Long flight time and pressure change caused by changing flight altitude, may sometimes adversely affect passenger's medical condition. For these reason, air travel may not be suitable for all passengers.

Handling of Personal Information

Upon receipt of the MEDIF, ANA Disability Desk (ADD) may contact customers if necessary. Personal information is handled in accordance with the Solaseed Air Privacy Policy.

Cases when Medical Information Form (MEDIF) is requested

Person traveling with any of the following conditions are requested to notify our reservation staff and will be asked to prepare MEDIF when making a flight reservation.

- ① Person requiring medical oxygen or medical equipment or medical treatments on board
- 2 Person with serious diseases or injuries
- ③ Person who correspond to any of the categories listed on the next page.(GUIDANCE FOR THE PHYSICIAN)
- ① Other than above. Person traveling by air may have adverse affects to one's medical conditions due to recent treatment or surgery.
 - *All passengers can't require a stretcher service or an incubator on the Solaseed Air operating flights.

Submitting MEDIF

For doctors and passengers

MEDIF must be prepared and issued within 14 days, including the day of departure. (Example: If the departure date is December 15, the MEDIF must be issued no earlier than December 2.) For round-trip flight, the date of return flight may exceed 14 days if it states "Fit to travel" in the appropriate box of MEDIF. 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.

Filling out MEDIF For doctors

Please consider the travel and itinerary and their potential effects on the patient's state of health when writing the prognosis for whether the passenger is fit to fly. Please add any other matters of note should be considered in the 'Specify more details, if necessary' field of the MEDIF.

For passengers whose condition or symptoms are stable, a period of validity can be included in their MEDIF. We ask doctors to fill out the period of validity field in the MEDIF issued once a diagnosis has been made, following consultation with the passenger (patient). The valid MEDIF must be carried on the passenger's person.

Fee or surcharge

For doctors and passengers

Fee if any, relevant to the provision of "Special Assistance Request" or MEDIF and for carrier-provided special equipment are to be paid by the passenger concerned.

For following cases, the passenger must purchase extra seats.

*an oversized medical equipment that cannot be stored under the seat in front

For flight safety reasons, some medical equipment may not be allowed in cabin or as checked baggage. Please contact ANA Disability Desk (ADD) for specific regulation.

The cabin environment and effect on one's body

Aircraft cabin pressure is regulated by pressurization device at between 0.7-0.8 bars (10.2psia to 12psia), which equals to that at an altitude of 2000-2500 meters. However, significant changes in cabin pressure can occur 15-30 minutes after takeoff and before landing.

As air pressure becomes lower in the cabin, normal internal gases present in the human body expand. These expanded gases not discharged from the body may put pressure on wounds or internal organs possibly cause pain or breathing difficulties.

The cabin pressure drops oxygen density to 70-80% of that at sea level.

Respiratory organs, the heart, blood vessels in the brain and serious anemia can all be adversely affected by low oxygen concentrations. Moreover, this may also affect women in late stages of pregnancy and newborn babies.



By Act on the Prevention of Infectious Diseased and Medical Care for Patients with Infectious Diseases, passengers with Class 1, 2 or 3 infectious diseases, new types of influenza and other infectious diseases, or new infectious diseases, other serious acute infectious diseases that could be transmitted to other passengers by boarding the aircraft are not allowed to board in principle.

Person's condition which is not fit to travel

■ A person who is prohibited from attending school by Japanese law("Act on School H ealth and Safety")

A person who is prohibited from attending school by Japanese law^(*1) 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.

(*1)

The name of a disease	Period during which Attendance is Prohibited Until 5 days have passed after onset, and 1 day has passed after the fever has went down.					
COVID-19						
Influenza	Until 5 days have passed after onset, and 2 days have passed after the fever has went down.					
Whooping cough	Until the characteristic cough has suppressed, or until treatment with antibiotics has ended.					
Measles	Until 3 days have passed after his/her fever has went down.					
Mumps	Until 5days have passed after onset of the swelling on submandibular, sublingual and parotid gland, and major symptoms general condition recovered.					
Rubella	Until eruption has disappeared.					
Chickenpox	Until all eruptions have changed to scab.					
Pharyngoconjunctival	Until 2 days have passed after the main symptom has disappeared.					
Tuberculosis, Epidemic keratoconjunctivitis, Acute hemorrhagic conjunctivitis	Until a physician evaluates that the disease becomes non-contageous.					

■ Person with other symptoms or conditions

Persons with the following conditions are generally considered unfit for air travel. However, if a physician certifies that the patient is stable, and that physician will be accompanying him/her on the entire journey, the airline may accept that individual for travel. Please contact Solaseed Air for further information.

- 1. 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.
- 2. Those who have unstable angina pectoris, acute myocardial infarction, who have had an episode within the past 2 weeks are not acceptable for travel.
- 3. Those who have severe respiratory illness, server respiratory failure, severe chronic obstructive pulmonary disease, or pneumothorax whose lungs are not fully inflated.
- 4. Those who have repeated hemoptysis
- 5. Those with apoplexy who have had an episode within the past 4 weeks are not acceptable for travel.
- 6. Those lesions resulted in increased intracranial pressure, fracture of the skull, or those who underwent permanent wiring in the jaws for mandibular fracture
- 7. Those who have severe anemia
- 8. Those with lesions which may cause hematemesis, or melena, intestinal obstruction patients
- 9. Those who have severe otitis media
- 10. Those who have not completely recovered from surgery of head, chest or abdomen or women immediately after childbirth
- 11. Alcoholism or drug addiction
- 12. Those who have residual air or other gas in his/her body after operation. (for example eye operation)
- 13. Pregnant woman whose confinement may be expected in less than 28 days. However an escort by a physician will be required if traveling by aircraft within 7 days of the expected confinement.
- 14. Newborn baby within the first 7 days of birth.



end

SPECIAL ASSISTANCE REQUEST

To be completed by the passenger or travel agent

Please answer ALL questions. Enter a cross (X) in the appropriate "yes" or "no" boxes. Solaseed Air may contact the customer for clarification if necessary.

PA	TIENTS				
	Name				Age
C	ontact Info	TEL:		TEL:	
	Itinerary /	Date:	Flight No.:	Travel Segment (DEP-ARR):(-)
Flight Info		Date:	Flight No.:	Travel Segment (DEP-ARR):(_)
Escort name				☐ Physician ☐ Nurse☐ Others (If you need someone approved by please be sure to write the name of th	a doctor to accompany you, of the person approved by the doctor
Escort name				Physician Nurse Others (If you need someone approved by please be sure to write the name of) a doctor to accompany you, of the person approved by the doctor.
(pening packag	es. However, our ca	abin crew members are not	heelchair and stowing or retrieving carry-on items, ide permitted to provide medical services, assist with feed ce, it is recommended to travel with an escort.	
1	Wheelchair r	needed?	□ No □ Yes→	☐ Can not walk by myself ☐ Can walk alone but can not ascend or ☐ Can ascend or descend stairs by myself the	
2	Please tell us personal who	•	No wheelchair Personal wheelc Manual Electric/Battery	chair near the boarding gate and we near the aircraft exit. Spillable Battery (Wet-cell y-powered→ Non-Spillable Bttery (Wet-cell Lithium-ion battery	want,you can use your wheel will return your wheelchair "non-sealed") cell "sealed") Spare battery(Wh)
				Please inform our staff about the size of the Depth cm Widt Height cm Weight *We may not be able to accept some wheelchadue to the size and weight.	th cm kg
3	Is Oxygen Coin flght?	ylinder needed	_	Personal medical oxygen cylinders Oxygen Cylinder Rentals (Pay) * The passenger or escort should have knowledge in Must be requested by reservation in advance.	the use of oxygen cylinders.
4	►Depart	ure airport airport	d? (Ambulance must be Company name Company name .g.,Hospital Name)	arranged by the passenger) Contact Info Contact Info	
5	Special instr	uctions / Precaut	ions		

MEDICAL INFORMATION FORM

Please fill out all of the 1–9 checkboxes/fields below. Please provide full details of any symptoms, etc., prior to boarding the aircraft. Solaseed Air may contact the customer for clarification if necessary.

P/	PATIENTS										
	LANGE INSTITUTE (O)									AGE	
Г	NAME,INITIAL(S)										
	MEDICAL DATA										
DIAGNOSIS in details (including vital signs)				dical person	nel are able und	derst	and.				
Е	ate of first symptoms/					Fo	or expecting mother				
Diagnosis Date: / (Date of Operation)			1			(Estimated delivery date)			<i>I I</i>		
Diagnostic content											
1	PROGNOSIS for the flight(s)			Fit to Tr	avel		Start of itinerary	<i>r</i> :	1	1	
	* Please consider the iti effect on the patient's								,		
	enector the patients	state of Fleatur	Ш	*For round-trip itineraries, please also enter the departure date of the last flight in y						of the last flight in your itinerary.	
2	Contagious AND c Disease ?	us AND communicable ?			→lf Ye	es, may the disease be infectious to other persons? Yes No					
3	Can sit upright with	seat belt		Yes							
	fastened? (during take-off and	anding)		No							
	(during take-on and	anding)									
4	Is the patient fit to	travel	П	Yes							
	unaccompanied?		H		st be accom	nan	ied by Physician or N	Jurse			
]				.o. 2, a po.o	арр. стоа	~,,	0.0.0.	
5	Oxygen needed in fl	ight?		Yes	If yes	, ple	ease enter the amount	of oxygen.			
					No Liters per minute I/minute						
6	Do you need oxyger	n continuously?		Yes							
				No							
7	Does patient need equipment in flight?	any medical		Yes →If yes, specify							
	(e.g., ventilator, oxy	gen	No ■ The Name of Medical Equipment								
	concentrator, etc.)				■ Manufacturer or Distributor /						
*If you bring oversized medical equipment that cannot be stored under the seat in front, you			Product nar			name / type or model number					
	may need to purchase another seat.			■ Size / Type of Battery							
8				Yes	→If ye	es, s	pecify				
	flight?			□ No							
9		ou need to make us a		•	91-						
	-	d service, please prov requests that are de				lso t	ne included)				
							this MEDIF is valid unt	l /			
	Prognosis as above. I will provide necessary information required by the airline's medical department for the purpose of determining his/her fitness to travel by air with consent of the patient.										
PHYSICIAN											
Print Name								Г	Date		
Signature											
Hospital Name											
Phone No.					Address						
* •			OT A	ID and an	NOT DEDM	-	TD to administer on tipi	aatian art:			

Our cabin crew members are trained only in FIRST AID and are NOT PERMITTED to administer any injection, or to give medication, or to operate Medical Oxygen cylinders. Additionally, they are not authorized to provide personal care services to particular passengers, to the detriment of their service to other passengers and cabin safety.