

## Elite Air – Medical Information (MEDIF) Form

This form must be completed if you require **medical clearance** or **special assistance** when traveling with Elite Air. Please return the completed form to the **MEDA Team** at least **72 hours before departure**.

### Part A – Passenger Information

- Full Name:
- Date of Birth:
- Booking Reference / Ticket Number:
- Contact Number:
- Email Address:
- Flight Number(s) & Date(s):
- Accompanying Person(s), if any:

### Part B – Medical Information *(to be completed by the attending physician)*

1. **Medical Diagnosis / Condition:**
2. **Is the passenger fit to travel by air?**  
☐ Yes ☐ No
3. **Is medical clearance required?**  
☐ Yes ☐ No
4. **Special Requirements:**
  - Wheelchair assistance: ☐ Yes ☐ No
  - Oxygen required onboard: ☐ Yes ☐ No
  - Medical equipment to be carried: ☐ Yes ☐ No
  - Other (please specify):

5. **Is the passenger able to travel unassisted?**

☐ Yes ☐ No

6. **Does the passenger require a medical escort/nurse?**

☐ Yes ☐ No

### **Part C – Physician’s Details**

- Physician’s Full Name:
- Medical License / Registration Number:
- Address:
- Telephone:
- Email:
- Signature & Date:

### **Part D – Elite Air Use Only *(to be completed by MEDA Team)***

- Clearance Granted: ☐ Yes ☐ No
- Special Arrangements Confirmed: ☐ Yes ☐ No
- Notes:
- Approved By:

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 **Submission:** Please email the completed form to **[MEDAteam@eliteair.com]**