

Directions for filling out the Medical Certificate

In flight, the aircraft may experience some turbulence. We strive at maintaining the best comfort for customers with illnesses. In some cases, flight altitude (pressurized oxygen inside the cabin) and weather conditions may adversely affect the flight. Please be aware of your health and ability to travel by air.

Normally, an aircraft cruises a stratosphere of an altitude of 9,000 to 12,000 meters (30,000 to 40,000 feet) and at a speed close to the speed of sound at 900 km/h.

Due to the low air pressure in the sky, the interior of the cabin is pressurized.

The air pressure in the cabin is lower than on the ground.

This is the same pressure as climbing a mountain at an altitude of 2,000 to 2,500 meters (Mount Fuji's altitude).

◆ Pressure inside the aircraft

The air pressure inside the aircraft decreases from 70% to 80% as compared to the ground. A large atmospheric pressure change occurs between 15 and 30 minutes at the time of landing. Changes in barometric pressure in a short time may cause aviation otitis media and intestinal abdominal pain.

◆ Decrease in oxygen

Respiratory disorders, cardiac disorders, cerebrovascular disorders, severe anemia, etc. are all affected by decreased oxygen concentration. Oxygen deficiency may also adversely affect pregnant women in the third trimester and newborns.

Passengers who fall under any of the following ① to ④, need to prepare a medical certification and present it upon reservation.

- ① Those who need supplement oxygen, medical equipment, or medical care in the aircraft.
- ② Those who have severe illnesses or injuries
- ③ Those who fall under items 1 to 13 of reference materials on the next page.
- ④ In addition to the above, we also ask you to submit a medical certification in the case of injuries, diseases under treatment and recent surgical procedures that may affect your condition during air travel.

We need to have a certificate issued within 14 days from the start date of travel. However, those who have illness or injury that needed medical care, or who have a disease that may cause a sudden change in their medical condition or physical condition, such as heart, respiratory mental and neurological disorders, or pregnant women whose expected delivery date within 28days, must prepare a certificate issued within 7 days from the start date of travel. Please contact us for reservation arrangements if you want to reserve before issuing a certification. Also, if there is a change in your medical condition or physical condition during your travel, we ask you to submit a medical certificate again.

Passengers: Please fill in "About necessary arrangements," read the agreement, fill in, sign and seal.

Physician: Please fill out the MEDIF (MEDICAL INFORMATION FORM). When you fill it, please determine of "Fitness of aviation travel in considering the influence of itinerary affect passenger's (patient's) conditions." In addition, please inform us of precautions etc. in the finding field at the bottom of the MEDIF.

Restricted Health Reference Material

Those who have acute communicable diseases are not allowed to board.

Those who are in the following medical conditions are not suitable for air travel. If the physician can prove the symptoms and physical condition are stable, boarding can be granted. Please contact us for further information.

1. Severe cardiac disease: severe heart failure, cyanosis heart disease, unstable angina or acute myocardial infarction (usually unfit within 6 weeks after onset)
2. Severe respiratory disease: severe respiratory failure, severe COPD (chronic obstructive pulmonary disease), recent onset pneumothorax with an incompletely inflated lung
3. Repeat hemoptysis
4. Acute phase of stroke (usually less than 4 weeks after onset)
5. Air remaining in central nerve system after examination or surgery
6. Head injury with increased intracranial pressure
7. Severe anemia
8. Hematemesis, Melena, Bowel obstruction
9. Severe otitis media (Middle ear infection)
10. Wounds are not healed completely (head, chest, abdominal surgery etc.)
11. Psychiatric disease with an unstable condition and alcoholism or other addiction
12. Newborn within the first 7 days after birth
13. Pregnant woman expected delivery date within 28 days (If the obstetrician certifies the fitness for boarding, obstetrician's attendance is not necessary.) However, if the expected delivery date is within 14 days of boarding on an international flight and within 7 days of boarding on a domestic flight, obstetrician's escort is required.

Please consult us about medical transport of patients separately.

Necessary Agreements (Please fill in below)

Skymark Co., Ltd.

Scheduled boarding flight

SKY	Month	Date	Boarding	From	To
SKY	Month	Date	Boarding	From	To
SKY	Month	Date	Boarding	From	To

1. Do you need a wheel chair at the airport?	No	<input type="checkbox"/>	If "Yes", how far can you walk without a wheel chair. <input type="checkbox"/> I cannot walk so far (WCHR) <input type="checkbox"/> I cannot use stairs (WCHS) <input type="checkbox"/> I cannot walk (WCHC)
	Yes	<input type="checkbox"/>	

2. Would you like to check your own wheel chair?

<input type="checkbox"/> Yes	<input type="checkbox"/> Manual	<input type="checkbox"/> Leave it at check-in
		<input type="checkbox"/> Take it to the boarding gate ※ Please note, we may not be able to meet all requests.
<input type="checkbox"/> No	<input type="checkbox"/> Electrical	<input type="checkbox"/> Non-Spillable battery use (WCBW)
		<input type="checkbox"/> Spillable battery use (WCBW) Sealed type (WCBW)

<About electric wheel chairs>

There is a limit number of wheel chairs that can be kept per flight.
Please leave electric wheel chairs at check-in as it may take extra care to load.

3. Are you planning to use a stretcher

(Departure)	No	<input type="checkbox"/>	If yes ⇒	Stretcher's company name and address: _____
	Yes	<input type="checkbox"/>		Destination: _____
(Arrival)	No	<input type="checkbox"/>	If yes ⇒	Stretcher's company name and address: _____
	Yes	<input type="checkbox"/>		Destination: _____

4. Personal escort (a physician, a nurse or a person approved by a physician)

a person educated in medical practice		Name	Age	Sex	
<input type="checkbox"/> Attendant	1				<input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Other
If not received	2				<input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Other
<input type="checkbox"/> Physician or Nurse	3				<input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Other

Agreement

Passengers: Please sign on the website after arranging your travel.

I agreed the information the airline needs to decide whether my health condition is fit for air transport by physician (Hospital name / physician's name) will be offered to the relevant airline.

In addition to this, I agree to exempt the physician's occupational confidentiality obligation to the extent of the information concerned, also to pay the expenses related to the physician for me

I confirm that if the airline company takes over my shipping, I do not assume the responsibility beyond airline carriage terms and regulations for that shipping.

I agree to pay this in response to the costs incurred by the airline due to my trip

Address: _____ Date: _____ Passenger Signature: _____ stamp
(Or representative)

Document handled (Internal) : Necessary arrangements and Medical Certificate attached to air tickets
Copy the number of sheets for the boarding section and attach it to the air ticket.
When handling procedures in each section, hand out one copy to the cabin and one upon arrival.

MEDICAL INFORMATION FORM (MEDIF)			
Fill in by physician.	Please fill in all the fields below. For the "yes" and "no", please mark (✓) on the appropriate and give us your description needed to travel by airplane		
<Notes>	1.About MEDA3 and MEDA4, please list the name of the disease and symptoms that can be understood by anyone other than a physician. 2. Cabin attendants are trained in first-aid, but medical care such as injections and administration of medications, operation of medical oxygen cylinders, etc. are not permitted Also, please understand that we can not take care of sick passengers or specific passengers at all time because of in-flight service to other passengers. 3. Expenses for securing seats for installing medical instruments are subject to additional fees and expenses.		
MEDA 1	Passenger (patient)	Furigana: _____ Name: _____	Age : _____ Sex : _____
MEDA 2	Physician	Name : _____ Hospital : _____ Department : _____	
		Phone number (Hospital phone in emergency) :	
MEDA 3 <Notes 1>	Disease name :		Symptom :
	The day when symptoms started (Surgery Date) :		Diagnosis date :
MEDA 4 <Notes 1>	About the progress (prognosis) and fitness of air travel for the patient (Please also consider the effect ^{#6} of itinerary on the body)	Fit <input type="checkbox"/>	<u>in case of influence, please specify it</u>
		Not Fit <input type="checkbox"/>	In case of return flight ? (On-boarding day) [month/date:] Fit <input type="checkbox"/> Not Fit <input type="checkbox"/>
MEDA 5	Is the patient communicable disease?	No <input type="checkbox"/> Yes <input type="checkbox"/>	<u>If "Yes" please specify the state.</u>
MEDA 6	The condition of the patient could be annoying to other passengers?	No <input type="checkbox"/> Yes <input type="checkbox"/>	<u>If "Yes" please specify the state.</u>
MEDA 7	At the time of takeoff and landing, can patient use the seat with the seatback placed upright?	No <input type="checkbox"/> Yes <input type="checkbox"/>	
MEDA 8	Can patient take care by yourself? (Use of toilet, eating and drinking, getting on and off aircraft etc.)	No <input type="checkbox"/> Yes <input type="checkbox"/>	<u>If "No", please fill in the necessary assistance.</u>
MEDA 9	Is it possible to board without an escort (a physician / nurse or a person approved by a physician)?	No <input type="checkbox"/> Yes <input type="checkbox"/>	<u>If "No", what kind of escort is necessary?</u>
MEDA10	Does the patient need oxygen equipment on board?	No <input type="checkbox"/> Yes <input type="checkbox"/>	"If "Yes", ⇒ ①continuous Yes <input type="checkbox"/> No <input type="checkbox"/> Oxygen flow [ℓ / min] ②Is it possible to operate the oxygen cylinder with the patient himself or accompanying person? Yes <input type="checkbox"/> No <input type="checkbox"/>
MEDA11 <Notes 2>	Does the patient need to medication ^{#9} etc. at the airport / cabin?	(a)at the airport? No <input type="checkbox"/> (b)in the cabin Yes <input type="checkbox"/>	<u>If "Yes", please describe in detail.</u>
MEDA12	Is it necessary to use special medical equipment such as ventilator or incubator for premature baby etc.? Is a power supply necessary in cabin?	(a)at the airport? No <input type="checkbox"/> (b)in the cabin Yes <input type="checkbox"/>	<u>If "Yes", please describe in detail.</u>
	※ When you use medical equipment that uses electricity inside the aircraft, we will check the influence of the generated electromagnetic waves on the operation. Also, please have equipment that can be used with built-in battery.		
MEDA13	Does the patient need hospitalization? #10	(a) In case of the long-time transit No <input type="checkbox"/> Yes <input type="checkbox"/>	<u>If "Yes", contents of arrangement</u>
MEDA14	If necessary, let us know what kind of arrangements you made? If none was made, indicate "no action taken" #11	(b) when arrival No <input type="checkbox"/> Yes <input type="checkbox"/>	<u>If "Yes", contents of arrangement</u>
MEDA15	Please write if there are anything for special meals or in-flight services and so on.		
MEDA16	Please write anything else you would like to be arranged.		
Please describe the current condition of the patient, including laboratory findings and treatment status.			
Hospital _____	Issued date _____	Signature _____ stamp	