

INCAD		INCAPACITATED PASSENGERS HANDLING ADVICE (INCAD)			
		Handling Information & Medical Information Sheet			
A	NAME / INITIALS / TITLE/ SEX / AGE				
B	PROPOSED ITINERARY (airline(s), flight number(s) , date(s), segment(s) reservation status or continuous air journey)	Date	Flight No.	From	To
	Transfer from one flight to another often requires LONGER connecting time.				
C	ATTENDING PHYSICIAN Name & Address				
	Telephone Contact:	Business:		Home:	
D	NATURE OF INCAPACITATION:				
E	MEDICAL DATA: DIAGNOSIS in detail (include vital signs. Detail any contagious AND communicable diseases)				
	Day / Month / Year of first symptoms:				Date of Diagnosis:
F	PROGNOSIS for the trip:				
G	Does the passenger require supplementary oxygen during the flight (not generally required unless dyspnoeic after walking 50M) Please state the rate of flow 2 or 4 L/Min and or continuous flow. 2ltrs 4ltrs Continuous flow YES NO <input type="checkbox"/> <input type="checkbox"/> NO				
H	INTENDED ESCORT (Name, professional qualification). If untrained, state: "TRAVEL COMPANION"				For blind and/or deaf state if escorted by trained dog.
I	Does passenger require to be lifted onto the aircraft ? Yes <input type="checkbox"/> No <input type="checkbox"/>	Own Wheelchair?	Collapsible?	Power driven?	Battery type Spillable?
		No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Aer Lingus does not accept wheelchairs with spillable batteries					
J	Will the passenger be dropped off or collected in an ambulance at their departure/arrival point(s)? NO <input type="checkbox"/> YES <input type="checkbox"/>				
Specify ambulance contact and destination address:					
K	MEDICAL EQUIPMENT Will you be	If yes, describe equipment providing measurements (if the equipment is large).			
	carrying any medical equipment ? Yes <input type="checkbox"/> No <input type="checkbox"/>				

Please NOTE*
 Passengers must be able to use normal aircraft seat with seatback placed in the UPRIGHT position when so required
 All passengers must be able to take care of their own needs onboard UNASSISTED* (including meals, visit to toilet etc.)
 Cabin attendants are NOT authorised to give special assistance to particular passengers, to the detriment of their service to other passengers. Additionally, they are trained only in first aid and are NOT PERMITTED to administer any injection, or give medication.

PASSENGER'S DECLARATION
 "I HEREBY AUTHORISE.....(Name of nominated physician)

to provide the airlines with the information required by those airlines' medical departments for the purpose of determining my fitness for carriage by air and in consideration thereof I hereby relieve that physician of his/her professional duty of confidentiality in respect of such information, and agree to meet such physician's fees in connection therewith.

I take note that, if accepted for carriage, my journey will be subject to the general conditions of carriage/tariffs of the carrier concerned and that the carrier 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 the carrier, its employees, servants and agents from any liability for such consequences.

I agree to reimburse the carrier upon demand for any special expenditures or costs in connection with my carriage."

(Where needed to be read by/to the passenger, dated and signed by him/her, or on his/her behalf).

Place:	Date:	Passenger's signature:
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Attending Physicians Signature