

Long flight time and pressure change caused by changing flight altitude, may sometimes adversely affect passenger's medical condition. **For these reason, air travel may not be suitable for all passengers.**

**Handling of Personal Information**

STARFLYER may share this MEDIF with a designated organization of medical specialists, who might contact customers if necessary.

**Cases when Medical Information Form (MEDIF) is requested**

Person traveling with any of the following conditions are requested to notify our reservation staff and will be asked to prepare MEDIF when making a flight reservation.

- ① Person requiring medical oxygen or medical equipment or medical treatments on board.
- ② Person with serious diseases or injuries
- ③ Person who correspond to any of the categories listed on the next page.(GUIDANCE FOR THE PHYSICIAN)
- ④ Other than above. Person traveling by air may have adverse affects to one's medical conditions due to recent treatment or surgery.

**Submitting MEDIF****For doctors and passengers**

MEDIF must be prepared and issued **within 14 days, including the day of departure**. (Example: If the departure date is March 16, the MEDIF must be issued no earlier than March 3.) For round-trip flight, the date of return flight may exceed 14 days if it states "Fit to travel" in the appropriate box of MEDIF. However, if adverse change of the passenger's medical condition is observed our staff may ask to submit a new MEDIF to reconfirm the fitness for air travel.

**Filling out MEDIF****For doctors**

Please consider the itinerary and its potential effect on the patient's state of health when writing prognosis for the flight. Specify details if any other special attention should be considered in the lower part of MEDIF.

**Fee or surcharge****For doctors and passengers**

Fee if any, relevant to the provision of "Special Assistance Request" or MEDIF and for carrier-provided special equipment are to be paid by the passenger concerned.

For following cases, the passenger must purchase extra seats.

**\*an oversized medical equipment that cannot be stored underneath the seat in front**

For flight safety reasons, some medical equipment may not be allowed in cabin or as checked baggage.

Please contact SF CALL CENTER for specific regulation.

**The cabin environment and effect on one's body****For doctors and passengers**

Aircraft cabin pressure is regulated by pressurization device at between 0.7-0.8 bars (10.2psia to 12psia), which equals to that at an altitude of 2000-2500 meters However, significant changes in cabin pressure can occur 15-30 minutes after takeoff and before landing.

As air pressure becomes lower in the cabin, normal internal gases present in the human body expand. These expanded gases not discharged from the body may put pressure on wounds or internal organs possibly cause pain or breathing difficulties.

The cabin pressure drops oxygen density to 70-80% of that at sea level.

Respiratory organs, the heart, blood vessels in the brain and serious anemia can all be adversely affected by low oxygen concentrations. Moreover, this may also affect women in late stages of pregnancy and newborn babies.

**As stipulated in the Japan Act on the Prevention of Infectious Diseases and Medical Care for Patients with Infectious Diseases, persons suffering from or suspected of having a Class 1, 2, 3 or 5 infectious disease, a new strain of influenza, a new infectious disease, or another serious acute infectious disease which may infect other persons on board and shall not be basically allowed to travel by air.**

## Person's condition which is not fit to travel

### ■ A person who is prohibited from attending school by Japanese law (“Act on School Health and Safety”)

Other than above, a person who is prohibited from attending school by Japanese law<sup>(\*)</sup> shall not be allowed to travel by air unless a physician confirms that there is no risk of the disease to be transmit from person to person.

(*1)	The name of a disease	
	<b>COVID-19</b>	Until 5 days have passed after onset, and 1 day have passed after become less severe.
	<b>Influenza</b>	Until 5 days have passed after onset, and 2 days (3 days for infants) have passed after the temperature have dropped
	<b>Whooping cough</b>	Until the characteristic cough has suppressed, or until 5 days treatment with antibiotics has ended.
	<b>Measles</b>	3 days after his/her temperature has dropped
	<b>Mumps</b>	After 5 days of onset of the swelling on submandibular, sublingual and parotid gland, and major symptoms general condition recovered
	<b>Rubella</b>	Until eruption disappears
	<b>Chickenpox</b>	Until the eruption changes to scab
	<b>Pharyngoconjunctival</b>	2 days after the main symptom disappears
	<b>Tuberculosis, Epidemic keratoconjunctivitis, Acute hemorrhagic conjunctivitis</b>	Until a physician evaluates that the disease becomes non-contagious.

### ■ Person with other symptoms or conditions

Persons with the following conditions are generally considered unfit for air travel. However, if a physician certifies that the patient is stable, and that physician will be accompanying him/her on the entire journey, the airline may accept that individual for travel. Please contact STARFLYER for further information.

1. Those who have critical cardiac disease, severe heart diseases such a cardiac failure, cyanotic heart disease conditions, who have had an episode within the past 6 weeks are not acceptable for travel.
2. Those who have unstable angina pectoris, acute myocardial infarction, who have had an episode within the past 2 weeks are not acceptable for travel.
3. Those who have severe respiratory illness, server respiratory failure, severe chronic obstructive pulmonary disease, or pneumothorax whose lungs are not fully inflated.
4. Those who have repeated hemoptysis
5. Those with apoplexy who have had an episode within the past 4 weeks are not acceptable for travel.
6. Those lesions resulted in 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 with lesions which may cause hematemesis, or melena, intestinal obstruction patients
9. Those who have severe otitis media
10. Those who have not completely recovered from surgery of head, chest or abdomen or women immediately after childbirth
11. Alcoholism or drug addiction
12. Those who have residual air or other gas in his/her body after operation. (for example eye operation)
13. Pregnant woman whose confinement may be expected in less than 28 days. However an escort by a physician will be required if traveling by aircraft within 14 days of the expected confinement for international flights and 7 days for domestic flights.
14. Newborn baby within the first 7 days of birth.

End

**SPECIAL ASSISTANCE REQUEST**

**To be completed by the passenger or representative**

Please answer ALL questions. Enter a cross (X) in the appropriate "yes" or "no" boxes.  
Use BLOCK LETTERS when completing this form.

PATIENTS	
Name	Age
Contact Info	TEL: _____ TEL: _____
Itinerary / Flight Info	Date: _____ Flight No.: _____ Travel Segment (DEP-ARR):( _____ )
	Date: _____ Flight No.: _____ Travel Segment (DEP-ARR):( _____ )
Escort name	<input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Others ( _____ )
Escort name	<input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Others ( _____ )

\* Our cabin crew members can assist you in using the onboard wheelchair and stowing or retrieving carry-on items, identifying in-flight meal items, and opening packages. However, our cabin crew members are not permitted to provide medical services, assist with feeding or personal hygiene and lavatory functions. For those customers requiring such assistance, it is recommended to travel with an escort.

1	Wheelchair needed?	<input type="checkbox"/> No <input type="checkbox"/> Yes → <input type="checkbox"/> Can not walk by myself <input type="checkbox"/> Can walk alone but can not ascend or descend stairs by myself <input type="checkbox"/> Can ascend or descend stairs by myself but can not walk long distance
2	Wheelchair needed in cabin?	<input type="checkbox"/> No <input type="checkbox"/> Yes
3	Please tell us about your personal wheelchair.  * From Aug 10, 2012, passengers will be allowed to transport spare Li-ion/Lithium-ion batteries that power the mobility device. If the battery is not fully encased and protected to prevent short circuit, the battery must be removed and transported in the cabin of the aircraft. Please inform us in advance for limitation may apply.	<input type="checkbox"/> No wheelchair      *You can check your wheelchair at the counter. We will take you to the plane in our wheelchair. <input type="checkbox"/> Personal wheelchair <input type="checkbox"/> Manual <input type="checkbox"/> Electric/Battery-powered → <input type="checkbox"/> Spillable Battery (Wet-cell "non-sealed") <input type="checkbox"/> Non-spillable Battery (Wet-cell "sealed") <input type="checkbox"/> Dry Battery * ( <input type="checkbox"/> Li-ion/Lithium-ion <input type="checkbox"/> Ni-Cd <input type="checkbox"/> Ni-MH ) *Please specify  <input type="checkbox"/> Foldable <input type="checkbox"/> Non-foldable → If your wheelchair is non-foldable or battery-powered, please tell us the size and weighr.  Length _____ cm    Width _____ cm Height _____ cm    Weight _____ kg *We may not be able to accept large-size wheelchairs due to the size of the cargo door and space.  * When you check your electric / battery-powered wheelchair, please tell our airport staff your wheelchair's specific battery type and instructions to disconnect / insulate the battery since some batteries are considered as "dangerous goods" and are permitted on passenger aircraft only under certain conditions.
4	Is Oxygen Cylinder needed in flight?	<input type="checkbox"/> No <input type="checkbox"/> Yes →      Personal medical oxygen cylinders
5	Ambulance arranged? (Ambulance must be arranged by the passenger)  ▶ Departure point      Company name _____      Contact Info _____ ▶ Arrival point      Company name _____      Contact Info _____ Destination (Hospital Name)	
6	Special instructions/Precautions	

**MEDICAL INFORMATION FORM (MEDIF)**

**To be completed by ATTENDING PHYSICIAN**

The Physician Attending is requested to answer ALL questions. Enter a cross (X) in the appropriate boxes, and/or give precise concise answers. STARFLYER or a designated medical organization may contact the customer for clarification if necessary.

Completion of the form in BLOCK LETTERS will be appreciated.

PATIENTS			
NAME, INITIAL(S)		AGE	
MEDICAL DATA			
DIAGNOSIS in details (including vital signs)	Please write so that non medical personnel are able understand.		
Date of first symptoms/ Diagnosis (Date of Operation)	Date:	For expecting mother (Estimated delivery date)	Date:
Diagnostic content			
1	PROGNOSIS for the flight(s) * Please consider the itinerary and its potential effect on the patient's state of health	<input type="checkbox"/> Fit to Travel <input type="checkbox"/> NOT Fit to Travel	<input type="checkbox"/> One-Way Itinerary <input type="checkbox"/> Round-Trip Itinerary Date of return flight _____ <i>*For round-trip itineraries, please also enter the departure date of the last flight in your itinerary</i>
2	Contagious AND communicable Disease ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	→If Yes, may the disease be infectious to other persons? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Can sit upright with seat belt fastened ? (during take-off and landing)	<input type="checkbox"/> Yes <input type="checkbox"/> No	→If not, Stretcher shall be necessary. However, as STARFLYER does not off stretcher at this time, those passengers cannot fly with us. We are sorry.
4	Is the patient fit to travel unaccompanied?	<input type="checkbox"/> Yes <input type="checkbox"/> No, Must be accompanied by Physician or Nurse <input type="checkbox"/> No, Must be accompanied by a person who Is approved by Physician	Escort name [ _____ ]
5	Oxygen needed in flight?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please enter the amount of oxygen. Liters per minute <input type="text"/> l/minute
6	Do you need oxygen continuously?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Does patient need any medical equipment in flight? (e.g., ventilator, oxygen concentrator, etc.) * If you bring oversized medical equipment that cannot be stored under the seat in front, you may need to purchase another seat.	<input type="checkbox"/> Yes <input type="checkbox"/> No	→If yes, specify ■The Name of Medical Equipment _____ ■Manufacturer or Distributor / Product name / type or model number _____ ■Size / Type of Battery _____
8	Does patient need any MEDICATION In flight?	<input type="checkbox"/> Yes <input type="checkbox"/> No	→If yes, specify
9	Specify more details, if necessary		

Prognosis as above. I will provide necessary information required by the airline's medical department for the purpose of determining his/her fitness to travel by air with consent of the patient.

PHYSICIAN			
Print Name		Date	
Signature			
Hospital Name			
Phone No.		Address	

\* Our cabin crew members are trained only in FIRST AID and are NOT PERMITTED to administer any injection, or to give medication, or to operate Medical Oxygen cylinders. Additionally, they are not authorized to provide personal care services to particular passengers, to the detriment of their service to other passengers and cabin safety.