



FORM OF INDEMNITY

To be Completed by Sales Office / Agent	M E D I F				Standard Medical Information Form for Air Travel	
	Answer all questions. Put a cross (x) in "YES" or "NO" boxes Use Block Letters while Completing this Form					
A	Name/Initials/Title :					
	Tel No. Departure City :					
B	Proposed Flights Details					
C	Nature of Disability			Medical Clearance Required	No	
					YES	
D	Is Stretcher required On-board			YES	NO	NA (In case of ATR 72-500)
	(If all Stretcher cases must be escorted)					
E	Intended Escort (Name, Sex, Age ,Professional qualification, Segments if different from guest) - if untrained state "Travel Companion "					
F	Wheelchair Required?		NO			
			YES	WCHS	WCHC	
G	Ambulance Arranged Hospital Details		NO			
			YES			
H	Other Ground Arrangements Required		NO			
			YES			
1	Arrangements for delivery at airport of departure	NO	YES			
2	Arrangements for assistance at Connecting points	NO	YES			
3	Arrangements for meeting at airport of Arrival	NO	YES			
4	Other requirements or relevant information	NO	YES			
I	Special In-Flight Arrangements needed such as: Special Meals, Special Seating, leg Seat, extra seat(s),special equipment etc.	NO	If yes, Describe and indicate for each item: (a) Segment(s) on which required (b) Airline arranged or arranging third party and (c) at whose expense- Provision of special Equipment such as oxygen etc.. Always requires completion of Part 2 overleaf			
		YES				
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<div>Guests Declaration</div> <div>(where needed, to be read by/to the guest, dated and signed by him/her or his/her behalf)</div>	<div>I hereby relieve the physician whom I shall choose to make a statement on my condition of health of his/her professional discretion to the extent that he/she be permitted to disclose to the airline's medical department such details on the condition of my health as may be required by them to judge upon my medical fitness to travel by air. Such physician's fees shall be met by me, and such medical department's judgements shall be accepted by me as final. If I am accepted for transportation, the undersigned hereby release and will indemnify the airline its representatives and agents from all claims for compensation or damaged sustained in connection with the deterioration of my illness as a result of I being accepted for transportation by air. In case of legal dispute, the undersigned will have to prove that any such damage sustained has not been caused wholly or in part by my physical, mental or medical condition. The undersigned further agrees to pay all additional costs, and will be responsible for all damages and expenses incurred by the airline or third parties through this transportation. The undersigned also agrees and undertakes that the airline is not obliged in any way to accept me for my subsequent or return journey based on this declaration and the airline's Conditions of Carriage will apply separately to each such journey.</div>
	<div>Place :<div>To be read by/to guest, dated & signed by him or his behalf.</div></div>
<div>Place:</div>	<div>Date:</div>
	<div>For Any Queries/Clarifications Contact:</div>
<div>flybig Medical Department</div>	