

PART 1
To be completed by
SALES OFFICE/AGENT

INCAPACITATED PASSENGERS HANDLING ADVICE (INCAD) - HANDLING INFORMATION - PART 1
STANDARD MEDICAL INFORMATION FORM FOR AIR TRAVEL

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(s), flight number(s), class(es), date(s), segment(s), reservation status of continuous air journey)			Transfer from one flight to another often requires LONGER connecting time.
C	Nature of INCAPACITATION:	Medical clearance required?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
D	IS STRETCHER NEEDED ON BOARD? (all stretchers cases MUST be escorted)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Request rate if unknown
E	INTENDED ESCORT (Name, sex, age, professional qualification, segments if different from the passengerz) - If untrained, state "TRAVEL COMPANION"	For blind and/or deaf, state if escorted by trained dog		
F	WHEELCHAIR NEEDED? Categories are: WCHR, WCHS, WCHC	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Own Wheelchair <input type="checkbox"/>
	Wheelchair Category:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Collapsible <input type="checkbox"/>
				Power driven? <input type="checkbox"/>
				Battery type (spillable?) <input type="checkbox"/>
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 impose specific restrictions.				
G	AMBULANCE NEEDED?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	To be arranged by AIRLINE
				Specify ambulance company contact: <input type="text"/>
				Specify destination address: <input type="text"/>
H	Other Ground Arrangements Needed?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If Yes, specify below and indicate for each item (a) the ARRANGING airline or other organisation, (b) at whose EXPENSE, and (c) CONTACT addresses/phones where appropriate or whenever specific persons are designated to meet/assist the passenger.
1	Arrangements for delivery at airport of DEPARTURE	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Specify <input type="text"/>
2	Arrangement for assistance at CONNECTING POINTS	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Specify <input type="text"/>
3	Arrangements for meeting at airport of ARRIVAL	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Specify <input type="text"/>
4	Other requirements or relevant information	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Specify <input type="text"/>
K	SPECIAL IN-FLIGHT ARRANGEMENTS NEEDED, such as: special meals, special seating, leg rest, extra seat(s), special equipment, etc.	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If Yes, DESCRIBE and indicate for each item:(a) SEGMENT (s) 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 PART 2 overleaf.
(See "NOTE" at the end of PART 2 overleaf)				
L	DOES THIS PASSENGER HOLD A "FREQUENT TRAVELLERS MEDICAL CARD" VALID FOR THIS TRIP? (FREMEC)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, add below FREMEC data to your reservation requests. If no (or if additional data needed by carrying airline(s)), have physician in attendance complete PART 2 hereof.
	FREMEC	/	(Issued by)	(Valid until)
	(Fremec No.)		(Sex)	(Age)
	(Incapitation - cont.)		(Incapitation)	(Limitations)

PASSENGER'S DECLARATION

I HEREBY AUTHORISE
(NAME OF NOMINATED PHYSICIAN)

to provide the airlines with the information required by those airline's 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 physicians 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 read by/to the passenger, dated and signed by him/her behalf)

Place : _____ Date : _____ Passenger's Signature: _____