


PART 1 To be completed SALES OFFICE/AGENT	INCAPACITATED PASSENGER'S HANDLING ADVICE (INCAD) FORM Handling Information 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	<table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>				<table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>			
C	NATURE OF INCAPACITATION		MEDICAL <input type="checkbox"/> CLEARANCE No REQUIRED Yes						
D	IS STRETCHER NEEDED ON BOARD? (all stretcher cases MUST be escorted)		<input type="checkbox"/> No <input type="checkbox"/> Yes Request rate if unknown.						
E	INTENDED ESCORT (Name sex age Professional qualification segments if different from passenger) if untrained state TRAVEL COMPANION	<table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>				For blind and/or deaf, state if escorted by trained dog.			
<input type="checkbox"/>	Wheelchair NEEDED <input type="checkbox"/> No Own Collapsible Power Battery Type Wheelchair driven? (spillable?) No Yes No Yes No Yes No Yes Yes Categories are WCHR WCHS WCHC Wheelchair Category		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 specified restrictions.						
<input type="checkbox"/>	AMBULANCE NEEDED <input type="checkbox"/> No Yes	No specify ambulance company contact Yes specify destination address	<table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table> Request rate(s) if unknown						

H	OTHER GROUND ARRANGEMENTS NEEDED	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	es SPECIFY be organization (b) at appropriate or whenever specific persons are designated to meet assist the passenger.	<input type="checkbox"/> or other where
1	Arrangements for delivery at air port of DEPARTURE	No	Yes	Specify	
2	Arrangements for assistance at CONNECTING POINTS	No	Yes	Specify	specify
3	Arrangements for meeting at airport of ARRIVAL	No	Yes	Specify	
4	Other requirements or relevant information	No	Yes	Specify	
Special meals special seating leg rest extra seat(s) special equipment etc. (See "Note" at end of PART 2 overleaf.)		DESCRIBE and indicate for each item (s) SEGMENT (s) with 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			
PASSENGER'S MEDICAL CARD VALID FOR THIS TRIP (FREMEC)		NO	Yes	requests if no or it additional data needed by carrying airline (s) have physician in attendance complete PART 2 hereof	
FREMEC (FREMEC number)		(issued by)	(valid until)	(sex)	(age)
(Incapacit cont)		(Incapacitation)			
		(Limitations)			

PART		MEDICAL INFORMATION SHEET		(for official use only)	
To be completed By ATTENDING PHYSICIAN		<p>This form is intended to provide CONFIDENTIAL Information, to enable the all (Carrier's Designated Office) MEDICAL Departments to assess the fitness of the passenger to travel as indi PART 1 hereof. If the passenger is acceptable, this information will permit the issuance of the necessary directives designed to provide for the passenger's welfare and comfort. The PHYSICIAN ATTENDING the incapacitated passenger is requested to ANSWER ALL QUESTIONS. (Enter a cross "x" in the appropriate "Yes" or " No" boxes, and/or give precise concise answer)</p> <p>COMPLETING OF THE FORM IN BLOCK LETTERS OR BY TYPEWRITER WILL BE APPRECIATED.</p> <p>The form must be returned to</p>			
Airlines Ref. Code MEDA01	Patient's name initial (s) sex age				
MEDA02	ATTENDING PHYSICIAN name & address				
	Telephone contact	Business	Home		
MEDA03	MEDICAL DATA - DIAGNOSIS in details (including vital signs)				
	- Day/month/year of first symptoms:	Date of diagnosis			
MEDA04	- PROGNOSIS for the trip				
MEDA05	- Contagious AND communicable disease ? No <input type="radio"/> Yes <input type="radio"/> Specify				
MEDA06	- Would the physical and/or mental condition for the patient be likely to cause distress of discomfort to other passengers? No <input type="radio"/> Yes <input type="radio"/> Specify				
MEDA07	- Can patient use normal aircraft seat with seatback placed in the UPRIGHT position when so required ? Yes <input type="radio"/> No <input type="radio"/>				
MEDA08	- Can patient take care for his own needs on board UNASSISTED (including meals visit to toilet, etc.)		Yes <input type="radio"/> No <input type="radio"/>		<input type="text"/>
			If not type of help needed		
MEDA09	- If to be ESCORTED. Is the arrangement proposed in PART1/E hereof satisfactory for you.		Yes <input type="radio"/> No <input type="radio"/>		<input type="text"/>
			If not type of escort proposed by you		
MEDA10	- Does patient need OXYGEN equipment in flight? (If yes state rate of flow)		No <input type="radio"/> Yes <input type="radio"/>		Litres per minute Continuous? Yes <input type="radio"/> No <input type="radio"/>
MEDA11	(a) on the GROUND while at the airport(s)		<input type="text"/>		
	- Does patient need any MEDICATION other than self-administered and/or the use of special apparatus such as		No <input type="radio"/> Yes <input type="radio"/> Specify		
MEDA12	(b) on board of the AIRCRAFT				
	respirator incubator etc)		No <input type="radio"/> Yes <input type="radio"/> Specify		

MEDA13	(a) during long layover or night stop at CONNECTING POINTS	
	- Does patient need HOSPITALISATION? No <input type="radio"/> Yes <input type="radio"/> Action	
MEDA14	(b) upon arrival at DESTINATION	
	or if none were made indicate NO ACTION TAKEN) No <input type="radio"/> Yes <input type="radio"/> Action	
MEDA15	- Other remarks or information in the interest of your patient's smooth and comfortable transportation	None Specify if any
MEDA16	- Other arrangements made by the attending physician	
NOTE (*): Cabin attendants are NOT authorized 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 infection or to give medication.		IMPORTANT : FEES, IF ANY RELEVANT TO THE PROVISION OF THE ABOVE INFORMATION AND FOR CARRIER PROVIDED SPECIAL EQUIPMENT (***) ARE TO BE PAID BY THE PASSENGER CONCERNED.
Date	Place	Attending Physician's Signature

PASSENGER'S DECLARATION
 "I HEREBY AUTHORIZE
 (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 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 of 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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