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| Loong airline（GJ） | MEDICAL INFORMATION SHEET – (MEDIF)  诊 断 证 明 书 | |
| 由主治医生填写 | 1）This form is intended to provide CONFIDENTIAL information to enable Loongair Airlines to assess the fitness of the passenger to travel, 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.此表中提供的保密信息，用于长龙航空评估旅客是否适宜成行。如果旅客可以运输，我们会根据此表中服务需求进行安排和准备，为旅客提供安全和舒适的服务。  2）The PHYSICIAN ATTENDING the incapacitated passenger is requested to ANSWER ALL QUESTIONS ,Enter a cross “×”in the appropriate “yes”or “no”boxes, and/or give precise concise answers.请病患/残疾旅客的主治医生按要求回答以下所有的问题，在相应的“是”或“否”的框中打“×”，并且/或者给予精确简练的回答。  3）COMPLETING OF THE FORM IN BLOCK LETTERS OR BY TYPEWRITER WILL BE APPRECIATED请用黑粗字体填写此表，或者用打印机打印，要求不留空白项。  4）The form must be returned to Loongair Airlines booking office where passenger purchase the tickets.此表填写完成后必须交还给长龙售票部门。 | |
| MEDA01 | PATIENT ’ S NAME ,SEX,AGE  患者姓名，性别，年龄 |  |
| MEDA02 | ATTENDING PHYSICIAN’S  name and address  主治医生姓名，地址 |  |
| ATTENDINGPHYSICIAN’S telephone contact  主治医生联系电话 | 办公电话Business:  家庭电话Home: |
| MEDA03 | MEDICAL DATA  医疗信息  DIAGNOSIS in details  (including vital signs)  诊断详细资料（包括重要症状）  Day/month/year of first  symptoms  第一次症状发生的时间  日/月/年 | Date of operation  手术日期：  Date of diagnosis  诊断日期： |
| MEDA04 | PROGNOSIS for the flight(s): 根据症状对疾病在飞行中的结果进行预测 | |
| MEDA05 | Contagious AND communicable disease? 是否有传染性疾病？ No否 □ Yes是 □  Specify详细说明:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| MEDA06 | Would the physical and/or mental condition of the patient be likely to cause distress or discomfort to other passengers?  患者的身体和/或精神状况是否会对其他旅客造成危害或引起其他旅客不安或不舒适？ No 否□ Yes 是□  Specify详细说明:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| MEDA07 | Can patient use normal aircraft seat with seatback placed in the UPRIGHT position when so required? 当飞机因安全需要调直座椅靠背时，患者是否可以使用普通客舱座椅？ Yes 是□ No否 □ | |
| MEDA08 | Can patient take care of his own needs on board UNASSISTED (including meals, visit to toilet, etc.)?在飞机上，患者是否可以照顾自己（包括进餐，去洗手间等）？ Yes是 □ No否 □  If not ,type of help needed:如旅客不能照顾自己，请填写协助需求：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| MEDA09 | If to be ESCORTED, is the arrangement Satisfactory to you? 如果旅客需要进行陪护，您认为陪护人员的安排是否合适？  Yes是 □ No否 □  If not ,type of escort proposed by YOU：如果您认为不妥，请说明您的陪护人员安排建议：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| MEDA10 | -Does patient need OXYGEN equipment in flight? 患者在机上是否需要氧气设备？ No否 □ Yes是 □  （if yes, state rate of flow 如果需要请说明流量）□ Liters per minute升/分钟 ；continuous是否持续? No否 □ Yes是 □ | |
| MEDA11 | -Does patient need any MEDICATION（\*NOTICE）, other than self-administered, and/or the use of special apparatus  such as respirator, incubator, etc.?  除了患者自己准备的药物，患者是否还需要一些药物，和/或是否需要使用特殊设备，比如呼吸器、恒温箱等？  (a) on the GROUND while at the airport(s) 在机场候机楼地面：No否 □ Yes是 □  Specify详细说明:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (b) on the board of the AIRCRAFT 在飞机上客舱内：No否 □ Yes是 □  Specify详细说明:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| MEDA12 | Does patient need HOSPITALISATION? 以下两种情况，患者是否需要住院治疗？ (if yes, indicate arrangements made or, if none were made, indicate“NO ACTION TAKEN”) （如果“是”，请简要说明已进行的住院安排情况；如果“否”，请注明“没有进行安排”）  (a) during long layover or night stop at CONNECTING POINTS en route 在衔接站长时间停场或过夜停留：No否□ Yes是 □ Action安排情况:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (b) upon arrival at DESTINATION：到达终点站：  No否 □ Yes是 □ Action 安排情况:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| MEDA13 | Other remarks or information in the interest of your patient’s smooth and comfortable transportation: 为了使旅客能够更加舒适、顺利进行航空运输，请提供其他相关信息：None无 □  Specify if any其他的详细说明：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| MEDA14 | Other arrangements made by the attending physician:  主治医生的其他安排：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| NOTE:  Cabin attendants are NOT authorized to give special assistance (e.g. lifting) 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.  备注：不允许客舱乘务员向特殊旅客提供某项特别的帮助（如抬或架起）,而对其他旅客造成损害。此外，客舱乘务员仅仅只进行了急救培训，不允许进行注射或提供药物救治。 | | IMPORTANT:  FEES, IF ANY, RELEVANT TO THE PROVISION OF THE ABOVE INFORMATION AND FOR  CARRIER-PROVIDED SPECIAL EQUIPEMNT ARE TO BE PAID BY THE PASSENGER CONCERNED.  重要说明：  关于以上所提到的供应品和承运人提供的特殊设备，这些费用由患者支付。 |
| Date日期： | Place地点： | Attending Physician’s Signature  主治医生签名： |
| **PASSENGER’S DECLARATION旅客声明**  **“I HEREBY AUTHORIZE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of nominated physician) to provide the airlines with the information required by those airlines’ medical departments for purpose of determining my fitness for carriage by air and in consideration thereof I hereby relieve the 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 exceeding those conditions /tariffs.**  **I agree to reimburse the carrier upon demand for any special expenditures or costs in connections with my carriage .”**  **(where needed ,to be read by /to the passenger, dated and signed by him/her or on his/her behalf.**  **为了我旅程顺利成行，我授权\_\_\_\_\_\_\_（指定的医生姓名）向航空公司医疗部门提供必要的信息资料，同时，考虑到减少医生对信息进行保密的职业责任，我同意支付医生由此产生的费用。**  **我声明，如果能被航空公司接受运输，我遵从航空公司的运输条件以及相关承运人收费标准，航空承运人不承担任何超出的这些条件及收费标准的责任。**  **我同意支付航空承运人为了承运我而产生的任何特殊支出或成本"。（根据需要，请旅客阅读或阅读给旅客听，由他/她或他/她的代表签字，注明日期）** | | |
| Place地点： | Date日期： | Passenger’s Signature旅客签名 |