with the information required by Air New Zealand's Chief Medical Officer for the purpose of determining my fitness to fly. I relieve that doctor of his/her professional duty of confidentiality in respect of such information, and I agree to meet such doctor's fees and costs in connection there with.
- I have provided my Doctor with Air New Zealand MEDA Part 2 to complete and MEDA Part 3 Medical Guidelines for Doctors
- I acknowledge that, if accepted for carriage, my journey will be subject to the general conditions of carriage/tariffs of Air New Zealand and that Air New Zealand does not assume any special liability exceeding those conditions/tariffs.
- I accept that there may be consequences which carriage by air may have for my state of health and I release Air New Zealand, its employees, servants and agents from any liability for such consequences (except where contrary to law).
- I agree to reimburse Air New Zealand upon demand for any special expenditures or costs in connection with my carriage.
- I hereby authorise Air New Zealand to send a copy of this authorisation to my medical doctor indicating my consent.
- I agree to contact the Air New Zealand Paxcare team if my medical condition or travel details change in any way prior to travelling.
- I acknowledge that by providing private medical information I consent to its use by appropriate Air New Zealand personnel (or their agents) for the purpose for which it was provided.

NAME	SIGNATURE	DATE (DD/MM/YY) / /
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MEDICAL INFORMATION FORM  
FOR AIR TRAVEL (MEDA)

PART 2

To be completed by  
nominated DOCTOR

This form is intended to provide CONFIDENTIAL information to assess the fitness of the passenger to travel. If the passenger can be transported, this information will facilitate the issuance of the necessary directives.

The Doctor of the named passenger is requested to answer ALL questions in CAPITAL letters using BLACK ink. Enter an "X" in the appropriate "Yes" or "No" box and give concise answers. Refer to Part 3 Medical Guidelines for Doctors.

Part 1 Passenger/Agent Form must be completed by all passengers who require a Part 2 Doctor Form.

MEDA 01

PASSENGER'S FULL NAME:

DATE OF BIRTH (DD/MM/YY) / /

SEXMaleFemale

DAYTIME TELEPHONE: ( )

FLIGHT DETAILS

Note: You may need to allow longer for transfer between flights. Air New Zealand can only provide medical clearance for Air New Zealand operated flights.

AIR NZ BOOKING REF. (REQUIRED)

FLIGHT NO.

DATE

FROM

TO

CLASS

NZ

NZ

NZ

NZ

MEDA 02

DOCTOR NAME:

SPECIALITY:

NAME OF HOSPITAL/CLINIC:

MOBILE PHONE: ( )

FAX: ( )

EMAIL

Note: You may be contacted by Air New Zealand for further information to allow your patient to fly. Please provide all contact information requested

MEDA 03

MEDICAL DATA DIAGNOSIS IN DETAIL  
(e.g. Injury, type of operation, co-morbidities):

Date of surgery/procedure/diagnosis: (dd/mm/yy) / /

VITAL SIGNS (dd/mm/yy) / /

BP: / PULSE: bpm SAO2 (on air): %

MEDA 04

PROGNOSIS FOR THE FLIGHT(S) Please consider the potential effects of the itinerary and physiological stresses of flight on the patient's state of health and mention if Terminal case. Details should be provided for guarded / poor (refer Part 3).

GOOD (no problems anticipated)

GUARDED (potential problems)

POOR (problems likely)

Details (e.g. late stage disease, unstable):

MEDA 05

Is PASSENGER FREE FROM Contagious and/or Communicable disease:

YESNO

Specify:

MEDA 06

Would the physical and/or mental condition of the passenger cause distress, discomfort or a safety risk to other passengers?

YESNO

Specify:

MEDA 07

Can the passenger use a normal aircraft seat with seatback placed in the UPRIGHT position when required (as required by Civil Aviation Rules)

YESNO

Travelling via Stretcher?  
Note: Medical Report required

YESNO

MEDA 08

Can the passenger take care of their own needs on board UNASSISTED (including feeding, toileting, mobility etc.)?  
Note: If not refer to MEDA PART 1 & 3

YESNO

MEDA 09

Specify the ESCORT the passenger requires:

NILTRAVEL COMPANIONNURSEDOCTOR

MEDA 10

Does the patient need SUPPLEMENTARY OXYGEN equipment in flight?

YESNO

2 L/min (preferred)

OtherSpecify:

GUIDANCE: Refer PART 3. Patients who can walk 50 metres without dyspnoea generally do not require supplementary oxygen. If sea-level SAO2 ≥93%, passenger is unlikely to need in-flight O2; if 89-92% may need O2; if ≤88% should travel with O2.

Pulse delivery (preferred)

Continuous flow (Medical Report required)

NAME	SIGNATURE	DATE (DD/MM/YY)	/	/
MEDICAL COUNCIL NUMBER:				