



PART 1
To be completed by
THE MEDICAL DEPT.
and
SALES OFFICE/AGENT

**INCAPACITATED PASSENGERS HANDLING ADVICE (INCAD)
HANDLING INFORMATION - PART 1**

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 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="width:100%; border-collapse: collapse;"> <tr> <th>OWN wheelchair</th> <th>Collapsible</th> <th>Power driven?</th> <th>Battery Type (spillable)?</th> </tr> <tr> <td>No <input type="checkbox"/> Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/> Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/> Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/> Yes <input type="checkbox"/></td> </tr> </table>	OWN wheelchair	Collapsible	Power driven?	Battery Type (spillable)?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <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"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <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 Ambul. 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 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. (See -Note* at the end of PART 2 overleaf)	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.								
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 request. 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)								
	(Incapacitation continued)	(Limitations)									
REMARKS:											
Date:	Place:	Authorized by:									

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 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: _____

Distribution: (Staple to passenger ticket) Original - Captain 1st Copy - Station of departure 2nd Copy - Station of destination 3rd Copy - Sales Office	-Checklist- for station of departure <input type="checkbox"/> Installation of stretcher <input type="checkbox"/> Special food <input type="checkbox"/> Declaration of Indemnity <input type="checkbox"/> Accompanying person <input type="checkbox"/> Transfer to aircraft (wheelchair, ambulance, car) <input type="checkbox"/> Stations informed by message
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