

# 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 form is received via a secure email/fax service and is held in accordance with the Privacy Notice attached.  
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) / / \_\_\_\_\_

SEX Male  Female

### 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) / / \_\_\_\_\_ (please circle)

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  GUARDED  POOR  Details (e.g. late stage disease, unstable): \_\_\_\_\_  
(no problems anticipated) (potential problems) (problems likely)

**MEDA 05** Is PASSENGER FREE FROM Contagious and/or Communicable disease: YES  NO  Specify: \_\_\_\_\_

**MEDA 06** Would the physical and/or mental condition of the passenger cause distress, discomfort or a safety risk to other passengers? YES  NO  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) YES  NO  Travelling via Stretcher? YES  NO   
Note: Medical Report required

**MEDA 08** Can the passenger take care of their own needs on board UNASSISTED (including feeding, toileting, mobility etc.)? YES  NO   
Note: If not refer to MEDA PART 1 & 3

**MEDA 09** Specify the ESCORT the passenger requires: NIL  TRAVEL COMPANION  NURSE  DOCTOR

**MEDA 10** Does the patient need SUPPLEMENTARY OXYGEN equipment in flight? YES  NO  2 L/min  Other  Specify: \_\_\_\_\_  
(preferred)

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 inflight O2; if 89-92% may need O2; if ≤88% should travel with O2.

Pulse delivery  Continuous flow   
(preferred) (Medical Report required)

**MEDA 10 cont.** Has oxygen been arranged for transit with another provider? YES  NOT REQUIRED  Specify:  
 Note: Air New Zealand is only able to provide oxygen IN-FLIGHT (on some aircraft)

**MEDA 11** Does the passenger need any MEDICATION other than self-administered?

(a) On Ground: YES  NO  Specify:

(b) On board the AIRCRAFT: YES  NO  Specify:

Can these be administered by the escort: YES  NO  Specify:

**MEDA 12** LIST OF ALL MEDICAL EQUIPMENT BEING CARRIED (EG. CPAP, FEEDING PUMP, OXYGEN CONCENTRATOR)

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	On ground
			<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"/>
			<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 specification must be approved by Air New Zealand for use on board. Refer PART 1 & 3.

**MEDA 13** HAS HOSPITAL ADMISSION BEEN CONFIRMED? Transit  At arrival port  NOT REQUIRED

Hospital Name: \_\_\_\_\_

Receiving Doctor: \_\_\_\_\_ Address \_\_\_\_\_

Phone No : \_\_\_\_\_

HAVE AMBULANCE ARRANGEMENTS BEEN CONFIRMED AT DEPARTURE PORT? Transit  At arrival port  NOT REQUIRED

Provider Details: \_\_\_\_\_ Note: a minimum two person crew is required for safe transfer

If yes to either, Medical transfer letter attached  Note The doctor is responsible for all ambulance and hospital arrangements

**MEDA 14** Other remarks or information in the interest of the passenger's smooth and comfortable travel. NONE  Specify if Any: \_\_\_\_\_

**MEDA 15** Other arrangements made by the doctor NONE  Specify if Any: \_\_\_\_\_

**DOCTOR DECLARATION**

- I understand the final decision for passenger acceptance for travel rests with Air New Zealand alone.
- I have read and understood PART 3 of the Air New Zealand MEDA (Medical Guidelines for Doctors).
- In my opinion, this person is safe to undertake the proposed flights, is free from communicable disease, and is not likely to affect the safety or wellbeing of other passengers or crew.
- I agree that the services requested above are appropriate in the circumstances. This passenger is able to take care of their own meals, transfers, personal hygiene, medication and other needs in flight (or is escorted by someone who can assist with all these needs).
- Where an ESCORT is required, I believe they are qualified and have all necessary equipment to deal with the patient's needs and any likely complications during the journey.
- I have enclosed a recent detailed MEDICAL REPORT for serious cardiopulmonary cases, cases requiring hospital transfer, terminally ill passengers, those requesting continuous oxygen or stretchers, and other complicated or potentially serious medical cases.
- Cabin crew are NOT authorised to give special assistance to particular passengers, to the detriment of their service to other passengers.
- Cabin crew are employed as food handlers and are therefore UNABLE to assist with toileting needs.
- They are trained in FIRST AID procedures only and are NOT PERMITTED to administer any injection, or give medication.
- Please ensure the passenger has all the necessary help via their travel companion/escort.
- IMPORTANT Fees: If any costs are incurred for the provision of specific equipment, these must be met upon demand by the named passenger.

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

Air New Zealand respects the privacy of its customers. This Privacy Notice explains how we (Air New Zealand Limited and our subsidiary companies) deal with the personal information provided to us as part of this MEDA form.

By submitting your MEDA form to Air New Zealand, you authorise Air New Zealand Limited and its subsidiaries to collect, use, and disclose your personal information (including your health information and sensitive information) in accordance with this Privacy Notice and also to the extent not prohibited by applicable privacy legislation.

We will collect the personal information you provide us as part of this MEDA form together with any supporting medical and health information provided to us by medical professionals on your behalf.

We will use your personal information (including your health information and sensitive information) to facilitate your air travel, to provide you with flight related assistance and services, and to accommodate any medical equipment that you may need to carry on your flight. We will also retain your personal information so that we can assist you when you travel with us in the future. In order to provide flight related assistance and services to you, we may need to share your personal information (including your health information and sensitive information) with third parties, including reservation agents, travel service providers, other airline carriers, medical, safety, and aviation personnel. We may also collect and share your personal information with third parties if we believe this is desirable to lessen or prevent a serious threat to an individual's life, health or safety or a serious threat to public health or public safety; or if we believe that it would be in the interests of aviation safety and security.

If you choose not to provide us with the personal information that we request as part of this MEDA form then we may not be able to provide you with assistance or the services you request or carry you as a passenger on our aircraft.

It is likely that we will store your personal information in our central data storage facilities in New Zealand and Australia. We may disclose your personal information to third parties in countries worldwide to or through which you are travelling, (including countries located outside New Zealand and the European Economic Area) that do not have comparable laws protecting the privacy of personal information. Such disclosures will be made for the purposes of providing you with relevant flight related assistance and services and generally operating our airline.

For the purposes of the United Kingdom's Data Protection Act 1998 and other relevant privacy legislation, the data controller is Air New Zealand Limited.

You may have rights under privacy legislation to access and correct the personal information we hold about you. If you would like to access or correct your personal information, or if you have any questions or complaints in relation to privacy, please contact us.

Freephone (calling within New Zealand): 0800 737 000 / Tel: +64 (0)9 357 3000

The Privacy Officer

Air New Zealand Limited

Private Bag 92007, Auckland 1142

New Zealand

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**This Privacy Notice should be read in conjunction with the Air New Zealand Privacy Policy**  
[www.airnewzealand.co.nz/privacy-policy](http://www.airnewzealand.co.nz/privacy-policy).

**This Privacy Notice was last updated on 22 June 2015.**