

MEDICAL INFORMATION FORM MEDIF

Dear Customer,

Thank you choosing Eurowings for your journey. We kindly ask you to complete the following form with your treating physician, preferably electronically or in block letters. Please also sign the attached "Data Protection and Privacy Consent Declaration". Otherwise we are unable to proceed with your request. The necessary documentation can be sent by email (**assistance@eurowings.com**).

The personal and medical data provided with the following forms will be treated strictly confidential. However, the information is necessary for medical clearance and to cater to your specific medical needs during your journey.

Please note that our cabin crew is not authorised to give special assistance (e. g. nursing care, lifting, feeding, etc.) to passengers with medical needs, due to their responsibility for all passengers on board. Our crew is trained only in first aid and is not authorised to administer medication. If you are travelling with an electric wheelchair, please make sure to have information available on battery capacity, battery removal and on how to turn off the wheelchair completely.

The conditions of transport, in particular the rules of liability, in the terms and conditions of Eurowings GmbH apply. We wish you a pleasant journey!

Kind regards,
Your Eurowings Assistance Team



DATA PROTECTION AND PRIVACY CONSENT DECLARATION

The personal and medical details you provide on this form (or have attached to this form) will be used by Eurowings to handle your request for medical clearance and to arrange the necessary assistance for your travel arrangements.

In order to assess and manage your request, and in order to arrange for the appropriate assistance, care and equipment, consent is required by Article 9 (2a) GDPR. It may be necessary for Eurowings to process and/or disclose your personal and/or medical information to other airlines in your itinerary and to third parties, such as medical professionals, airport and airline staff, government bodies and border control authorities.

In cases where you also request mobility assistance, we may need to provide your information to relevant service providers. Please note that without the following consent declaration we are unable to process your request further. I hereby consent to my personal and/or medical data being processed, used and/or disclosed for the purposes set out above. I furthermore consent to an unencrypted form of communication.

I can withdraw my consent anytime. In case of my revocation, the Eurowings Assistance Team will not process my personal data any further. The revocation can be sent by post, fax or email to the Eurowings Assistance Team (email: assistance@eurowings.com).

Articles 15–21 GDPR grant me the following rights:

- Right to information, Art. 15 GDPR
- Right to rectification, Art. 16 GDPR
- Right to erasure, art. Art. 17 GDPR
- Right to restriction of processing, Art. 18 GDPR
- Right to data portability, Art. 20 GDPR

Furthermore, I can lodge a complaint with the corresponding authorities regarding the handling of my personal data.

Date | Place

Passenger (or legal guardian) signature



Corporate data protection officer Eurowings GmbH

Email: datenschutz@eurowings.com

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Information sheet for passengers requiring special assistance

1. Family name: _____ First name: _____ Title: _____

2. Passenger name record (PNR): _____

3. Proposed itinerary: Outbound date: _____ From airport: _____ To airport: _____

Return date: _____ From airport: _____ To airport: _____

Flight no. EW: _____ Flight no. EW: _____

4. Nature of illness: _____

5. Intended accompanying person: Yes No Name: _____ Title: _____ Age: _____

PNR if different: _____ Medical qualification: Yes No Language spoken: _____

6. Wheelchair required: Yes No Specify wheelchair categories: _____

Passenger own wheelchair: Yes No Specify wheelchair type: _____

Weight and size: (Specify metric or imperial (e. g. kg or lbs, etc.) _____

7. Ambulance needed: (to be arranged by the passenger or his/her representative) Yes No

If yes, specify name of ambulance company: _____

Name of contact: _____ Contact tel. no.: _____

8. Meet and assist (if available): Yes No If designated person, specify contact: _____

9. Other ground arrangements needed: Yes No If yes, specify: _____

Departure airport: _____ Transit airport: _____ Arrival airport: _____

10. Special in-flight arrangements needed: (equipment is always provided by passenger) Yes No

If yes, specify: _____ Special equipment provided by the passenger: Yes No

If yes, specify: _____ equipment is battery powered

Medical oxygen:* Yes No If yes, specify:* _____

Does the passenger need to travel with an assistant | support animal? Yes No

If yes, specify race | weight | height: _____

Special seating arrangement: Yes No If yes, specify: _____

Note: exit row cannot be used by disabled | ill passengers because of safety regulations.

11. Frequent traveller medical clearance (FREMEC) for this airline: Yes No

If yes, specify FREMEC number: _____ Issued by: _____ expiry date: _____

* Be advised that Eurowings does not offer medical oxygen to passengers. Own battery-powered equipment is needed. Equipment cannot be used on take-off, landing and when leaving the seat. Oxygen is only supplied in emergencies.

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Information sheet for passengers requiring special assistance

1. Patient's family name: _____ First name: _____

Date of birth: _____ Gender: _____ Height: _____ Weight: _____

2. Attending physician name: _____ Email: _____

Telephone: _____ Fax: _____

3. Diagnosis:

(including date of onset of current illness, episode or accident and treatment including hospitalisation, specify if contagious)

If surgery, specify nature: _____ Date of surgery: _____

If other, please specify: _____

4. Current symptoms and severity: _____

(include most recent pulse, respiratory rate, and blood pressure if available)

5. Will a 25 to 30% reduction in the ambient partial pressure of oxygen (relative hypoxia) affect the passenger's medical condition?

(Cabin pressure to be equivalent of a fast trip to a mountain elevation of 2400 meters (8000 feet) above sea level)

Yes No Not sure

6. Additional clinical information:

a) Anaemia: Yes No If yes, give recent result in grams of haemoglobin: _____

b) Psychiatric disorder: Yes No If yes, see part 13

c) Seizure disorder: Yes No If yes, see part 14

d) Cardiac condition: Yes No If yes, see part 11

e) Normal bladder control: Yes No If no, give mode of control: _____

f) Normal bowel control: Yes No If no, give mode of control: _____

g) Pulmonary condition: Yes No If yes, see part 12

h) Does the patient use oxygen at home? Yes No If yes, specify: _____

i) Oxygen needed in flight? Yes No If yes, specify:* _____

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7. Accompanying person – Is the patient fit to travel unaccompanied? Yes No

If no, would a meet-and-assist be sufficient? (provided by the airline to embark and disembark) Yes No

If no, will the patient have a private accompanying person to take care of his/her needs on-board? Yes No

Note: if you answer no to this question, Eurowings will likely refuse the passenger as it is the responsibility of the passenger to provide the accompanying person.

If yes, who should escort the passenger? Doctor Nurse Other medical Other

If other non-medical, is the accompanying person fully capable to attend to all the above needs? Yes No

8. Mobility:

a) Able to walk without assistance: Yes No

b) Wheelchair required for boarding: Yes No If yes, specify: _____

c) Can the passenger sit upright for take-off, landing, and emergency? Yes No

9. Medication list: _____

10. Prognosis for the trip: Good Poor

Any other relevant comment: _____

11. Cardiac condition: Yes No

a) Angina: Yes No Date of last episode: _____

Is the condition stable? Yes No

Functional class of the patient? No symptoms

Angina with strenuous exertion Angina with light exertion Angina at rest

Can the patient walk 50 metres at a normal pace or climb 10–12 steps without symptoms? Yes No

b) Myocardial infarction: Yes No Date: _____

Complication? Yes No If yes, give details: _____

Test done? Yes No If yes, type of test and result: _____

Can the patient walk 50 metres at a normal pace or climb 10–12 steps without symptoms? Yes No

c) Cardiac failure: Yes No Date of last episode: _____

Is the patient controlled with medication? Yes No

Functional class of the patient? No symptoms Shortness of breath with strenuous exertion

Shortness of breath with light exertion Shortness of breath at rest

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12. Pulmonary condition: Yes No

a) Recent arterial gases? Yes No Date of exam: _____

If yes on: Room air Oxygen If on oxygen, specify: _____ Results, pCO₂ _____ pO₂ _____

If no, saturation by pulse oximeter: _____

b) Does the patient retain CO₂: Yes No

c) Has his/her condition deteriorated recently? Yes No

d) Can the patient walk 50 metres at a normal pace or climb 10–12 steps without symptoms? Yes No

e) Has the patient ever flown on a commercial aircraft in these same conditions? Yes No

If yes, date: _____ Did the patient have any problems? _____

13. Psychiatric conditions: Yes No

a) Is there a possibility that the patient will become agitated during the flight? Yes No

b) Has he/she taken a commercial flight before? Yes No

If yes, date of travel: _____ Did the patient travel: alone escorted

14. Seizure: Yes No

a) What type of seizures? _____

b) Frequency of the seizures: _____

c) Date of last seizure? _____

d) Are the seizures controlled by medication: Yes No If yes, medication: _____

15. I confirm that I have received permission from my patient to communicate this information

Date | Place

Physician signature



Note: Cabin crew are not authorised to give special assistance (e.g. lifting, feeding, help with the use of toilets) to particular passengers to the detriment of their service to other passengers. Additionally, they are trained only in first aid. Important: Fees, if any, relevant to the provision of the above information and for carrier-provided special equipment are to be paid by the passenger concerned.