CONSENT FOR FINNAIR TO HANDLE SENSITIVE PERSONAL DATA

By submitting this form, you give us your consent to process your medical data to handle and complete your service request. The consent also applies to our partners if necessary. Find out more about our Privacy Policy: https://www.finnair.com/privacy-policy/

Name	Date and place	Signature

The Sales office, agent or passenger should complete this form.
Please answer all of the questions, marking an 'x' in the 'Yes' or 'No' boxes and using block letters or typing when completing the form.

1. Passenger's first name	Last name	Date of birth	Gender

2. Proposed itinerary: date(s), flight number(s), from-to

3. Diagnosis or other reason for special arrangements

4. Is the passenger able to walk 50 meters or climb 10-12 steps without difficulties?
☐ Yes   ☐ No, specify

5. Is a wheelchair needed?

☐ No

☐ Yes, WCHR (R = Ramp)
The passenger is able to go up/ come down steps and can enter and exit the aircraft by himself/herself.

☐ WCHS (S = Steps)
The passenger is not able to go up / come down steps, but can get on the aircraft seat by himself/herself (needs a wheelchair to get from the terminal to the plane, and is carried on and off the plane).

☐ WCHC (C = Cabin Seat)
The passenger is completely incapable of movement, he/she must be carried to the seat on the plane, and off again.

Weight and measurements of the wheelchair

_____

☐ Passenger's own wheelchair
☐ Foldable wheelchair   ☐ Motorized wheelchair
☐ Spillable batteries   ☐ Non-spillable batteries

Permission for transport of a motorized wheelchair must always be obtained from the airline in advance.

6. Is an ambulance needed?
☐ No   ☐ Yes (If yes, specify name and telephone number of ambulance company and name of hospital at destination)

7. Are other ground arrangements needed? Note! Finnair does not provide any ground arrangements.
☐ No   ☐ Yes

If yes, specify below contact information of persons and organisations requested to assist

Assistance to the aircraft at airport of departure
☐ No   ☐ Yes, specify _____

Assistance between flights
☐ No   ☐ Yes, specify _____

Assistance on arrival at destination
☐ No   ☐ Yes, specify _____

Other assistance or valuable information
☐ No   ☐ Yes, specify

8. Are any special in-flight arrangements needed, such as extra seat or special equipment? See Note 2 at the bottom of Page 2.
☐ No   ☐ Yes, specify at MEDA11-MEDA12 on page 2.

9. Is a stretcher needed onboard?
☐ No   ☐ Yes. An escort with a medical training is required.

10. Name, age and qualifications of medically trained escort. If the escort has no medical training, write "Travel companion" and the person's name.

11. If the passenger is deaf and/or blind, is he or she being escorted by a trained dog?
☐ No   ☐ Yes

This text should be read by or to the passenger, dated and signed by him or her or on his or her behalf.

I hereby authorise all physicians and hospitals to provide the airlines with the information required by these airlines' medical departments, for the purpose of determining my fitness for carriage by air. I therefore relieve these physicians of their vow of professional secrecy in respect to such information and agree to pay the physicians' fees in this matter.

I am aware that, if accepted for carriage, my journey will be subject to the General Conditions of Carriage and the conditions of tariffs of the carriers concerned, and that the carriers do not assume any special liability exceeding these conditions.

I am prepared, at my own risk, to bear any consequences which carriage by air may have on my state of health, and I release the carriers, their employees, servants and agents from any liability for such consequences.

I agree to reimburse the carriers upon demand for any special expenditures or costs in connection with my carriage.

Passenger's or guardian's phone number and e-mail address

Place and date	Passenger's or guardian's signature

If your medical condition/travel details change in any way prior to travelling, you are requested to contact Finnair Plc.

FINNAIR

MEDIF
Confidential medical information form for air travel
Return page 1 and 2 of this form to Finnair, Medical Clearance Services,
fax (09) 818 4825, (international call +358 9 818 4825) or medadesk@finnair.com.

For official use only.

This form should be completed by the attending physician.
Please answer all questions, marking an 'x' in the 'Yes' or 'No' boxes and using block letters or typing when completing the form. Fill in all boxes to avoid further enquiries

This form is intended to provide confidential information to enable the airlines' Medical Clearance Services to assess if the passenger is fit to travel as indicated on Page 1. If the passenger is accepted for travel, this information will permit the issuance of necessary instructions to ensure the passenger's welfare, comfort and safety during the flight. Incomplete forms will be returned and may cause a delay in the process. Please complete the form in capital letters using black ink.

MEDA01	Patient's full name	Sex	☐ Male ☐ Female	Date of birth	Height (cm)	Weight (kg)

MEDA02 — Attending physician's name, telephone, fax number and email address (necessary in case further information is required)

MEDA03 — Diagnosis in detail, including vital signs (especially oxidation and Hb), present state briefly

Date of first symptoms	Date of diagnosis, length of hospitalisation

MEDA04 — Prognosis for the trip

MEDA05 — Does the patient have a contagious or communicable disease? ☐ No ☐ Yes, specify

MEDA06
Psychiatric conditions	☐ No	☐ Yes
Is there a possibility that the patient will become agitated during the flight?	☐ No	☐ Yes
Can the patient's behaviour be disturbing to other passengers?	☐ No	☐ Yes, specify

MEDA07 — Can the patient use a normal aircraft seat with the seatback in the upright position when so required? ☐ Yes ☐ No, specify

MEDA08 — Can the patient take care of his or her own needs onboard unassisted, including meals, visits to toilets etc? (See Note 1 at the bottom of the page.)
☐ Yes   ☐ No, specify type of help needed

Does patient have normal bladder control? ☐ Yes ☐ No. If No, give mode of control

MEDA09
Does the patient need to be escorted? ☐ Yes ☐ No

Is the intended escort capable and prepared to provide all assistance including feeding, toileting and lifting as required? ☐ Yes ☐ No

PNR for escort (if different)

Is the arrangement proposed on Page 1 satisfactory, in your opinion?
☐ Yes   ☐ No, specify type of escort proposed by you

MEDA10
Chronic pulmonary condition	☐ Yes	☐ No	If yes, SpO$_2$ on air and date taken:
a) Has the patient had recent arterial blood gases?	☐ Yes	☐ No	
b) Blood gases were taken on ☐ Room air ☐ Oxygen		Liters per minute (LPM)	

If yes, what were the results? | pCO2 (kPa/mm Hg)
% Saturation | pO2 (kPa/mm Hg)
Date of test

c) Does the patient retain CO2? ☐ Yes ☐ No

Has a Hypoxic Challenge Test been undertaken? ☐ Yes ☐ No   Date of test   Results

d) Has his/her condition deteriorated recently? ☐ Yes ☐ No

MEDA11 - a)
MEDA12 - b)
Does the patient need any medication or does the patient need to use any special apparatus such as a respirator (See Note 1 and 2)?
a) On the ground ☐ No ☐ Yes, specify   b) Onboard the aircraft ☐ No ☐ Yes, specify
Specify medication or apparatus (manufacturer, model and brand, battery or supply current, is apparatus needed also during takeoff and landing?)

MEDA13 - a)
MEDA14 - b)
Does the patient need hospitalisation?
a) During a long layover ☐ No ☐ Yes   b) Upon arrival at destination ☐ No ☐ Yes
Specify arrangements made

MEDA15 — Other remarks or information in the interests of your patient's smooth, comfortable and safe transportation
☐ No   ☐ Yes, specify

MEDA16 — Other arrangements made by the attending physician

Note 1
Cabin attendants are not authorized to give special assistance to particular passengers to the detriment of service to other passengers. Cabin attendants are trained only in first aid and are not permitted to administer any injection or to give medication. Cabin crew are employed as food handlers and are therefore unable to assist with toileting needs.
Note 2
Any possible fees which are relevant to the provision of the above information and for carrier-provided special equipment shall be paid by the patient.

Place and date	Attending physician's signature