

# Guidance for filling out Medical Information Form

Transport by aircraft has comparatively advantages in smoothness, with less vibration and motion. It is, in most cases, the quickest and convenient way. However, long flight time and pressure change caused by changing flight altitude may sometimes adversely affect passenger's (patient's) medical condition. For these reasons, air travel may not be suitable for all passenger (patients).

Aircraft fly at an altitude of 9,000-12,000 meters (30,000-40,000 feet) through the stratosphere at almost the speed of sound, 900km per hour (560 miles per hour). At high altitude and where barometric pressure is much lower than on ground, aircraft cabin is mechanically pressurized during the flight. The cabin air pressure during the cruise is maintained at equivalent to that of 1,500-2,100 meters (5,000-7,000 feet).

#### ◆ Air pressure

The cabin air pressure drops oxygen density to 70-80 % of that on ground. The pressure changes greatly during 15-30 minutes after takeoff and before landings. Aerotitis and stomachache of enteron are caused by change of air pressure in a short time.

#### ◆ Decrease in oxygen density

Person having problems with respiratory disorders, cardiac disorders, cerebrovascular disorders and severe anemia are all affected by decreasing oxygen density at high altitudes.

For the above reasons, in order to assess the fitness of passenger (patient) for air travel, person travelling with any of the following conditions will be requested to prepare a medical certificate and submit when making reservation.

- (1) Person whose medical condition requires Oxygen supply (inhalation), carriage and/or use of medical equipment and/or instruments, and any treatment in flight.
- (2) Person with serious sickness or injuries.
- (3) Person who comes under any one of the categories listed on the next following page.
- (4) Other than above, you are required to submit a medical certificate in the case of injury and disease under treatment and recent surgical procedures that may affect your condition during air travel.

A credible medical certificate for an air travel must be issued within 14 days, including the day of departure.

However, passengers with diseases that may cause sudden changes in their physical condition, such as heart, respiratory organs, cranial nerves, or neuropsychiatric diseases and pregnant women whose estimated delivery date is within 28 days from departure date need to prepare this form that is made within 7 days from the start day of journey.

Please consult us about arrangement for reservation that above day before. If the adverse change of the passenger's (patient's) medical condition is observed, we shall ask the passenger (patient) to submit a new medical certificate to reconfirm the fitness for air travel.

For passengers : Please complete "Necessary Arrangement Request", including your signature on the "Agreement" box.

For attending physician : Please complete "MEDIF", the fourth page of this form. Please determine the fitness of the passenger (patient) for the purpose of air travel by taking the whole itinerary into consideration. We would also appreciate any comments about current condition and suggestion for the proposed travel in the lower remarks space of "MEDIF".

SKY250302-001

## Guidance for Physicians and Passengers

**Person who are legal epidemic, specified epidemic and suffering and/or suspected of having any infections or/and contagious disease shall not be accepts for air travel.**

Persons under the following conditions are generally considered unfit for air travel. However, if the medical conditions or the state of health of the person is considered stable and the physician certifies the person as "Fit to Air Travel" with the prognosis, passenger can be accepted for air travel, then please consult with our reservation representative for further information.

1. Those who have critical cardiac disease, severe heart diseases : Cardiac failure, cyanotic heart disease conditions, angina pectoris, acute myocardial infarction (Person who have had such disease within past six weeks are not acceptable for air travel.)
2. Those who have severe respiratory illness : Severe respiratory failure, severe chronic obstructive pulmonary disease, or recent onset pneumothorax with an incompletely inflated lung
3. Those who have repeated hemoptysis
4. Those who have acute phase of stroke : (Person who have had this disease within past 4 weeks are not acceptable for air travel.)
5. Those who have air remaining in central nervous system after examination or cranial surgery
6. Those who have head injury with increased intracranial pressure, fracture of the skull, or those who underwent permanent wiring in the jaws for mandibular fracture
7. Those who have severe anemia
8. Those who may cause hematemesis, or melena, Bowel obstruction patients
9. Those who have severe otitis media
10. Those who have not completely recovered from injury (such as surgery of head, chest or abdomen)
11. Those who have mental nerve disease and alcoholism or drug addiction
12. Newborn baby within the first 7 days of birth
13. Pregnant woman whose expected delivery date within 28 days (if obstetrician certifies the fitness for air travel, a escort by a physician is not required.) However an escort by a physician shall be required if travelling by aircraft within 14 days of the expected delivery date for international flights and 7 days for domestic flights.

Please consult us about patient's medical transport separately.

Necessary Arrangement Request (Please kindly fill in below.)

(Itinerary) Flight Information

Flight No.	Month:	Day:	Section:	From	To
Flight No.	Month:	Day:	Section:	From	To
Flight No.	Month:	Day:	Section:	From	To

1. Do you require a wheelchair service at the airport?	Yes	<input type="checkbox"/>	If "Yes", how far can you walk without a wheelchair? There are three categories. <input type="checkbox"/> Can walk alone in cabin and can ascend or descend stairs by myself but cannot walk long distance. <input type="checkbox"/> Can walk alone in cabin, but cannot ascend or descend stairs by myself. <input type="checkbox"/> Cannot walk by myself.
	No	<input type="checkbox"/>	

2. Are you travelling with your own wheelchair?	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	
	<input type="checkbox"/> Manual wheelchair <input type="checkbox"/> <u>Power driven wheelchair</u> *1  Please note that the power driven wheelchair shall be checked visually at the airport. If it is difficult to check the battery, we recommend that you bring an instruction manual.  <input type="checkbox"/> Non-spillable <input type="checkbox"/> Spillable <input type="checkbox"/> Dry Battery( <input type="checkbox"/> Lithium ion(Li-ion), <input type="checkbox"/> Nickel cadmium(Ni-Cd), <input type="checkbox"/> Nickel hydrogen(Ni-MH))  *The number of spare Lithium ion batteries which can be carried on board is restricted to one spare battery no greater than 300wh or maximum of two spare batteries no greater than 160wh each.	
	Spare Lithium ion battery <input type="checkbox"/> I have (How many:                    ) <input type="checkbox"/> I do not have	

Wheelchair Type <input type="checkbox"/> Collapsible  <input type="checkbox"/> Non-collapsible  If Non-collapsible, or Power driven wheelchair please describe the size below. Width(                    cm) · Depth(                    cm) · Height(                    cm) · Weight(                    kg)
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3. Do you need wheelchair in cabin? (When use of lavatory facilities etc.)	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

4. Personal Escort (a physician, a nurse, or a person approved by a physician)  
 \*Need personal escort, if you are diagnosed by doctor.

	Name	Age	
1			<input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> A person approved by a physician
2			<input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> A person approved by a physician

**Agreement**

I hereby agree that \_\_\_\_\_ (Name of Hospital and Attending physician) shall provide the relevant airlines with the information the airline requires to decide whether my health condition is fit for air travel.

In addition, I agree that I shall pay the expenses related to the attending physician and costs incurred by my carriage, and also that I shall exempt the physician's professional duty of confidentiality to the extent of the information concerned.

Address: \_\_\_\_\_ Date: \_\_\_\_\_ Passenger \_\_\_\_\_  
 Signature: \_\_\_\_\_ (or a Representative)

**MEDICAL INFORMATION FORM (MEDIF)**
**To be completed by attending physician**

The attending physician is requested to answer all questions below. For "Yes" or "No", please kindly Enter a mark (✓) in the appropriate box, and give us your precise and necessary description required for air travel.														
<b>&lt;Notes&gt;</b>	1. As for No. 3 and No. 4, please kindly write the name of the disease and symptoms so that anyone other than a physician can understand. 2. Flight attendants are fully trained in FIRST AID, but medical care such as injections, administration of medications, and operation of Medical Oxygen Cylinders are not permitted. Additionally, please understand that they cannot take care of sick passengers or specific passengers at all time because of their in-flight service to other passengers. 3. We shall request additional charges for securing seats for installing and arranging medical instruments.													
<b>No. 1</b>	Passenger (Patient)	Initial: _____ Name: _____ Age: _____ Gender: _____												
<b>No. 2</b>	Physician	Name: _____ Hospital name: _____ Profession: _____ Phone Number ( in case of emergency ): _____												
<b>No. 3</b>	Diagnosis (Disease Name) : _____ Symptom : _____													
<b>&lt;Note 1&gt;</b>	Date of First Symptoms (Date of Operation) : _____ Date of Diagnosis : _____													
<b>No. 4</b>	Progress (Prognosis) for the flight(s) and fitness of air travel for the patient (Please also consider the potential effect of itinerary on the patient's state of health.)	<table style="width:100%; border:none;"> <tr> <td style="text-align:right;"><b>Fit</b></td> <td style="text-align:center;"><input type="checkbox"/></td> <td colspan="2"><u>If "Not Fit to Travel", please specify:</u></td> </tr> <tr> <td style="text-align:right;"><b>Not Fit</b></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="width:30%;">                     Prognosis for the Return Flight (if any)                      (Date of Return Flight)                      [ Month/Date: _____ ]                 </td> <td style="width:10%; text-align:right;"> <table style="border:none;"> <tr> <td style="text-align:right;"><b>Fit</b></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align:right;"><b>Not Fit</b></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> </table> </td> </tr> </table>	<b>Fit</b>	<input type="checkbox"/>	<u>If "Not Fit to Travel", please specify:</u>		<b>Not Fit</b>	<input type="checkbox"/>	Prognosis for the Return Flight (if any) (Date of Return Flight) [ Month/Date: _____ ]	<table style="border:none;"> <tr> <td style="text-align:right;"><b>Fit</b></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align:right;"><b>Not Fit</b></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> </table>	<b>Fit</b>	<input type="checkbox"/>	<b>Not Fit</b>	<input type="checkbox"/>
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<b>Not Fit</b>	<input type="checkbox"/>													
<b>No. 5</b>	Contagious and/or communicable disease?	<table style="width:100%; border:none;"> <tr> <td style="text-align:right;"><b>Yes</b></td> <td style="text-align:center;"><input type="checkbox"/></td> <td rowspan="2"><u>If "Yes", please specify:</u></td> </tr> <tr> <td style="text-align:right;"><b>No</b></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> </table>	<b>Yes</b>	<input type="checkbox"/>	<u>If "Yes", please specify:</u>	<b>No</b>	<input type="checkbox"/>							
<b>Yes</b>	<input type="checkbox"/>	<u>If "Yes", please specify:</u>												
<b>No</b>	<input type="checkbox"/>													
<b>No. 6</b>	Would the physical and/or mental condition of the patient be likely to cause distress or discomfort to other passengers?	<table style="width:100%; border:none;"> <tr> <td style="text-align:right;"><b>Yes</b></td> <td style="text-align:center;"><input type="checkbox"/></td> <td rowspan="2"><u>If "Yes", please specify:</u></td> </tr> <tr> <td style="text-align:right;"><b>No</b></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> </table>	<b>Yes</b>	<input type="checkbox"/>	<u>If "Yes", please specify:</u>	<b>No</b>	<input type="checkbox"/>							
<b>Yes</b>	<input type="checkbox"/>	<u>If "Yes", please specify:</u>												
<b>No</b>	<input type="checkbox"/>													
<b>No. 7</b>	Whether he/she can sit upright with seat belt fastened during take-off, landing and the time required.	<table style="width:100%; border:none;"> <tr> <td style="text-align:right;"><b>Yes</b></td> <td style="text-align:center;"><input type="checkbox"/></td> <td rowspan="2"></td> </tr> <tr> <td style="text-align:right;"><b>No</b></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> </table>	<b>Yes</b>	<input type="checkbox"/>		<b>No</b>	<input type="checkbox"/>							
<b>Yes</b>	<input type="checkbox"/>													
<b>No</b>	<input type="checkbox"/>													
<b>No. 8</b>	Can the patient take care by yourself without any assistance. (Use of lavatory facilities, eating and drinking etc.)	<table style="width:100%; border:none;"> <tr> <td style="text-align:right;"><b>Yes</b></td> <td style="text-align:center;"><input type="checkbox"/></td> <td rowspan="2"><u>If "No", please specify the necessary assistance.</u></td> </tr> <tr> <td style="text-align:right;"><b>No</b></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> </table>	<b>Yes</b>	<input type="checkbox"/>	<u>If "No", please specify the necessary assistance.</u>	<b>No</b>	<input type="checkbox"/>							
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<b>No</b>	<input type="checkbox"/>													
<b>No. 9</b>	Can the patient travel alone?	<table style="width:100%; border:none;"> <tr> <td style="text-align:right;"><b>Yes</b></td> <td style="text-align:center;"><input type="checkbox"/></td> <td rowspan="2"><u>If "No", does the patient need physician/nurse/ a person who is approved by physician?</u></td> </tr> <tr> <td style="text-align:right;"><b>No</b></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> </table>	<b>Yes</b>	<input type="checkbox"/>	<u>If "No", does the patient need physician/nurse/ a person who is approved by physician?</u>	<b>No</b>	<input type="checkbox"/>							
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<b>No</b>	<input type="checkbox"/>													
<b>No. 10</b>	Does the patient need to inhale oxygen in flight?	<table style="width:100%; border:none;"> <tr> <td style="text-align:right;"><b>Yes</b></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:right;"> <u>If "Yes" =&gt; ①Continuous use? Yes <input type="checkbox"/> No <input type="checkbox"/></u> </td> </tr> <tr> <td style="text-align:right;"><b>No</b></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:right;">                     Liters per minute [ _____ <b>ℓ / minute</b> ]                 </td> </tr> <tr> <td colspan="2"></td> <td style="text-align:right;">                     ②Can the patient or escort operate the Medical Oxygen Bottle? Yes <input type="checkbox"/> No <input type="checkbox"/> </td> </tr> </table>	<b>Yes</b>	<input type="checkbox"/>	<u>If "Yes" =&gt; ①Continuous use? Yes <input type="checkbox"/> No <input type="checkbox"/></u>	<b>No</b>	<input type="checkbox"/>	Liters per minute [ _____ <b>ℓ / minute</b> ]			②Can the patient or escort operate the Medical Oxygen Bottle? Yes <input type="checkbox"/> No <input type="checkbox"/>			
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		②Can the patient or escort operate the Medical Oxygen Bottle? Yes <input type="checkbox"/> No <input type="checkbox"/>												
<b>No. 11</b>	Does the patient need any medication on board of aircraft?	<table style="width:100%; border:none;"> <tr> <td style="text-align:right;"><b>Yes</b></td> <td style="text-align:center;"><input type="checkbox"/></td> <td rowspan="2"><u>If "Yes", please specify.</u></td> </tr> <tr> <td style="text-align:right;"><b>No</b></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> </table>	<b>Yes</b>	<input type="checkbox"/>	<u>If "Yes", please specify.</u>	<b>No</b>	<input type="checkbox"/>							
<b>Yes</b>	<input type="checkbox"/>	<u>If "Yes", please specify.</u>												
<b>No</b>	<input type="checkbox"/>													
<b>No. 12</b>	Does the patient need any medical equipment in flight such as respirator or infant incubator etc. on board of aircraft?	<table style="width:100%; border:none;"> <tr> <td style="text-align:right;"><b>Yes</b></td> <td style="text-align:center;"><input type="checkbox"/></td> <td rowspan="2"><u>If "Yes", please specify.</u></td> </tr> <tr> <td style="text-align:right;"><b>No</b></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> </table>	<b>Yes</b>	<input type="checkbox"/>	<u>If "Yes", please specify.</u>	<b>No</b>	<input type="checkbox"/>							
<b>Yes</b>	<input type="checkbox"/>	<u>If "Yes", please specify.</u>												
<b>No</b>	<input type="checkbox"/>													
<b>No. 12</b>	Does the patient need power source for that in flight on board of aircraft?	<table style="width:100%; border:none;"> <tr> <td style="text-align:right;"><b>Yes</b></td> <td style="text-align:center;"><input type="checkbox"/></td> <td rowspan="2"><u>If "Yes", please specify.</u></td> </tr> <tr> <td style="text-align:right;"><b>No</b></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> </table>	<b>Yes</b>	<input type="checkbox"/>	<u>If "Yes", please specify.</u>	<b>No</b>	<input type="checkbox"/>							
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<b>No</b>	<input type="checkbox"/>													
※All electronic equipment must be verified it's safety by the airline for onboard use. Please prepare the equipment incorporating battery.														
<b>No. 13</b>	Other remarks or information in the interest of your patient's smooth and comfortable transportation.													
<b>No. 14</b>	Other arrangements made by the attending physician:													
We would appreciate any general comment about the patient's condition suggestion for the proposed air travel.														
Prognosis as above.  Hospital name _____	Issuance Date _____	Signature (Attending Physician) _____												

SKY250302-001

## How We Handle Personal Information

The following describes how we handle personal information we obtain from customers (hereinafter, "personal information"). Please review and agree to the content, and sign in the designated section for consent regarding the handling of personal information.

1. Company Name

Skymark Airlines Inc.

2. Job Title, Affiliation, and Contact Information of Chief Privacy Officer

Job Title: Executive Officer of General Affairs

Contact: Personal Information Consultation Window

Address: 8<sup>th</sup> Floor Utility Center Bldg., 3-5-10 Haneda Airport, Ota-ku, Tokyo,

144-0041

Phone: 03-5708-8280

3. Use of Personal Information

The customers' personal information shall be collected and used in the following cases.

- ① Determining the suitability of customers for air travel
- ② Determining flight change or refund
- ③ Determining other special treatment of flight ticket

4. Providing Personal Information to Third Parties

We will not provide customers' personal information to third parties without the consent of the individual unless permitted by law.

5. Consignment of Personal Information

To make use of the acquired personal information to the extent necessary, we may provide personal information to consigning companies.

6. Requests for Disclosure of Personal Information

We accept requests regarding the disclosure of the purpose of use of the personal information we obtain, as well as requests regarding disclosing, correcting, adding, deleting, erasing the personal information, suspending use, suspending provision to third parties, or disclosing records provided to third parties (hereinafter referred to as "disclosure, etc."). For such procedures, please contact the Personal Information Consultation Window shown above. However, we may not be able to respond to your request for disclosure, etc., due to legal provisions.

7. Voluntary Provision of Information

Providing personal information is voluntary. However, please note that if there is any personal information that you are unwilling to provide, you may not be able to use our services and products.

I understand the purpose of collecting and using my personal data, and hereby consent to the handling and use of my personal data as described above.

(Year/Month/Day) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(Signature) \_\_\_\_\_