

PART 1
To be completed by SALES OFFICE/AGENT

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:
ADDRESS / PHONE NO.

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 NO
CLEARANCE YES
REQUIRED ?

D IS STRETCHER NEEDED ON BOARD No Yes
(all stretcher cases MUST be escorted)

Request rate if unknown

E INTENDED ESCORT
(Name, sex, age, professional qualification, segments if different from passenger) - If untraiendes, state "TRAVEL COMPANION"

For blind and/or deaf, state if escorted by trained dog

F WHEELCHAIR NEEDED?
No Yes
Categories are: WCHR WCHS WCHC
Wheelchair Category:

OWN wheelchair Collapsible Power driven? Battery Type (spillable?)

No Yes No Yes No Yes No 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 ?
No Yes

To be arranged by AIRLINE
No specify Ambul. Comp. Contact:
Yes specify destination address:

Request rate(s) if unknown

H OTHER GROUND ARRANGEMENTS NEEDED

No Yes

If yes, SPECIFY below and indicate for each item: a) the ARRANGING airline or other organisation, (b) at whose EXPENSE, and CONTACT addresses/phones where appropriate, or whenever specific persons are designaated to meet/assist the passenger.

1 Arrangements for delivery at airport of DEPARTURE No Yes specify

2 Arrangement for assistance at CONNECTING POINTS No Yes specify

3 Arrangements for meeting at airport of ARRIVAL No Yes specify

4 Other requirements or relevant information No Yes specify

K SPECIAL IN-FLIGHT ARRANGEMENTS NEEDED
Such as : special meals, special seating, leg-rest, extra seat(s), special equipment, etc. (see "note" **** at the end of Part 2 overleaf)

No Yes

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

L DOES PASSENGER HOLD A "FREQUENT TRAVELLERS MEDICAL CARD" VALID FOR THIS TRIP? ("FREMEC") No Yes

If yes, add below FREMEC data to your reservation request. If no (or if additional data needed by carrying airline(s), have physican in attendance complete PART 2 hereof.

FREMEC /

(FREMEC Number) (issued by) (valid until) (sex) (age) (Incapacitation)

(incapacit.-cont.) (Limitations) (continue Limitations)

PASSENGERS DECLARATION (to be completed for interline travel or at OLYMPIC's request)

I HEREBY AUTHORIZE (name of nominated physican)

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 physican or his/her professional duty of confidentiality in respect of such information, and agree to meet such physican'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 cosequences 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 including the ones eventually caused by the usage of transient stretcher during disembarkation phase.

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

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

Place: _____ Date: _____ Passenger's signature: _____