



MEDICAL INFORMATION FORM (MEDIF) 【To be completed by PHYSICIAN】

The Physical is requested to answer ALL questions. Enter a check mark (✓) in the appropriate boxes, and/or give precise concise answers. Completion of this MEDIF form in BLOCK LETTERS. Please send this form by FAX in details. (Please contact us during the call center business hours.) SPRING JAPAN may contact the customer for clarification if necessary. **【FAX/+81-476-27-5605 Opening Hour/09:00~17:30】**

PATIENT'S INFORMATION			
NAME, INITIAL(S)		AGE	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
MEDICAL DATA (Name of Disease)			
DIAGNOSIS in details	*Please write in details so that non-medical personnels can understand.		
Date of first symptoms/ Diagnosis (Date of Operation)	DATE:	For expecting mother (Estimated delivery date)	DATE:

DIAGNOSTIC CONTENTS			
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	Prognosis for the Return Flight <input type="checkbox"/> Fit to Travel <input type="checkbox"/> NOT Fit to Travel Date of Return Flight _____
2	Contagious and/or communicable disease?	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<small>If "yes", specify. (e.g the possibility of infection to others, preventive measures against infection)</small>
3	Can patient sit upright with seat belt fastened? (especially during takeoff and landing?)	<input type="checkbox"/> Yes <input type="checkbox"/> No →	If "NO", patient is not suited to travel with Spring Japan flight.
4	Is the patient fit to air travel unaccompanied?	<input type="checkbox"/> Yes <input type="checkbox"/> No, must be accompanied by a Physician or Nurse. <input type="checkbox"/> No, must be accompanied by a person who is approved by Physician.	Escort's Name: _____

5	Oxygen needed in flight?	<input type="checkbox"/> Yes → <input type="checkbox"/> No	If “yes”, please enter the amount of oxygen. Also, please answer if the oxygen is continuously needed. Liters per minute Continuously needed. [] ℓ /minute <input type="checkbox"/> Yes <input type="checkbox"/> No
6	Does patient need any medical equipment in flight? *If you bring oversized medical equipment that cannot be stored under the seat in front, you may need to purchase additional seat for the equipment.	<input type="checkbox"/> Yes → <input type="checkbox"/> No	If “yes” specify <input checked="" type="checkbox"/> The name of Medical Equipment _____ <input checked="" type="checkbox"/> Manufacture or Distributor/Product Name _____ <input checked="" type="checkbox"/> Type or model number _____ <input checked="" type="checkbox"/> Size/Type of Battery _____
7	Does patient need any MEDICATION in flight?	<input type="checkbox"/> Yes → <input type="checkbox"/> No	If “yes”, specify _____
8	Specify more details, if necessary		

Prognosis as above, I will provide necessary information required by SPRING JAPAN for the purpose of determining his/her fitness to travel by air with consent of the patient.

PHYSICIAN'S INFORMATION			
Print Name	First Name	Last Name	
Signature		Date	
Name of Hospital Medical Organization			Specialized Medical Field
Phone No.(ext.)		Emergency Contact No.	