

To be completed by **ATTENDING PHYSICIAN** 由醫師填寫

The Physician Attending is requested to answer ALL questions. Enter a cross (X) in the appropriate boxes, and/or give precise concise answers. Completion of the form in **BLOCK LETTERS** or by **TYPEWRITER** will be appreciated. 請回答此診斷書所有問題，並請以☒標示正確選項

| PATIENT INFORMATION 旅客(患者)基本資料 |  |   |   |
|--------------------------------|--|---|---|
| MEDA01                         | FULL NAME 姓名：  | AGE 年齡：   | GENDER 性別：<br><input type="checkbox"/> MALE 男 / <input type="checkbox"/> FEMALE 女 |
| MEDA02                         | MEDICAL DATA 病名：   |   |   |
|                                | DIAGNOSIS in details (including vital signs) 詳細症狀：<br>Please write so that non medical personnel are able understand. 請讓非醫療專業人士可理解   |   |   |
| MEDA03                         | Date of first symptoms/ Diagnosis 診斷日期：<br>DD/ MM/ YYYY  | For expecting mother (Estimated delivery date)： |   |
|                                | Date of Operation 手術日期：<br>DD/ MM/ YYYY  | 如為孕婦，預定期為：<br>DD/ MM/ YYYY                      |   |
| MEDA04                         | Fitness for the flight(s)? (could refer the Note 3 at Page 2)<br>請醫師研判病患之病況是否適合此次旅程？可參考第 2 頁 Note 3<br><input type="checkbox"/> NOT Fit to Travel 不適合 <input type="checkbox"/> Fit to Travel 適合<br>→ Please specify 請詳述：   |   |   |
|                                | Following the previous question, is the patient need to travel with the companion?<br>承上題，病患是否必須有陪同人員一起旅行？<br><input type="checkbox"/> No 否<br><input type="checkbox"/> Yes, Must be accompanied by a person who is approved by Physician<br>是，必須由醫生認同人員陪伴。<br>Escort name 陪同者姓名：  |   |   |
| MEDA05                         | Contagious or communicable disease? 是否為接觸性或可藉空氣傳染之疾病？<br><input type="checkbox"/> NO 否<br><input type="checkbox"/> YES 是 → Please specify 請詳述：   |   |   |
| MEDA06                         | Would the physical and/or mental condition of the patient be likely to cause distress or discomfort to other passengers? 病患的身體或精神狀況可能會導致其他旅客的困擾或不便？<br><input type="checkbox"/> NO 否<br><input type="checkbox"/> YES 是 → Please specify 請詳述：   |   |   |
| MEDA07                         | Can sit upright with seat belt fastened? (during take-off and landing)<br>病患能否坐在豎直椅背之座位上?(如起飛、降落時)<br><input type="checkbox"/> NO 否 <input type="checkbox"/> YES 是<br>→ If not, is Stretcher needed on board? 如否，機上是否需使用擔架<br><input type="checkbox"/> NO 否 → Please specify 請詳述：<br><input type="checkbox"/> YES 是 *Necessary arrangement must be made with the airline. 需由航空公司安排 |   |   |
| MEDA08                         | Oxygen needed in flight? 機上是否需要氧氣筒？<br><input type="checkbox"/> NO 否   |   |   |

|  |  |                                 |
|--|--|---------------------------------|
|  | <input type="checkbox"/> YES 是 → Please specify (state rate of flow) 請回答下列項目：<br>Liters per Minute 氧氣流量：                      ℓ/minute<br>Continuous? 是否需要持續使用? <input type="checkbox"/> NO 否 <input type="checkbox"/> YES 是                 |                                 |
| MEDA09                                       | Does patient need any medical equipment in flight? 病患在機上是否需使用醫療儀器?<br><input type="checkbox"/> NO 否 <input type="checkbox"/> YES 是 → Please specify (state rate of flow) 請回答下列項目：<br>The Name of Medical Equipment 醫療儀器名稱：                   |                                 |
| MEDA10                                       | Does patient need any Medication in flight? 病患於飛行途中是否需要使用藥物?<br><input type="checkbox"/> NO 否<br><input type="checkbox"/> YES 是 → Please specify 請詳述：  |                                 |
| MEDA11                                       | Does patient need Hospitalisation? (If yes, indicate arrangements made or, if none were made, indicate “NO ACTION TAKEN”) 病患在轉機時或抵達目的地後是否需要住院特別照顧?<br><input type="checkbox"/> NO 否<br><input type="checkbox"/> YES 是 → Action 請詳述作法：        |                                 |
| MEDA12                                       | Other remarks or information in the interest of your patient’s smooth and comfortable transportation:<br>為使病患在飛行途中能更順利舒適，是否有其他應注意事項(例如：如廁、餐飲限制等等)<br><input type="checkbox"/> None 無<br><input type="checkbox"/> YES 是 → Please specify 請詳述： |                                 |
| MEDA13                                       | Other arrangements made by the attending physician: 隨行醫生所安排之其他事項<br><input type="checkbox"/> None 無<br><input type="checkbox"/> YES 是 → Please specify 請詳述：  |                                 |
| Physician’s Print Name<br>醫生姓名：              |  | Physician’s Signature:<br>醫生簽名： |
| Phone No. 聯繫電話：                              |  | Date 日期：                        |
| Hospital/ Clinic Name & Stamp<br>醫院/診所名稱及蓋章： |  |                                 |

Note 注意事項：

1. MEDIF must be prepared and issued within **10 days** (expecting mother: **7 days**), **excluding the day of departure**. For round-trip flight, the date of return flight may exceed 10 days if it states “Fit to travel” in the appropriate box of MEDIF (MEDA04). However, if adverse change of the passenger’s medical condition is observed our staff may ask to submit a new MEDIF to reconfirm the fitness for air travel.

此診斷書須於搭機日(不含)以前 10 天內簽署(孕婦 7 天內)。如診斷書勾選適合旅行選項(MEDA04)則此診斷書可適當涵蓋到回程日期(距去程 10 天內)。但若航站員工發現旅客情況出現惡化，可要求旅客重新出具新的診斷書。

2. Air Macau will determine the passenger’s fitness for carriage by air according to the MEDIF.

澳門航空將根據本表格審核並決定旅客是否適合乘坐本公司航班。

**3. Person’s condition which is not fit to travel 不適合乘機之旅客**

**3.1 A person who has Contagious or communicable disease shall not be allowed to travel by air unless a physician confirms that there is no risk of the disease to be transmit from person to person.**

患有接觸性或可藉空氣傳染之傳染病患者不適合搭乘飛機，除非醫生確認該疾病不存在人與人之間傳染的風險。

|                           |   |
|---------------------------|---|
| <b>Influenza</b> 流感       | After 5days of onset, and 2 days after his/her temperature has dropped.<br>發病5天后，以及體溫下降2天後  |
| <b>Whooping cough</b> 百日咳 | Until the characteristic cough has suppressed, or until 5days treatment with antibiotics has ended.<br>直到典型的咳嗽症狀被抑制，或直到5天抗生素療程結束。   |
| <b>Measles</b> 麻疹         | 3 days after his/her temperature has dropped 體溫下降3天後  |
| <b>Mumps</b> 腮腺炎          | After 5days of onset of the swelling on submandibular, sublingual and parotid gland, and major symptoms general condition recovered |

|  |   |
|--|---|
|  | 下頷下腺，舌下和腮腺腫脹發作5天後，主要病症恢復。   |
| <b>Rubella</b> 德國麻疹  | Until eruption disappears 直到出疹消失  |
| <b>Chicken pox</b> 水痘  | Until the eruption changes to scab 直到水痘結痂   |
| <b>Pharyngoconjunctival</b> 咽結膜熱   | 2 days after the main symptom disappears 主要症狀消失2天後                                      |
| <b>Tuberculosis, Epidemic keratoconjunctivitis, Acute hemorrhagic conjunctivitis</b><br>結核，流行性角膜炎，急性出血性結膜炎 | Until a physician evaluates that the disease becomes non-contagious.<br>直到醫生評估該疾病已無傳染性。 |

### 3.2 Persons with the following conditions are generally considered unfit for air travel.

具有以下情況的患者被認為不適合搭乘飛機旅行。

- Those who have critical cardiac disease, severe heart diseases such a cardiac failure, cyanotic heart disease conditions, who have had an episode within the past 6 weeks are not acceptable for travel.  
患有嚴重心臟病，如心臟衰竭、發紺性心臟病、在過去6週內有過一次發作，不適合旅行。
- Those who have unstable angina pectoris, acute myocardial infarction, who have had an episode within the past 2 weeks are not acceptable for travel.  
患有不穩定型心絞痛、急性心肌梗塞、在過去2週內有過一次發作，不適合旅行。
- Those who have severe respiratory illness, server respiratory failure, severe chronic obstructive pulmonary disease, or pneumothorax whose lungs are not fully inflated.  
患有嚴重呼吸道疾病，嚴重呼吸衰竭，嚴重慢性阻塞性肺病或肺部未充分充氣的氣胸患者。
- Those who have repeated hemoptysis 反覆咳血的病患
- Those with apoplexy who have had an episode within the past 4 weeks are not acceptable for travel.  
在過去4週內有過中風發作的中風患者不適合旅行。
- Those lesions resulted in increased intracranial pressure, fracture of the skull, or those who underwent permanent wiring in the jaws for mandibular fracture.  
病變導致顱內壓增高、顱骨骨折或下頷骨骨折做過永久性金屬線縫合術患者。
- Those who have severe anemia. 患有嚴重貧血症的患者。
- Those with lesions which may cause hematemesis, or melena, intestinal obstruction patients.  
其病變可能引起嘔血或黑便、腸梗塞的患者
- Those who have severe otitis media 患有嚴重中耳炎。
- Those who have not completely recovered from surgery of head, chest or abdomen.  
接受頭部、胸部或腹部手術尚未完全恢復的患者。
- Alcoholism or drug addiction 酒精中毒或吸毒成癮者。
- Those who have residual air or other gas in his/her body after operation. (for example eye operation)  
術後體內有餘氣或其他氣體的患者。(例如眼睛手術)
- An expectant mother with uncomplicated single pregnancy reached 36 weeks (last 4 weeks of pregnancy prior to confinement) of pregnancy or an expectant mother with uncomplicated multiple pregnancies reached 32 weeks (last 8 weeks of pregnancy prior to confinement) of pregnancy or a mother within the first 7 days after giving birth cannot be accepted for travel.  
懷孕36週以上(距離預產期4週以內)或多胞胎且懷孕32週以上之懷孕乘客或生產後7天內之產婦，不適合旅行。
- An expectant mother with habitual abortion, a tendency to premature birth, placental abnormality, gestational hypertension, poor diabetes control, or severe anemia cannot be accepted for travel.  
有習慣性流產、有早產傾向、胎盤異常、妊娠高血壓、糖尿病控制不良、或嚴重貧血的孕婦不適合旅行。
- Newborn baby within the first 7 days of birth. 出生7天內之新生嬰兒。

To be completed by the **passenger or travel agent** 由旅客或旅行社代理填寫

Please answer ALL questions. Enter a cross (X) in the appropriate "yes" or "no" boxes.

Use BLOCK LETTERS when completing this form. 請回答此診斷書所有問題，並請以☒標示正確選項

|   |   |                   |  |
|---|---|-------------------|--|
| <b>PATIENT INFORMATION 旅客(患者)基本資料</b>   |   |                   |  |
| <b>A</b>  | FULL NAME 姓名：   |                   | AGE 年齡：  |
|   |   |                   | GENDER 性別：<br><input type="checkbox"/> MALE 男 / <input type="checkbox"/> FEMALE 女                                      |
|   | Contact Info 連繫資料 TEL 電話：   |                   | TEL 電話：  |
| <b>B</b>  | Itinerary /   | Date: / /         | Flight No.:  |
|   | Flight Info   | Date: / /         | Flight No.:  |
|   | 行程/航班   | 日期 DD日/MM月/YYYY年  | 航班號  |
|   |   | Travel Segment: — |  |
|   |   | Travel Segment: — |  |
|   |   | 行程                | (DEP 起飛 - ARR抵達)   |
| <b>C</b>  | Escort name 隨行者姓名：  |                   | <input type="checkbox"/> Physician 醫生 <input type="checkbox"/> Nurse 護士  |
|   |   |                   | <input type="checkbox"/> Others其他→ specify註明:<br>*If untrained, state "TRAVEL COMPANION"<br>如非受訓過人士，請備註RAVEL COMPANION |
| <b>D</b>  | Wheelchair needed? 是否需要輪椅？  |                   |  |
|   | <input type="checkbox"/> NO 否 <input type="checkbox"/> YES 是→Please specify (state rate of flow) 請回答下列項目：             |                   |  |
|   | <input type="checkbox"/> (WCHR) Can ascend or descend stairs by myself but cannot walk long distance<br>可上下樓梯，無法長距離行走 |                   |  |
|   | <input type="checkbox"/> (WCHS) Can walk alone but cannot ascend or descend stairs by myself<br>可自己行走但無法上下樓梯          |                   |  |
|   | <input type="checkbox"/> (WCHC) Cannot walk by myself 完全無法行走  |                   |  |
| WCHC, please specify whether Wheelchair needed in cabin? WCHC乘客，是否需使用客艙輪椅？          |   |                   |  |
| <input type="checkbox"/> NO 否 <input type="checkbox"/> YES 是                        |   |                   |  |
| <b>E</b>  | Personal wheelchair? 有無攜帶輪椅？  |                   |  |
|   | <input type="checkbox"/> No wheelchair 無  |                   |  |
|   | <input type="checkbox"/> Personal wheelchair 有→ Please specify (state rate of flow) 請回答下列項目：                          |                   |  |
|   | <input type="checkbox"/> Manual 非電動   |                   |  |
|   | <input type="checkbox"/> Electric/Battery-powered 電動→Size / Type of Battery電池數量及種類：                                   |                   |  |
| <input type="checkbox"/> Spillable Battery (Wet-cell "non-sealed") 非密封式濕電池          |   |                   |  |
| <input type="checkbox"/> Non-Spillable Battery (Wet-cell "sealed") 密封式濕電池           |   |                   |  |
| <input type="checkbox"/> Dry Battery (e.g. Ni-Cd, Ni-MH) 乾電池(例：鎳鎘、鎳氫)               |   |                   |  |
| <input type="checkbox"/> Li-ion/Lithium-ion 鋰離子電池→ no. of the Battery 電池數量: ; and以及 |   |                   |  |
| Watt Hour 額定能量 (瓦时) = Amps (Ah安培) x Voltage (V伏特)                                   |   |                   |  |
| <b>F</b>  | Does passenger need any medical equipment in flight? 病患在機上是否需使用醫療儀器？  |                   |  |
|   | <input type="checkbox"/> NO 否 <input type="checkbox"/> YES 是→ Please specify (state rate of flow) 請回答下列項目：            |                   |  |
|   | The Name of Medical Equipment 醫療儀器名稱：   |                   |  |
|   | Manufacturer or Distributor / Product name / type or model number 製造商或分銷商/ 產品名稱/ 類型或型號：                               |                   |  |
| Size / Type of Battery電池數量及種類：  |   |                   |  |
| <input type="checkbox"/> Spillable Battery (Wet-cell "non-sealed") 非密封式濕電池          |   |                   |  |

