|  |  |
| --- | --- |
| C:\Users\IwataN VNA\Desktop\VNA-LOGO-horiz white.jpg | **MEDICAL INFORMATION FORM (Part II) – MEDIF II** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PART II** | **MEDICAL INFORMATION SHEET 醫療資訊表單** | | | |
| To be completed by  the PHYSICIAN  of  VNA’s accepted Medical Center  下列欄位由越南航空所認證之醫療單位醫師填寫 | This form is intended to provide CONFIDENTIAL information, to enable the airlines MEDICAL Departments to assess the fitness of the passenger to travel as indicated in MEDIF I attached. If the passenger is acceptable, this information will permit the issuance of the necessary directives designed to provide for the passenger’s welfare and comfort. The PHYSICIAN diagnostician is requested to ANSWER ALLQUESTIONS. (Enter a cross “x” in the appropriate “YES” or “NO” boxes, and/or give precise concise answers.) 本公司醫務部門將依據下表所述之資料及本公司適航申請書表單一，審核旅客搭乘本公司航班之適航性，並安排適當協助，敬請主治醫師以**大寫英文字母填寫**本適航申請醫療表單、填寫所有問題，並檢附相關診斷證明書及文件資料 (請填入 ⮽ 以標示正確選項)。  (Carrier’s Designated Office)  The form must be returned to  COMPLETING OF THE FORM IN BLOCK LETTERS OR BY TYPEWRITER WILL BE APPRECIATED. | | | |
| MEDA 01 | NAME旅客姓名: Male男/Female 女 Age年齡: | | | |
| MEDA 02 | Name of the PHYSICIAN醫師姓名:  Address地址:  Telephone Contact連絡電話: Business辦公: Home住家: | | | |
| MEDA 03 | MEDICAL DATA  - DIAGNOSIS in details  (including vital signs)  病名及詳細症狀(包含生命徵象):  - Day/month/year of first symptoms  病症首次發作日/月年: | |  | |
| Date of Operation手術日期: | Date of diagnosis診斷日期: |
| MEDA 04 | PROGNOSIS for the anticipated trip請醫師研判病患之病況是否適合此次旅程: | | | |
| MEDA 05 | Contagious AND communicable disease是否為接觸性或可藉空氣傳染之疾病? No否 □ Yes是 □ If YES, specify如為是, 請於以下詳述: | | | |
| MEDA 06 | Is patient in any way OFFENSIVE to other passengers  (smell, appearance, conduct) 病患之身體或精神狀況是否可能會導致其他旅客的困擾或不便(氣味, 外表, 行為)?  No否 □  Yes是 □ If YES, specify如為是, 請於以下詳述: | | | |
| MEDA 07 | Can patient use normal aircraft seat with seatback placed in the UPRIGHT position when so required病患能否在必要時坐在豎直椅背之座位上?  No 否　□ If NO, type of help needed如為否, 請詳述協助方式?  Yes是　□ | | | |
| MEDA 08 | Can patient take care of his own needs on board UNASSISTED(\*)  (including meals, visit to toilet, etc…)病患於機艙內能否自行照護 (用餐、如廁等) (\*)?  No否 □ If NO, type of help needed? 如為否, 請詳述協助方式  Yes 是 □ | | | |
| MEDA 09 | Does the patient need ESCORT病患是否需專人護送? No 否 □ Yes 是 □ | | If YES, is the arrangement proposed in MEDIF I/E hereof satisfactory for you如需專人護送，適航申請書表單一內所安排之人選是否充分適任?  No 否 　□ Yes 是 　 □ | |
| If NO, type of escort proposed by YOU 請詳述需要何種護送方式: | |
| MEDA 10 | Does patient need OXYGEN(\*\*) equipment in flight? No 否□ Litters Continuous? No否　□  (if YES, state rate of flow) Yes 是□ (per/minute)　　　　　　　　　　　　　　 Yes是 □  是否需求機上氧氣筒(\*\*)　　　　　　　　 請填寫每公升氧氣流量 是否需要持續使用 | | | |
| MEDA 11 | Does patient need any MEDICATION(\*), other than self-administered and/or the use of special apparatus such as respirator, etc.(\*\*)…?  病患是否需要他人協助藥物服用(\*)?及/或協助特殊醫療裝置如人工呼吸器等(\*\*) | | (a) on the GROUND No 否　□  While at the airport(s) 　 Yes 是　□ If YES, specify如為是,請詳述:  於機場時 | |
| MEDA 12 | (b) on board of the AIRCRAFT　 No 否　□ If YES, specify如為是,請詳述:  於機艙時 　 Yes 是　□ | |
| MEDA 13 | Does patient need HOSPITALISATION? (If YES, indicate arrangements made. If NO were made, indicate “NO ACTION TAKEN”)  病患於轉機時或扺達目的地後是否需要住院特別照顧?  若無需求請於後方空白欄位填入”NO ACTION TAKEN” | | (a) during long layover or nightstop No 否　□ Specify請詳述:  at CONNECTIOTING POINTS en route  於轉機點長時間停留 (含過夜) 時 Yes 是　□ | |
| MEDA 14 | (b) upon arrival at DESTINATION  於目的地時 No 否　□ Specify請詳述:  　 Yes 是　□ | |
| MEDA 15 | Other remarks or information in the interest of your No 否　□ If YES, specify 如為是, 請詳述:  Patient’s smooth and comfortable transportation  為使病患於飛行途中能更順利舒適，是否有其他應注意事項 Yes 是　□ | | | |
| MEDA 16 | Other arrangements made by the physician其他醫生指定安排事項 | | | |
| (\*) NOTE: Cabin attendants are NOT authorized to give special assistance to particular passengers, to the detriment of their service to other passengers.  Additionally, they are trained only in FIRST AID and are NOT PERMITTED to administer any injection, or to give medication.  越南航空機組人員雖曾接受急救訓練，但依法不得為病患實施注射及藥物治療等行為，同時為避免降低服務品質，將將無法為患   病旅客提供特別照顧等服務。  (\*\*) IMPORTANT: ALL FEES FOR PROVIDING SPECIAL EQUIPMENT ARE TO BE PAID BY THE PASSENGER CONCERNED  重要備註:安排上述所有機艙特殊服務以及裝備所產生之各項費用將由旅客自行負擔。 | | | | |
| Date日期 | | Place地點 | Physician’s name and signature. Stamp of VNA’s accepted Medical Center  (Full name) 主治醫師簽名(全名) | |
| PASSENGER’S DECLARATION  I hereby authorize………………………………………………………………………………………………………………………………………………………………………………………………………………….  (name of the PHYSICIAN of VNA’s accepted Medical Center請填寫主治醫師英文全名)  to provide the airlines with the information required by those airlines for the purpose of determining my fitness for carriage by air. 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 exceed those conditions/tariffs.  I agree to reimburse the carrier upon demand for any special expenditures or costs in connection with m carriage.  旅客聲明  立書人(旅客及其家屬)係基於其主治醫師……………………………………………………………………… (請填寫主治醫師英文全名)之評估提出適航申請，並同意其透過診斷書提供我的個人資料，立書人(旅客及其家屬)亦同意自行負擔就診費用。  立書人(旅客及其家屬)業已詳悉越南航空所訂定之運送規則或辦法，茲同意免除、返還及賠償越南航空及其董事、高級職員、代理人或受僱人因執行本次運送所發生、負擔或應給付之任何責任、訴訟、損失、損害、成本及費用。 | | | | |
| Date 日期 | | Place 地點 | Signature of passenger  (Full Name) 旅客簽名 | |