

MEDIF
Ljekarski izvještaj

Namjena ovog obrasca je da pruži **povjerljive** informacije i da omogući **zdravstvenoj** službi prevozioca da utvrdi putnikovu sposobnost za putovanje. Ako putnik može da se primi na prevoz, ove informacije će omogućiti izdavanje neophodnih naloga da bi se putniku obezbjedio udoban prevoz. **Ljekar koji liječi putnika** treba da **odgovori na sva pitanja** (upisati X u odgovarajući kvadrat ili dati precizne i sažete odgovore). **Obrazac popuniti čitko štampanim slovima.**

Šifra prevozioca MEDA 01	BOLESNIK Prezime i ime, pol, godine starosti	<input type="text"/>	
MEDA 02	LJEKAR KOJI LIJEČI Prezime i ime, adresa, e-mail, kontakt telefon	Posao: <input type="text"/>	Kuća: <input type="text"/>
MEDA 03	MEDICINSKI PODACI Detaljna DIJAGNOZA bolesnika (uključujući najvažnije simptome, dan/mjesec/godina prvih simptoma)	<input type="text"/>	
		Datum operacije: <input type="text"/>	Datum dijagnoze: <input type="text"/>
MEDA 04	PROGNOZA za putovanje	<input type="text"/>	
MEDA 05	Zarazne i prenosive bolesti	Ne <input type="radio"/> Da <input type="radio"/>	Navesti: <input type="text"/>
MEDA 06	Da li fizičko/mentalno stanje pacijenta može prouzrokovati neprijatnost za ostale putnike	Ne <input type="radio"/> Da <input type="radio"/>	Navesti: <input type="text"/>
MEDA 07	Da li bolesnik može da koristi uspravljeno sjedište kada je to obavezno	Ne <input type="radio"/> Da <input type="radio"/>	
MEDA 08	Da li bolesnik može sam da vodi računa o svojim ličnim potrebama u avionu (uključujući hranu i odlazak u toalet)	Ne <input type="radio"/> Da <input type="radio"/>	Ako ne može, navesti vrstu pomoći koja je potrebna <input type="text"/>
MEDA 09	Ako je pratilac potreban , da li je ponuđena usluga zadovoljavajuća za Vas Ne <input type="radio"/> Da <input type="radio"/> Ako nije, navesti vrstu pratioca kojeg predlažete <input type="text"/>		



MEDA 10	Da li je bolesniku potrebna oprema za kiseonik tokom leta? Ako jeste navesti stepen protoka	Ne <input type="radio"/> Da <input type="radio"/> <input type="radio"/> Litara u minuti	Neprekidno? Ne <input type="radio"/> Da <input type="radio"/>
MEDA 11	Da li su bolesniku potrebni neki dodatni lijekovi, izuzev onih koje sam uzima/ili specijalni aparati poput aspiratora, inkubatora itd.?	a) na zemlji dok je na aerodromu	Ne <input type="radio"/> Da <input type="radio"/> <input type="text" value="Navesti:"/>
MEDA 12		b) u avionu	Ne <input type="radio"/> Da <input type="radio"/> <input type="text" value="Navesti:"/>
MEDA 13	Da li potrebno da se bolesnik smjesti u bolnicu ? (ako jeste navesti izvršene pripreme ili ako iste nijesu izvršene navesti: ništa nije izvršeno)	a) tokom dugog čekanja ili noćenja u tranzit zoni	Ne <input type="radio"/> Da <input type="radio"/> <input type="text" value="Navesti preduzeto:"/>
MEDA 14		b) nakon dolaska u mjesto opredjeljenja	Ne <input type="radio"/> Da <input type="radio"/> <input type="text" value="Navesti preduzeto:"/>
MEDA 15	Ostale napomene i informacije u cilju udobnog prevoza putnika	Ne <input type="radio"/> Da <input type="radio"/>	<input type="text" value="Navesti:"/>
MEDA 16	Ostale pripreme koje je obavio ljekar koji liječi putnika: <input type="text"/>		

NAPOMENA:

Kabinsko osoblje nije ovlašćeno da pruža posebnu pomoć pojedinim putnicima, na štetu usluga koje pruža ostalim putnicima. Pored toga, kabinsko osoblje je obučeno da pruža prvu pomoć i nije im dozvoljeno da daju injekcije i lijekove.

VAŽNO:

Bilo kakve nadoknade za prikupljanje gore navedenih informacija i za pribavljanje posebne opreme koju obezbjeđuje prevoznik treba da plati putnik.

Mjesto

Datum

Potpis ljekara koji liječi bolesnika

IZJAVA PUTNIKA

Ovim ovlašćujem (ime ljekara) da prevoziocu dostavi potrebne informacije koje zahtijeva zdravstvena služba tog prevozioca, a u cilju određivanja moje sposobnosti za prevoz avionom i saglasan sam da platim ljekaru odgovarajuću uslugu. Primam k znanju da, ako budem prihvaćen na prevoz, moje putovanje podliježe opštim uslovima za prevoz/tarife i da prevoznik ne preuzima nikakvu posebnu odgovornost koja prekoračuje te uslove/tarife.

Saglasan sam da prevoziocu, a na njegov zahtjev, nadoknadim sve posebne troškove koji nastanu u vezi sa mojim putovanjem.

Mjesto

Datum

Potpis bolesnika ili pratioca

Poslovnica Podgorica

office.podgorica@montenegroairlines.com

+ 382 20 664 411

+ 382 20 664 433



Office Podgorica

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81000 Podgorica,

Montenegro

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Medical information sheet

This form is intended to provide **confidential** information to enable the airlines' **medical departments** to assess the fitness of the passenger to travel. If the passenger is acceptable, this information will permit the issuance of necessary directives designed to provide for the passenger's welfare and comfort. **The physician attending the incapacitated passenger is requested to answer all questions.** (Enter a cross "X" in the appropriate "yes" or "no" boxes, and/or give precise concise answers).

Completing of the form in block letters will be appreciated.

Airlines' Ref.Code MEDA 01	PATIENT'S Name, (s) sex, age:		
MEDA 02	ATTENDING PHYSICIAN Name & Address, e-mail, telephone contact	Business:	Home:
MEDA 03	MEDICAL DATA: DIAGNOSTIC in details (including vital signs, day/month/ year of first symptoms:)		
		Date of operation	Date of diagnosis
MEDA 04	PROGNOSIS for the flight(s):		
MEDA 05	Contagious AND communicable disease?	No <input type="radio"/>	Yes <input type="radio"/> Specify: <input type="text"/>
MEDA 06	Would the physician and/or mental condition of the patient be likely to cause distress to other passengers?	No <input type="radio"/>	Yes <input type="radio"/> Specify: <input type="text"/>
MEDA 07	Can patient use normal aircraft seat with seatback placed in the upright position when so required?	No <input type="radio"/>	Yes <input type="radio"/>
MEDA 08	Can patient take care of his own needs on board unassisted (including meals, visit to toilet, etc.)?	No <input type="radio"/>	Yes <input type="radio"/> If not, type of help needed: <input type="text"/>
MEDA 09	If to be escorted , is the arrangement satisfactory to you? If not, type of escort proposed by you:	No <input type="radio"/>	Yes <input type="radio"/>



MEDA 10	Does patient need oxygen equipment on flight? If yes, state rate of flow	No <input type="radio"/> Yes <input type="radio"/> Continuous? <input type="radio"/> Litres per minute No <input type="radio"/> Yes <input type="radio"/>
MEDA 11	Does patient need any medication , other than selfadministred, and/or the use of special apparatus such as respirator, incubator, etc.?	a) on the ground while at the airport(s): No <input type="radio"/> Yes <input type="radio"/> Specify: <input type="text"/>
MEDA 12		b) on board of the aircraft : No <input type="radio"/> Yes <input type="radio"/> Action: <input type="text"/>
MEDA 13	Does patient need any hospitalisation ? (If yes, indicate arrangements made or, if none were made, indicate “ no action taken ”)	a) during long layover or nightstop at connecting points en route: No <input type="radio"/> Yes <input type="radio"/> Action: <input type="text"/>
MEDA 14		b) upon arrival at destination : Ne <input type="radio"/> Da <input type="radio"/> Action: <input type="text"/>
MEDA 15	Other remarks or information in the interest of your patient’s smooth and comfortable transportation:	No <input type="radio"/> Specify if any: <input type="text"/>
MEDA 16	Other arrangements made by the attending physician: <input type="text"/>	

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.

IMPORTANT:

Fees, if any, relevant to the provision of the above information and for carrier-provided special equipment are to be paid by the passenger concerned.

Place

Date

Attending Physician’s Signature

PASSENGER’S DECLARATION:

“**I hereby authorize** (name of the attending Physician) to provide the airlines with the information required by those airlines’ medical departments for the purpose of determining my fitness for carriage by air and in consideration thereof 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 and that the carrier does not assume special liability exceeding those conditions/tariffs. I agree to reimburse the carrier upon demand for any special expenditures or costs in connection with my carriage.”(Where needed, to be read by/to the passenger, dated and signed by him/her or on his/her behalf)

Place

Date

Signature of patient or his/her escort:

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