

# MEDIF Attachment A

Reso IATA 700

Information Sheet for Passengers Requiring Special Assistance

Please fill out in clear and legible printing. Mark an **X** in the corresponding boxes for your answer(s).

|           |   |   |                               |   |   |   |             |   |                      |                      |     |        |   |  |  |     |     |  |  |  |  |  |  |
|-----------|---|---|-------------------------------|---|---|---|-------------|---|----------------------|----------------------|-----|--------|---|--|--|-----|-----|--|--|--|--|--|--|
| <b>1</b>  | LAST NAME / FIRST NAME  |   |                               |   |   |   |             |   |                      |                      |     |        |   |  |  |     |     |  |  |  |  |  |  |
| <b>2</b>  | PASSENGER NAME RECORD (6 letters)   |   |                               |   |   |   |             | * | → PROPOSED ITINERARY |                      |     |        |   |  |  |     |     |  |  |  |  |  |  |
| <b>3</b>  | OUTBOUND FLIGHT NUMBER  | AR/AU   |                               |   |   | DATE (of flight)  |             |   |                      | FROM:                |     |        |   |  |  |     | TO: |  |  |  |  |  |  |
| <b>↔</b>  | CONNECTING FLIGHT NUMBER  | AR/AU   |                               |   |   | DATE (of flight)  |             |   |                      | FROM:                |     |        |   |  |  |     | TO: |  |  |  |  |  |  |
|           | RETURN FLIGHT NUMBER  | AR/AU   |                               |   |   | DATE (of flight)  |             |   |                      | FROM:                |     |        |   |  |  |     | TO: |  |  |  |  |  |  |
| <b>4</b>  | NATURE OF DISABILITY  |   |                               |   |   |   |             |   |                      |                      |     |        |   |  |  |     |     |  |  |  |  |  |  |
| <b>5</b>  | STRETCHER NEEDED ON BOARD (NOT AVAILABLE, Aerolíneas Argentinas DOES NOT TRANSPORT PASSENGERS ON STRETCHER).  |   |                               |   |   |   |             |   |                      |                      |     |        |   |  |  |     |     |  |  |  |  |  |  |
| <b>6</b>  | <b>INTENDED ESCORTS</b>   | NO <input type="checkbox"/>   | YES <input type="checkbox"/>  | *PASSENGER NAME RECORD (6 letters)  |   |   |             |   |                      | (* IF IT'S DIFERENT) |     |        |   |  |  | AGE |     |  |  |  |  |  |  |
| <b>👤</b>  | LAST NAME / FIRST NAME  |   |                               |   |   |   |             |   |                      |                      |     |        |   |  |  |     |     |  |  |  |  |  |  |
| <b>7</b>  | WHEELCHAIR NEEDED :   |   | WHEELCHAIR TYPE:              |   |   |   |             |   |                      |                      |     |        | OWN WHEELCHAIR ?                                      |  |  |     |     |  |  |  |  |  |  |
| <b>♿</b>  | NO <input type="checkbox"/> YES <input type="checkbox"/>  |   | <input type="checkbox"/> WCHR |   | need a wheelchair to move through the airport / <b>can</b> climb stairs// |   |             |   |                      |                      |     |        | NO <input type="checkbox"/>                           |  | YES <input type="checkbox"/> ----> (continue: type of..) |     |     |  |  |  |  |  |  |
|           |   | <input type="checkbox"/> WCHS   |                               | need a wheelchair to move through the airport / <b>can't</b> climb stairs//   |   |   |             |   |                      |                      |     |        |   |  |  |     |     |  |  |  |  |  |  |
|           |   | <input type="checkbox"/> WCHC   |                               | need a wheelchair up to the <b>seat on</b> the plane.   |   |   |             |   |                      |                      |     |        |   |  |  |     |     |  |  |  |  |  |  |
|           |   | Please cross out not applicable options   |                               |   |   |   |             |   |                      |                      |     |        |   |  |  |     |     |  |  |  |  |  |  |
|           |   | TYPE OF PERSONAL WHEELCHAIR   |                               | BATTERY TYPE ?  |   | ** it is not accepted as luggage, only as cargo.  |             |   |                      |                      |     |        |   |  |  |     |     |  |  |  |  |  |  |
|           |   | <input type="checkbox"/> MANUAL <input type="checkbox"/> COLLAPSIBLE <input type="checkbox"/> BATTERY |                               | <input type="checkbox"/> **WET (WCBW) <input type="checkbox"/> *GEL/DRY (WCBD) <input type="checkbox"/> *LITHIUM (WCLB) |   | *the passenger should complete the "battery powered wheelchair statement" - ("attachment C" chapter 7 M.C.) |             |   |                      |                      |     |        |   |  |  |     |     |  |  |  |  |  |  |
| <b>8</b>  | AMBULANCE NEEDED (DOES NOT APPLY INSIDE THE AIRPORT)  |   |                               |   |   |   |             |   |                      |                      |     |        |   |  |  |     |     |  |  |  |  |  |  |
| <b>9</b>  | MEET and ASSIST : DIFFERENT TO THE SERVICE PROVIDED BY Aerolíneas Argentinas WHEELCHAIR, DOES NOT APPLY.  |   |                               |   |   |   |             |   |                      |                      |     |        |   |  |  |     |     |  |  |  |  |  |  |
| <b>10</b> | OTHER GROUND ARRANGEMENTS NEEDED ? NO <input type="checkbox"/> YES <input type="checkbox"/>   |   |                               |   |   |   |             |   |                      |                      |     |        |   |  |  |     |     |  |  |  |  |  |  |
| <b>✈</b>  | DEPARTURE AIRPORT   | NO <input type="checkbox"/>   | YES <input type="checkbox"/>  | Specify _____   |   |   |             |   |                      |                      |     |        |   |  |  |     |     |  |  |  |  |  |  |
| <b>✈</b>  | TRANSIT AIRPORT   | NO <input type="checkbox"/>   | YES <input type="checkbox"/>  | Specify _____   |   |   |             |   |                      |                      |     |        |   |  |  |     |     |  |  |  |  |  |  |
| <b>✈</b>  | ARRIVAL AIRPORT   | NO <input type="checkbox"/>   | YES <input type="checkbox"/>  | Specify _____   |   |   |             |   |                      |                      |     |        |   |  |  |     |     |  |  |  |  |  |  |
| <b>11</b> | SPECIAL INFLIGHT ARRANGEMENTS NEEDED ?  |   |                               |   |   |   |             |   |                      |                      |     |        |   |  |  |     |     |  |  |  |  |  |  |
|           |   | NO <input type="checkbox"/> YES <input type="checkbox"/>  |                               | Specify _____   |   |   |             |   |                      |                      |     |        |   |  |  |     |     |  |  |  |  |  |  |
| <b>12</b> | FREQUENT TRAVELER MEDICAL CARD (FREMEC) NO <input type="checkbox"/> YES <input type="checkbox"/> If you have one, add the data to the reservation request. If you do not have one or if additional information is needed, the doctor must complete annex 2  |   |                               |   |   |   |             |   |                      |                      |     |        |   |  |  |     |     |  |  |  |  |  |  |
| <b>👤</b>  | NUMBER OF FREMEC CARD   |   | ISSUED BY                     |   |   |   | VALID UNTIL |   |                      |                      | AGE | GENDER | PERMANENT/CHRONIC INCAPACITATION                      |  |  |     |     |  |  |  |  |  |  |
|           |   |   |                               |   |   |   |             |   |                      |                      |     |        | M <input type="checkbox"/> F <input type="checkbox"/> |  |  |     |     |  |  |  |  |  |  |
| <b>📄</b>  | PASSENGER AFFIDAVITA, The undersigned _____ domiciled at _____ acting on his/her own behalf or on behalf of the above named passenger, hereby states that he or she releases Aerolíneas Argentinas S.A. and Austral Líneas Aéreas Cielos del Sur S.A. and its agents and employees from any liability arising from the alteration or deterioration of the passenger's health, serious injuries or any other consequence that could affect the passenger due to his or her health condition during or as a consequence of the flight arranged in the passenger's electronic ticket. Furthermore, the undersigned undertakes to reimburse Aerolíneas Argentinas for any expenses incurred in connection with the provision of auxiliary services in addition to the air transportation service offered by the carrier and, therefore, releases the above mentioned carriers from any liability and/or payment of fees that may arise as a result of any additional services or assistance provided. |   |                               |   |   |   |             |   |                      |                      |     |        |   |  |  |     |     |  |  |  |  |  |  |
|           |   | / /   |                               |   |   |   |             |   |                      |                      |     |        |   |  |  |     |     |  |  |  |  |  |  |
|           |   | Date  |                               | Place   |   | Id/Passport Number  |             |   |                      | Signature            |     |        |   |  |  |     |     |  |  |  |  |  |  |





# MEDIF ATTACHMENT B PART 2

RESO IATA 700  
Part 2

INFORMATION SHEET FOR PASSENGERS REQUIRING MEDICAL CLEARANCE, TO BE COMPLETED BY THE ATTENDING PHYSICIAN.  
PLEASE FILL OUT IN CLEAR AND LEGIBLE PRINTING. MARK WITH AN X THE BOXES THAT CORRESPOND.

**MEDA 1** CARDIAC CONDITION

**A- ANGINA** NO  YES  → IF YES, WHEN WAS THE LAST EPISODE? \_\_\_\_ / \_\_\_\_ / \_\_\_\_ IS THE CONDITION STABLE? NO  YES

FUNCTIONAL CLASS OF THE PATIENT → NO SYMPTOMS  ANGINA WITH IMPORTANT EFFORTS  ANGINA WITH LIGHT EFFORTS  ANGINA AT REST

CAN THE PATIENT WALK 100 METERS AT A NORMAL PACE OR CLIMB 10-12 STAIRS WITHOUT SYMPTOMS? NO  YES

**B- MYOCARDIAL INFARCTION** NO  YES  → DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ COMPLICATIONS? NO  YES  → (\*IF YES, GIVE DETAILS)

\* \_\_\_\_\_

STRESS EKG DONE? NO  YES  → IF YES, WHAT WAS THE RESULT? \_\_\_\_\_ METZ.

\* IF ANGIOPLASTY OR CORONARY BYPASS, CAN THE PATIENT WALK 100 METERS AT A NORMAL PACE OR CLIMB 10-12 STAIRS WITHOUT SYMPTOMS? NO  YES

**C- CARDIAC FAILURE** NO  YES  → WHEN WAS LAST EPISODE? \_\_\_\_ / \_\_\_\_ / \_\_\_\_ IS CONTROLLED WITH MEDICATION? NO  YES

FUNCTIONAL CLASS OF THE PATIENT → NO SYMPTOMS  SHORTNESS OF BREATH: WITH IMPORTANT EFFORTS  WITH LIGHT EFFORTS  BREATH AT REST

**D- SYNCOPE** NO  YES  → WHEN WAS LAST EPISODE? \_\_\_\_ / \_\_\_\_ / \_\_\_\_ INVESTIGATIONS? NO  YES

\* (IF YES, STATE RESULTS) \_\_\_\_\_

**MEDA 2** CHRONIC PULMONARY CONDITION NO  YES

**A- HAS THE PATIENT HAD RECENT ARTERIAL GASES?** NO  YES

**B- BLOOD GASES WERE TAKEN ON:** ROOM AIR  OXYGEN  LPM

IF YES, WHAT WERE THE RESULTS: PCO2 \_\_\_\_\_ PO2 \_\_\_\_\_

SATURATION \_\_\_\_\_ DATE OF EXAM: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**C- DOES THE PATIENT RETAIN CO2?** NO  YES

**D- HAS HIS/HER CONDITION DETERIORATED RECENTLY?** NO  YES

**E- CAN THE PATIENT WALK 100 METERS AT A NORMAL PACE OR CLIMB 10-12 STAIRS WITHOUT SYMPTOMS?** NO  YES

**F- HAS THE PATIENT EVER TAKEN A COMMERCIAL AIRCRAFT IN THESE SAME CONDITIONS?** NO  YES  → DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

DID THE PATIENT HAVE ANY PROBLEMS? \_\_\_\_\_

**MEDA 3** PSYCHIATRIC CONDITIONS

**A- IS THERE A POSSIBILITY THAT THE PATIENT WILL BECOME AGITATED DURING FLIGHT?** NO  YES

**B- HAS HE/SHE TAKEN A COMMERCIAL AIRCRAFT BEFORE?** NO  YES  → DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

DID THE PATIENT TRAVEL: ALONE  ESCORTED

**MEDA 4** SEIZURE NO  YES

**A- WHAT TYPE OF SEIZURE?** \_\_\_\_\_

**B- FREQUENCY OF THE SEIZURES** \_\_\_\_\_ WHEN WAS THE LAST SEIZURE? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**D- ARE THE SEIZURES CONTROLLED BY MEDICATION?** NO  YES

**MEDA 5** PROGNOSIS FOR THE TRIP: GOOD  REGULAR  BAD

**MEDA 6** MOBILITY AND LOCOMOTOR SYSTEM

SPECIFY FRACTURED BONE \_\_\_\_\_

DATE OF THE FRACTURE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

IS CURRENTLY PLASTERED? NO  YES  → WHEN WAS IT PLASTERED? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

IS THE PLASTERED SPLIT? NO  YES

**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 form carrier-provided special equipment are to be paid by the passenger concerned.