

### MEDICAL CLEARANCE FORM PART I – MEDIF I

I am aware that the data I decided to indicate relate to sensitive data. By fulfilling this information and proceeding with the booking, I expressly give my consent to VNA to process these data solely for the good performance of the carriage.  
(For more information about Vietnam Airlines' Privacy Policy please refer to <https://www.vietnamairlines.com>)

**PART I**  
To be completed by PASSENGER

- Answer ALL questions.
- Put a cross "X" in "YES" or "NO" boxes.
- Use BLOCK LETTERS when completing this form.

<b>A</b>	Passenger 's full name: _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age:.....
<b>B</b>	Itinerary: Flight No.....Class.....Date.....Origin.....Destination..... Flight No.....Class.....Date.....Origin.....Destination..... Flight No.....Class.....Date.....Origin.....Destination.....			
<b>C</b>	Nature of Medical Condition/Incapacitation: _____	MEDIF II needed? <input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>D</b>	Is stretcher needed on board? <input type="checkbox"/> No <input type="checkbox"/> Yes			
<b>E</b>	Intended Escort 's full name:..... <input type="checkbox"/> Male <input type="checkbox"/> Female Age:..... Professional qualification:.....(If untrained, state: "TRAVEL COMPANION"). Telephone/Moble phone:..... If passenger with vision/hearing impairment, please state if escorted by trained dog? <input type="checkbox"/> No <input type="checkbox"/> Yes			
<b>F</b>	Wheelchair services by Vietnam Airlines needed? <input type="checkbox"/> No <input type="checkbox"/> Yes If YES, service type: <input type="checkbox"/> To boarding gate/ to aircraft step <input type="checkbox"/> To aircraft door <input type="checkbox"/> To seat and inflight	Own wheelchair? <input type="checkbox"/> No <input type="checkbox"/> Yes If YES, wheelchair type: 1. Collapsible <input type="checkbox"/> No <input type="checkbox"/> Yes 2. Power driven <input type="checkbox"/> No <input type="checkbox"/> Yes 3. Spillable battery <input type="checkbox"/> No <input type="checkbox"/> Yes 4. Other type, specify:.....		
<b>G</b>	Ambulance needed? <input type="checkbox"/> No <input type="checkbox"/> Yes (Passenger/Escort is responsible for making all ambulance arrangements) Ambulance company contact: _____ Origin contact:..... Telephone/Moble phone:..... Destination contact:..... Telephone/Moble phone:.....			
<b>H</b>	Other ground arrangement needed? <input type="checkbox"/> No <input type="checkbox"/> Yes  1. Arrangements for drop-off delivery at DEPARTURE airport. <input type="checkbox"/> No <input type="checkbox"/> Yes 2. Arrangements for assistance at CONNECTION point. <input type="checkbox"/> No <input type="checkbox"/> Yes 3. Arrangements for pick up at ARRIVAL point. <input type="checkbox"/> No <input type="checkbox"/> Yes 4. Other requirement or relevant information. <input type="checkbox"/> No <input type="checkbox"/> Yes	If YES, specify below and indicate for each item: (a) The ARRANGING airlines or other organization (b) At WHOSE expense, and (c) CONTACT addresses/phones where appropriate or whenever specific persons are designated to meet/assist passenger.  Details: _____ Details: _____ Details: _____		
<b>I</b>	Special In-flight arrangements needed? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(e.g: special meal, special seating, extra seat, medical equipments (*), assistances with medications, special baggage...)</i> Details:..... (* ) Provision of special equipment such as oxygen etc. always require completion of Part II. See NOTE at the end of Part II.	If YES, describe and indicate for each item: (a) Special service type and segment(s) on which required. (b) Airline – arranged or arranging third party. (c) At whose expense		
<b>J</b>	<b>PASSENGER 'S DECLARATION</b> I take note that, if accepted for carriage, my journey will be subject to the general conditions of carriage/tariffs of Vietnam Airlines and that Vietnam Airlines does not assume any special liability exceeding those conditions/tariffs. I am prepared, at my own risk to bear any consequences which carriage by air may have for my state of health and I release Vietnam Airlines, its employees, servants and agents from any liability for such consequences.			
Address		Date		Passenger or authorized person's signature and full name