



INCAD

INCAPACITATED PASSENGERS HANDLING ADVICE HANDLING INFORMATION - PART 1

PART 1

To be completed by SALES OFFICE/AGENT

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), segments(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? Yes <input type="checkbox"/> No <input type="checkbox"/>												
D	IS STRETCHER NEEDED ON BOARD? (all stretcher 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 passenger). If untrained, state "TRAVEL COMPANION".	For blind and/or deaf, state if escorted by trained dog.												
F	WHEELCHAIR NEEDED? No <input type="checkbox"/> Yes <input type="checkbox"/> Categories are: WCHR WCHS WCHC Wheelchair category: _____ <table border="1" style="display: inline-table; margin-left: 20px;"> <tr> <td>OWN wheelchair</td> <td>Collapsible</td> <td>Power driven?</td> <td>Battery type (spillable?)</td> </tr> <tr> <td>No <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>Yes <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> </tr> </table>	OWN wheelchair	Collapsible	Power driven?	Battery type (spillable?)	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Wheelchairs with spillable batteries are "dangerous goods" 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.
OWN wheelchair	Collapsible	Power driven?	Battery type (spillable?)											
No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>											
Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>											
G	AMBULANCE NEEDED? No <input type="checkbox"/> Yes <input type="checkbox"/> To be arranged by AIRLINE No <input type="checkbox"/> Specify ambulance company contact: _____ Yes <input type="checkbox"/> Specify destination address: _____	Request rate(s) if unknown.												
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/telephone numbers 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 _____													
2	Arrangements for assistance at CONNECTING POINTS No <input type="checkbox"/> Yes <input type="checkbox"/> Specify _____													
3	Arrangements for meeting at airport of ARRIVAL No <input type="checkbox"/> Yes <input type="checkbox"/> Specify _____													
4	Other requirements or relevant information No <input type="checkbox"/> Yes <input type="checkbox"/> Specify _____													
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"/> (See "Note**" at the end of PART 2 overleaf)	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 TRAVELLER'S MEDICAL CARD (FREMEC)" VALID FOR THIS TRIP? 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 / (FREMEC number) (Issued by) (Valid until) (Sex) (Age) (Incapacitation) (Limitations)													

PASSENGER'S DECLARATION
 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 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.)