CHAPTER IV.
MEDIF AND FREMEC

The MEDIF form is an IATA approved document and lists the minimum information to be provided to the airline, for carriage of invalid passengers. We are free to ask for additional information or clarifications, if required for carriage of such passengers. The MEDIF form is to be completely filled up by the passenger or his authorised representative, in case the passenger is unable to do so. While the part of information caters to travel details and the services requested for in-flight or intermediate sessions an important aspect of MEDIF is to be filled up by the physician in charge of the invalid passenger and provides information about the clinical condition of the passenger. It is mandatory to complete the MEDIF including the treating physician’s certification and the undertaking/ passenger declaration at the end of the MEDIF. Importantly the passenger/ representative must sign the MEDIF requesting for air travel. MEDIF forms need to be filled up every time an invalid passenger travels by commercial airlines and clearance is valid for a particular flight and date.

MEDIF forms are available free of charge at all reservation offices of Air India.

Invalid passengers who would like to travel frequently but have permanent disabilities which are fully established and unlikely to be progressed in future need not waste time in filling up MEDIF every time they undertake air travel on our airline. Just by filling the complete MEDIF, they can request Medical Services Department, Mumbai for the issuance of FREMEC card (shown above) which is issued free of charge. The FREMEC Card has a specified period of validity depending on the disability. It entitles the passenger to the facilities requested for and obviates the need to fill up MEDIF form every time. Common disorders for which FREMEC cards may be issued include Severe Arthritis necessitating a wheel chair, special meal requests for diabetics, oxygen / wheelchair requests for handicapped children.
FREQUENT TRAVELLER'S MEDICAL CARD (FREMEC)

Honouring Instruction. The date contained in the shaded fields MUST always be transmitted with any reservation request. Journeys requested but not authorized by this Card require completion of the Incapacitated passengers Handling Advice (INCAD).

FREMEC Number:
(Airline's Code Number)  (Serial Number)  (Airline's Medical Dept's Telex Code)  Valid until:
(day/month/year)

The holder of this Card
Surname:
Initial:
Title:
Sex:
Age:

(Permanent Address)

(Phone)

has the following permanent/chronic incapacitation

The holder is authorised by the Medical Department issuing this Card, to travel by air within the validity of this Card, subject to: (a) the conditions stated on the reverse, (b) no worsening of the Holder's present health conditions, and (c) full observance of all carrier rules, regulations and instructions, and with the following Limitations:

(Code, if any example: WCHC, etc.)

(Inset limitations, including any permanent dietary requirement)
CONDITIONS OF ISSUE

1. Cardholders are required to REPORT ALL CHANGES in their present handicap or incapacitation, and/or the deterioration in their physical or medical condition, to the airline representative or agent with whom they are in contact.

2. Subject to all terms and conditions stated on this Card, the authorisation for air travel is valid only up to the date stated on the front.

3. This Card is not transferable and must be produced, together with proof of the cardholder's identity, on every occasion whenever airline reservations are made for the cardholder, at time of ticket issuance, and when so requested by the airlines or their agents or representatives.

4. Cardholder are reminded that arrangements for travel should be made as much in advance as possible. They should also allow sufficient time for check-in formalities.

Signature & Stamp

Passenger's Signature

(Legal guardian or Passenger's witness may sign if passenger is physically unable to do so)

Date and Place of Issue

Medical Officer, Medical Services, Air India
Station.............................