

The first part of this form shall be completed **by the passenger or agent** (Note 1), while the second part shall be completed by the attending physician **within 10 days before flight departure**. Passenger with one of the following conditions is recommended to contact the STARLUX Customer Service Center with a Medical Information Form (MEDIF) **48 hours (2 business days) before flight departure** for approval.

- a. Passenger who requires oxygen supply service, stretcher service or other medical devices in-flight.
- b. Passenger whose fitness for air travel is in doubt, as evidenced by recent instability, disease, treatment or surgery. (Please refer to Part 3 Guidance for The Physician and Passenger)

Note 1 : If applied by agent, the passenger's passport and the agent's identification document must be provided, for example ID Card, Household Certificate or Household Registration Transcript.

**1. Passenger Information**

Full Name (as appears on passport)	Age	Gender	Phone	Email

**2. Does passenger have escorts?**  No  Yes (Please complete the following table)

Full Name (as appears on passport)	Age	Gender	Escort	Booking No.
			<input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Other: _____	
			<input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Other: _____	

**3. Itinerary Information**

Flight No.	Travel Date (YYYY/MM/DD)	Cabin	From	To	Booking No.
JX-					
JX-					
JX-					
JX-					

**4. In-Flight Stretcher Service**  No  Yes

Passenger who requires in-flight stretcher service (chargeable) must be escorted by someone who is capable of attending to the passenger's in-flight medical needs.

**5. Wheelchair service at the airport**

<input type="checkbox"/> No
<input type="checkbox"/> Yes
<input type="checkbox"/> WCHR (Requires wheelchair to/from aircraft and be able to ascend/descend stairs)
<input type="checkbox"/> WCHS (Requires wheelchair to/from aircraft and needs assistance to ascend/descend stairs)
<input type="checkbox"/> WCHC (Requires wheelchair to/from cabin seat and needs assistance to ascend/descend stairs)

**6. Wheelchair as checked baggage**

<input type="checkbox"/> No		
<input type="checkbox"/> Yes		
<input type="checkbox"/> Manual Wheelchair		
<input type="checkbox"/> Electric Wheelchair		
<input type="checkbox"/> Spillable (Wet) Battery (must be kept upright during loading, storage, fixing or unloading)		
<input type="checkbox"/> Non-spillable (Wet) Battery/Dry Battery	<input type="checkbox"/> Removable	<input type="checkbox"/> Not removable
<input type="checkbox"/> Lithium Battery	<input type="checkbox"/> Removable	<input type="checkbox"/> Not removable
Quantity: _____ ; Watt Hours per battery: _____ Wh		

Wheelchair (Please provide the size and weight after folding and packaging): Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_  cm  inch; Weight: \_\_\_\_\_  kg  lb. For STARLUX to arrange proper stowage space, passenger requesting to bring an electric wheelchair as checked baggage is recommended to contact the STARLUX Customer Service Center with related documents (picture of battery label/type, test report or product instructions) **48 hours (2 business days) before flight departure**.

**7. Oxygen Equipment**

<input type="checkbox"/> No	
<input type="checkbox"/> Yes	<input type="checkbox"/> Personal Portable Oxygen Concentrator Pre-Approved by FAA. Brand/Model: _____
	<input type="checkbox"/> STARLUX in-flight supplied oxygen service(chargeable). The passenger is recommended to be escorted by someone who is capable of attending to the passenger's in-flight medical needs. The passenger or escort should have knowledge in the use of oxygen cylinders.

**8. Ambulance Service (please note that ambulance must be arranged by the passenger)**

<input type="checkbox"/> No				
<input type="checkbox"/> Yes	Point	Hospital	Contact Person	Phone
	<input type="checkbox"/> Point of Departure			
	<input type="checkbox"/> Point of Arrival			
	<input type="checkbox"/> Point of Transfer/Transit			

**9. Declaration to Passengers**

- A. Cabin Crew are trained in FIRST AID only and NOT ALLOWED to perform any injection, medication, or medical oxygen cylinders. Additionally, personal care is not available on board in order to maintain service quality and cabin safety.
- B. Fees, if any, relevant to the provision of the above information and for carrier provided special equipment such as oxygen equipment are for the passenger's account.
- C. The undersigned (Passenger or Agent) is fully aware of STARLUX's transport terms and conditions when submitting this Medical Information Form and is prepared to bear any consequences which carriage by air has for the undersigned's state of health.
- D. STARLUX Airlines has sole discretion to decide whether the passenger is suitable to travel via STARLUX' flight in accordance to the information stated above. If the itinerary involves flights operated by other airlines, the applicant must contact each airline and follow relevant regulations.
- E. This form is only for the purpose of STARLUX Airlines to evaluate the passenger's fitness to air travel and make necessary arrangements accordingly. STARLUX will retain your personal data within time period of specific purpose, the data retention period required by laws, or the retention period in accordance with its business needs (the longer period to be applied), also, the personal data may be shared to any jurisdictions where the governance authorities or the institution in relation to relevant business are located. You may decide whether or not to provide STARLUX with the related personal data; however, STARLUX may not be able to provide the service as required if STARLUX is not receiving the required personal data. This form shall be in line with STARLUX' Privacy Policy, please visit STARLUX Website for further information. If you want to exercise any right in accordance with any applicable data protection law, please contact STARLUX in writing, by telephone with following contact information:
  - Address: 15<sup>th</sup> Floor, No. 382, Section 6, Nanjing East Road, Neihu District, Taipei City 11470, Taiwan
  - Tel: +886-2-27911199

The undersigned (Passenger or Agent) hereby undertakes that the above content is true and accurate, and agreed to provide the relevant information contain herein.

Passenger's Signature:  <small>(as appears on passport)</small>	Agent's Signature:	Date:
---	--------------------	-------

This form is to be completed **by attending physician** according to passenger's health condition. Use block letters when completing this form.

01	Passenger's (Patient) Name:	Age:	Gender:
02	Attending Physician's Name:		
	Name of Hospital/Clinic and Specialty:		
	Phone:		
03	Diagnosis and Symptoms detail:	Date of Surgery:	
	Temp (°C):      Pulse:      RR:      Hb:	Date of Diagnosis:	
	GCS:      BP:      SpO2 (%):	Date of First Symptoms:	
	Note: Attach medical record summary if passenger is hospitalized or has surgery within two weeks.		
04	Is the patient pregnant?	<input type="checkbox"/> Yes, <input type="checkbox"/> Single <input type="checkbox"/> Multiple Para: _____ GA: _____ weeks Estimated Delivery Date: _____ Fetal position: _____ Fetal Health Status: _____ <input type="checkbox"/> No	
05	Fitness for this flight? Please consider the itinerary and its potential effect on the patient's state of health.	<input type="checkbox"/> Fit to Travel <input type="checkbox"/> No, Specify: _____	
06	Can the patient use the standard aircraft seat with seatback placed in the UPRIGHT POSITION when so required?	<input type="checkbox"/> Yes <input type="checkbox"/> No, Specify: _____	
07	Can the patient take care of his/her personal needs in-flight unassisted (including dining, visit to toilet, etc.)? If not, specify type of assistance needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No, Specify: _____	
08	Does the patient need to be taken care of by a physician, nurse or other escorts?	<input type="checkbox"/> Yes, Specify: _____ <input type="checkbox"/> No	
09	Contagious, communicable, or airborne disease?	<input type="checkbox"/> Yes, Specify: _____ <input type="checkbox"/> No	
10	Would the physical and/or psychological condition of the patient be likely to cause distress or discomfort to other passengers?	<input type="checkbox"/> Yes, Specify: _____ <input type="checkbox"/> No	



**Submitting Medical Information Form**

1. The Medical Information Form must be completed by the passenger or agent and the attending physician within **10 days before flight departure**, and be submitted to STARLUX Airlines for approval before the due date of each request.
2. Please show the medical information form to the ground staff for inspection upon check-in.

**The following conditions usually are considered inappropriate for air travel.**

STARLUX Airlines retains the right to accept or decline the application based on passenger's health condition and whether the passenger is escorted by a suitable escort.

1. The behavior or mental condition that may affect other passengers, crew members, or aircraft.
2. The patient refuses to disclose health condition.
3. Anyone requiring individualized care during the flight but travels without a suitable escort.
4. Passenger with infectious diseases.
5. Passenger with an unstable status of health which might get worse or cause death during the flight.
6. Passenger who did not notify STARLUX of their health condition in advance which cannot be ascertained before flight departure.
7. Passenger with alcohol, drugs or narcotics issues.
8. Single pregnancies over 36 weeks, multiple pregnancies over 32 weeks or within 7 days of delivery.
9. Newborn babies under 7 days old.
10. Passenger who must rely on electronic medical equipment during evacuation.
11. Any other condition that the physician determines renders the patient unfit to travel.

**Important Remarks for Using Medical Equipment In-Flight**

1. Portable oxygen equipment must be labeled with FAA approval. Other manufacturer's verification labels for equipment such as ventilators, sputum aspirators, and portable infusion pumps must comply with FAA RTCA-160 specifications. Non-certified equipment is not accepted for use in-flight.
2. Passenger should bring along enough battery power (150% of the flight time) and comply with the International Civil Aviation Organization (ICAO) regulations. Please confirm the battery power carried is enough for the total travelling time. (power is not provided in-flight.)
3. The medical equipment must meet the requirements of the carry-on baggage. If it exceeds the size allowed, or there is no fit placement, it will be handled and charged as cabin baggage (CBBG) or checked baggage.
4. Passenger requesting in-flight stretcher service needs to purchase extra seats to place the stretcher equipment.
5. Passenger requesting STARLUX in-flight supplied oxygen service needs to pay for oxygen cylinders and purchase extra seats to place them.