

PART 1 Incapacitated Passengers Handling Advice

GTP-002

Answer All questions. Put a cross(x) in YES or NO boxes. Use BLOCK LETTERS or TYPEWRITER when completing this form.



| | | | | | |
|---|--|--|-----------|-----------|--|
| A Name/Initials/Title | | | | | |
| B Proposed itinerary (Airline, flight number, class, date, segment, reservation status of continuous air journey) *Transfer from one flight to another often requires LONGER connecting time | | | | | |
| C Nature of incapacitation | | | | | |
| D Is stretcher needed on board? | | <input type="checkbox"/> NO <input type="checkbox"/> YES (All stretcher cases must be escorted) | | | |
| E Intended escort (name, sex, age, professional qualification segment, if different from passenger) *If untrained, state 'travel companion' / For blind and/or deaf State if escorted by trained dog | | | | | |
| F Wheelchair needed? | | <input type="checkbox"/> NO <input type="checkbox"/> YES (If 'YES', go to F1) | | | |
| F1 Own wheelchair? | | <input type="checkbox"/> NO <input type="checkbox"/> YES (If 'YES', go to F2) | | | |
| F2 (If 'YES') Collapsible? | | <input type="checkbox"/> NO (If 'NO', go to F3) <input type="checkbox"/> YES (If 'YES', go to F3) | | | |
| F3 Power driven? | | <input type="checkbox"/> NO <input type="checkbox"/> YES (If 'YES', go to F4) | | | |
| F4 Battery type (spillable)? | | <input type="checkbox"/> NO <input type="checkbox"/> YES (Wheelchairs with spillable batteries are 'restricted articles' and are permitted on passenger aircraft only under certain conditions, which can be obtained from the airline(s) in addition, certain countries may impose specific restrictions) | | | |
| G Ambulance needed? | | <input type="checkbox"/> NO <input type="checkbox"/> YES (Ambulance should be prepared by passenger. And let us know about the detail information) | | | |
| H Other ground arrangements needed? | | <input type="checkbox"/> NO <input type="checkbox"/> YES (If 'YES', SPECIFY below and indicate for each item) | | | |
| H1 Arrangements for delivery at airport of DEPARTURE | | <input type="checkbox"/> NO <input type="checkbox"/> YES (specify) | | | |
| H2 Arrangements for assistance at CONNECTING POINTS | | <input type="checkbox"/> NO <input type="checkbox"/> YES (specify) | | | |
| H3 Arrangements for meeting at airport of ARRIVAL | | <input type="checkbox"/> NO <input type="checkbox"/> YES (specify) | | | |
| H4 Other requirements or relevant information | | <input type="checkbox"/> NO <input type="checkbox"/> YES (specify) | | | |
| K SPECIAL IN-FLIGHT ARRANGEMENTS NEEDED, such as: special meals, special seating, leg rest, extra seat, special equipment etc. (See 'Note(*)' at the end of PART2 overleaf) | | <input type="checkbox"/> NO <input type="checkbox"/> YES (If 'YES', DESCRIBE and indicate for each item, (a) SEGMENT on which required, (b) airline ARRANGED or arranging third party, and (c) at whose expense. Provision of SPECIAL EQUIPMENT such as oxygen etc. always requires completion of PART2 overleaf) | | | |
| L Does passenger hold 'Frequent traveller's medical card (FREMEC)' valid for this trip? | | <input type="checkbox"/> NO <input type="checkbox"/> YES | | | |
| | | FREMEC | FREMEC No | Issued by | |
| | | Incapacitation | | | |
| | | Limitation | | | |

I HEREBY AUTHORIZE _____ (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(s) concerned and that the carrier(s) do 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(s) 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 |
|-------|------|-----------------------|