Dear Passenger,

We are very pleased that you have chosen Lufthansa City for your journey. Please complete the following pages together with your attending physician, either electronically or clearly in block letters. **Kindly note the attached data protection information (starting from page 5) and the mandatory consent required from you (page 7), so that we can process your request.**

Where possible, you may send us the documents via encrypted communication. Alternatively, you can send the documents to us by fax (+49 69 696 83677), by mail, or by e-mail (medicaloperation@dlh.de). Please be aware that communication via e-mail is not encrypted.

The personal and medical information requested in the following forms will be treated with strict confidentiality. However, we require it in order to assess whether and under which conditions, based on aeromedical findings, we can approve the transportation you have requested by aircraft. This information is also needed so that we can provide instructions for your care that take into account both the diagnosis and the particular circumstances of your desired flight.

Please note that flight attendants are not permitted to provide special assistance (e.g., medical care services, lifting passengers, etc.) or assistance with meals beyond opening packaging or cutting food into bite-sized pieces, as this could compromise the care or safety of other passengers. Furthermore, flight attendants are only trained in first aid and are therefore not authorized to administer injections or medication.

If you are traveling with your own electric wheelchair, please have information ready regarding battery capacity, battery removal, and complete deactivation of the wheelchair.

Any fees arising from your information or restrictions and incurred for special transport services or devices (e.g., oxygen on-demand system, Wenoll system) will be entirely at your expense. If medical escort personnel are required for your journey, they must not be related to you.

The terms and conditions of contract and carriage of Deutsche Lufthansa AG apply, especially the liability provisions specified therein.

We wish you a pleasant journey!

Your

Medical Operation Center

LUFTHANSA GROUP
Medizinischer Dienst

Information Sheet for Passengers Requiring Special Assistance

In accordance with the IATA Medical Manual, 11. Edition, Appendix „E“, Version June 2018

1.	**Name, first name:**			Title	Age	Gender
	Telephone:			Height	Weight	
	E-mail:					
2.	**Booking reference (PNR):**					
3.	**Routing from**	**To**	**Flight number**	**Class**		**Date**
4.	**Type of disability or required assistance:**					
5.	**Is the patient able to sit in a normal aircraft seat with seatback placed in the upright position?**			☐ yes		☐ no
6.	**Stretcher transport required?**			☐ yes		☐ no
	☐ Stretcher	Must travel on a stretcher. This requires medical assistance, either nurse/paramedic or a physician.				
	Please provide contact data of designated ambulance service for stretcher and PTC transports (see item 9)!					
7.	**Is the patient fit to travel unaccompanied and can he/she take care of all their needs onboard?**			☐ yes		☐ no
	Is an escort necessary for this journey?			☐ yes		☐ no
	Escort (name):			PNR		
	Medical qualification		☐ Physician	☐ Nurse/paramedic		☐ none
8.	**Wheelchair or assistance for boarding required?**			☐ yes		☐ no
	☐ WCHR	Ambulant but handicapped in walking: Needs assistance in terminal to/from gate, needs wheelchair or similar when passengers are boarding/disembarking by walking over ramp. Does not need assistance in a ramp bus, on passenger steps and in the aircraft cabin to/from seat, toilets and with meals.				
	☐ WCHS	Ambulant but more severely handicapped in walking: Cannot use a ramp bus and needs assistance in boarding/disembarking (e.g. on passenger steps). Does not need assistance in the aircraft cabin to/from seat, toilets and with meals.				
	☐ WCHC	Non-ambulant: Needs assistance in the aircraft to/from seat, toilets and possibly with meals.				
	☐ WCH OWN (own wheelchair)	☐ WCH BW (wet cell battery)	☐ WCH BD (dry cell battery)	☐ WCH LB (Li-battery)		☐ WCMP (manual)
	Battery capacity (Wh):		Weight:			☐ collapsible
	Dimensions/size (cm):					
9.	**Transport from/to airport by ambulance required?** (to be arranged by passenger/assistance/insurance)			☐ yes		☐ no
	Departure	Company:				
		Contact (telephone/e-mail):				
	Arrival	Company:				
		Contact (telephone/e-mail):				
10.	**Assistance at the airport required?**			☐ yes		☐ no
	Please specify:					
11.	**Other ground arrangements needed?**			☐ yes		☐ no
	Please specify:					
12.	**Special in-flight arrangements needed?**			☐ yes		☐ no
	Please specify (e.g. extra seat, medical equipment, etc.):					
	Technical clearance by airline granted?			☐ yes		☐ no
13.	**Frequent Medical Traveller Card (FREMEC) available?**			☐ yes		☐ no
	Valid until:		Issued by:			
	FREMEC issuance requested?			☐ yes		☐ no

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Information sheet for passengers requiring medical clearance (to be completed by the attending physician) – MEDIF, Part 1

In accordance with the IATA Medical Manual, 11. Edition, Appendix „E“, Version June 2018

1.	**Name, first name:**			
	Date of birth:	Gender:	Height:	Weight:
2.	**Attending physician (name):** Telephone: E-mail:			
3.	**Diagnosis:**		Date:	
4.	**Short history, onset of current illness, symptoms, treatment, etc.:**			
5.	**Medication list:**			
6.	**Will a 25% to 30% reduction in the ambient partial pressure of oxygen (relative hypoxia) affect the passenger's medical condition?** Cabin pressure to be the equivalent of a fast trip to a mountain elevation of 2.400 meters (8.000 feet) above sea level.			
	☐ yes	☐ no		☐ not sure
7.	**Has the patient ever taken a commercial aircraft in his/her current status?** If yes, date:		☐ yes	☐ no
	Did the patient have any problems? If yes, please specify:		☐ yes	☐ no
	Did the patient travel		☐ alone	☐ escorted
8.	**Has his/her condition deteriorated recently?**		☐ yes	☐ no
9.	**Can the patient walk without assistance?**		☐ yes	☐ no
10.	**Can the patient walk 50m or climb 10-12 stairs without symptoms?**		☐ yes	☐ no
11.	**Infection status / infectious disease**			
	a. Is it necessary to isolate the patient in medical facilities?		☐ yes	☐ no
	b. Is the accompanying medical personnel required to wear personal protective equipment (gloves, gown, mask, etc.)?		☐ yes	☐ no
	c. Is a colonization with multi-resistant germs or an acute contagious disease known? If yes, germ:		☐ yes	☐ no
12.	**Is a current blood gas analysis available? Saturation known?** If yes, date:		☐ yes	☐ no
	Room air	Saturation: %	pO2: (mmHg/kPa)	pCO2: (mmHg/kPa)
	O2 l/min	Saturation: %	pO2: (mmHg/kPa)	pCO2: (mmHg/kPa)
13.	**Additional medical information:**			
	a. Anemia If yes, Hb: g/dl, date:		☐ yes	☐ no
	b. Psychiatric disorder		☐ yes (see part 2)	☐ no
	c. Cardiac disorder		☐ yes (see part 2)	☐ no
	d. Pulmonary disorder		☐ yes (see part 2)	☐ no
	e. Does the patient use oxygen at home? If yes, l/min		☐ yes	☐ no
	f. Oxygen needed in flight? If yes, l/min		☐ yes	☐ no
	☐ O2 on-demand system (Wenoll-System) requested	☐ POC available/own POC Modell:		
	☐ O2-bottle available (max. 5kg, 200bar, not allowed on flights to/from USA, Canada and Mexico) Volume/pressure:			
	g. Seizure disorder		☐ yes (see part 2)	☐ no
	h. Bladder control abnormal? If yes, mode of control:		☐ yes	☐ no
	i. Bowel control abnormal? If yes, mode of control:		☐ yes	☐ no

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Information sheet for passengers requiring medical clearance (to be completed by the attending physician) – MEDIF, Part 1

In accordance with the IATA Medical Manual, 11. Edition, Appendix „E“, Version June 2018

14.	**Cardiac disorder**	☐ yes	☐ no
	Exercise ECG available? If yes, Watt/MET: , date:	☐ yes	☐ no
	Echocardiography available? If yes, EF: %, date:	☐ yes	☐ no
	Functional class/symptoms (angina, dyspnea)?	☐ yes	☐ no (NYHA 1)
	☐ with strenuous efforts (NYHA 2)	☐ with light efforts (NYHA 3)	☐ at rest (NYHA 4)
	a. Angina If yes, date:	☐ yes	☐ no
	Is the condition stable?	☐ yes	☐ no
	b. Myocardial infarction If yes, date:	☐ yes	☐ no
	Complications? If yes, please specify:	☐ yes	☐ no
	PTCA/PCI or CABG performed? If yes, date:	☐ yes	☐ no
	c. Cardiac failure If yes, date of last episode:	☐ yes	☐ no
	Is the patient controlled with medication?	☐ yes	☐ no
	d. Syncope If yes, date:	☐ yes	☐ no
	Complete work up performed?	☐ yes	☐ no
15.	**Pulmonary disorder**	☐ yes	☐ no
	a. Dyspnea	☐ yes	☐ no
	☐ with strenuous efforts	☐ with light efforts	☐ at rest
	b. Does the patient retain CO2?	☐ yes	☐ no
16.	**Psychiatric disorder**	☐ yes	☐ no
	a. Is there a possibility that the patient will become agitated during flight?	☐ yes	☐ no
17.	**Seizure disorder**	☐ yes	☐ no
	a. Type of seizures		
	b. Frequency of seizures		
	c. Date of last seizure		
	d. Are the seizures controlled by medication? If yes, medication:	☐ yes	☐ no
18.	**Any other relevant comment:**		
19.	**Prognosis for the trip:**	☐ good	☐ poor
20.	**Attending physician´s signature and seal:**	date:	

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Data Protection Information

The Controller for Data Processing
Lufthansa Group Business Services GmbH (LGBS GmbH)
– Medical Operation Center (FRA GM/C) –
Lufthansa Base, Gate 21 / Building 309, 4th Floor
60546 Frankfurt am Main

requires the personal and medical data you provide in this form (or attached documents) to grant medical clearance for air travel or to provide the requested support services.

Legal Basis for Data Processing
Processing is carried out on the basis of your consent according to Art. 9 para. 2 (a) GDPR.
Please note that we cannot process your request without your consent.

Purpose of Data Processing
The Medical Operation Center processes the data you provide (such as personal data, medical information, and booking details) in order to assess your fitness to fly. In the course of processing, it may be necessary to share the data you have provided with third parties, such as other airlines within the Lufthansa Group that are included in your itinerary, medical and non-medical Lufthansa staff, airport employees, as well as governmental and border authorities at the national and international level. If you request mobility services, it may also be necessary to pass on your personal data to a corresponding service provider.

Transfer to Third Countries
In the course of transportation outside the scope of the GDPR, your personal data and the mode of transportation will also be transmitted to the airports along your travel route.

Data Retention Periods
The retention period for the data is 10 years. Afterwards, the data will be automatically deleted.

Data Subject Rights
You can exercise your rights in writing to the controller for data processing, or via medicaloperation@dlh.de.

Your rights in detail are:

- **Right of Access, Art. 15 GDPR**
  - You may request information under Art. 15 GDPR about your personal data that we process.
- **Right to Rectification, Art. 16 GDPR**
  - If your information is not (or is no longer) accurate, you may request rectification under Art. 16 GDPR. If your data is incomplete, you may request completion.
- **Right to Erasure ("Right to be Forgotten"), Art. 17 GDPR**
  - You may request deletion of your personal data according to Art. 17 GDPR.
- **Right to Restriction of Processing, Art. 18 GDPR**

- You have the right under Art. 18 GDPR to request a restriction of the processing of your personal data.

- **Right to Data Portability, Art. 20 GDPR**
  - If the requirements of Art. 20 para. 1 GDPR are met, you have the right to have data that we process automatically based on your consent or in fulfillment of a contract handed over to you or to third parties. The collection of data for the provision of the website and the storage of log files are strictly necessary for the operation of the website. They are therefore not based on consent pursuant to Art. 6 para. 1 (a) GDPR or on a contract pursuant to Art. 6 para. 1 (b) GDPR, but are justified under Art. 6 para. 1 (f) GDPR. The requirements of Art. 20 para. 1 GDPR are therefore not met in this respect.

If you have given your consent to the processing of your data, you have the right to withdraw your consent for future processing. Withdrawal of consent means that your data will no longer be processed for the above-mentioned purposes from that point onwards. The withdrawal of your consent does not affect the legality of processing carried out on the basis of the consent until the withdrawal.

Right to Object, Art. 21 para. 1 GDPR
You have the right, on grounds relating to your particular situation, to object at any time to the processing of your personal data which is based on Article 6 para. 1 (f) GDPR. The controller will then no longer process the personal data unless they can demonstrate compelling legitimate grounds for the processing which override the interests, rights and freedoms of the data subject, or the processing is for the establishment, exercise or defense of legal claims.

If you have questions about data protection, please contact our Data Protection Officer:
Corporate Data Protection Officer of the Lufthansa Group
Deutsche Lufthansa AG
E-Mail: datenschutz@dlh.de

You also have the right to lodge a complaint with a supervisory authority.

The competent supervisory authority is:

The Hessian Commissioner for Data Protection and Freedom of Information
Gustav-Stresemann-Ring 1
65189 Wiesbaden
E-Mail: poststelle@datenschutz.hessen.de

LUFTHANSA GROUP
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Consent to Data Processing

I consent to the processing, use, and disclosure of my personal and medical data for the purpose of reviewing and assessing my fitness to travel by air.

Furthermore, I agree that the necessary data (personal data and mode of transportation) may be transmitted to airports, including those in third countries, for the purpose of carrying out my transportation.

I may revoke my consent at any time with effect for the future. In the event of revocation, the Medical Operation Center will no longer process my personal data.

Revocation can be made informally by post to the controller for data processing:

Lufthansa Group Business Services GmbH (LGBS GmbH)
- Medical Operation Center (FRA GM/C) –
Lufthansa Base, Gate 21 / Building 309, 4th Floor
60546 Frankfurt am Main
or by e-mail to the Medical Operation Center (e-mail: medicaloperation@dlh.de).
Revocation of consent does not affect the lawfulness of processing carried out on the basis of the consent before its withdrawal.

☐ I consent to the data processing as described above.

_____
Date, Signature