

# Incapacitated Passengers Handling Advice

## Part 1 (INCAD) / to be completed by Sales Office Agent

Answer all questions. Mark the respective boxes with a cross. Use BLOCK LETTERS or typewriter when completing this form.

<b>A</b>	Name _____	Initials _____	Title _____				
	Address _____	Phone _____					
<b>B</b>	Proposed itinerary routing (Transfer from one flight to another often requires longer connecting time) Flight number(s), class, date(s), reservation status _____						
<b>C</b>	Nature of incapacity _____		Medical clearance required? <input type="checkbox"/> No <input type="checkbox"/> Yes				
<b>D</b>	Is stretcher needed on board? <input type="checkbox"/> No <input type="checkbox"/> Yes	All stretcher cases must be escorted. Request rate if unknown.					
<b>E</b>	Intended escort (for blind and/or deaf, state if escorted by trained dog)						
	Name _____	Sex _____	Age _____				
	Professional qualification (if untrained state «TRAVEL COMPANION») _____	Routing (if different from passenger) _____					
<b>F</b>	<b>Wheelchair needed?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes →	<b>Wheelchair categories</b> <input type="checkbox"/> WCHR - Pax able to ascend/descend A/c steps <input type="checkbox"/> WCHS - Pax unable to ascend/descend A/c steps <input type="checkbox"/> WCHC - Pax completely immobile	<b>Own wheel-chair?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes →	<b>Collapsible?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes →	<b>Power driven?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes →	<b>Spillable battery?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes →	For wheelchairs with spillable batteries, special restrictions imposed by airlines or countries apply.
<b>G</b>	<b>Ambulance needed?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes →	To be arranged by airline (Request rate(s) if unknown) <input type="checkbox"/> No Specify ambulance company contact _____					
		<input type="checkbox"/> Yes Specify destination address _____					
<b>H</b>	<b>Other ground arrangements needed?</b> (Specify for each item: a) the <u>arranging airline</u> or other organisation, b) at whose <u>expenses</u> and c) <u>contact address/phone</u> where appropriate, of specific persons/organisations designated to meet/assist the passenger.)						
1	Arrangements for delivery at Airport of <u>departure</u>						
2	Arrangements for assistance of <u>connecting points</u>						
3	Arrangements for meeting at Airport of <u>arrival</u>						
4	Other requirements of relevant information _____						
<b>K</b>	<b>Special inflight arrangements needed?</b> (such as: special meals, special seating, leg-rest, extra seat(s), special equipment, etc. – see <sup>3)</sup> Note at the end of Part 2, if applicable) <input type="checkbox"/> No <input type="checkbox"/> Yes →		Provision of special equipment such as oxygen etc. always requires completion of Part 2.				
	Specify for each items: a) <u>segments</u> on which required, b) <u>airline-arranged</u> or arranging third party and c) at whose <u>expense</u> . _____						

### Passenger's Declaration

(to be completed for interline travel or on request of Austrian Group Airline)

«I hereby authorize»,

Name of designated 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 there with.

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 \_\_\_\_\_