

Answer all questions. Put a cross (x) in "yes" or "no" boxes. Use block letters when completing this form.

<b>A</b>	Name _____	Initials _____	Title _____
<b>B</b>	Proposed itinerary (airline(s), flight number(s) class(es), date(s), segment(s), reservation status of continuous status of continuous air journey)	_____	Transfer from one flight to another often requires longer connection time.
<b>C</b>	Nature of incapacitation	_____	
<b>D</b>	Is stretcher needed on board (all stretcher cases <b>must</b> be escorted)	<input type="checkbox"/> no <input type="checkbox"/> yes	Request rate if unknown
<b>E</b>	Intended escort (name, sex, age, professional qualification, segments if different from passenger). If untrained, state <b>travel companion</b>	_____	For blind and/or deaf, state if escorted by trained dog
<b>F</b>	Wheelchair needed	<input type="checkbox"/> no <input type="checkbox"/> yes, category*	<input type="checkbox"/> WCHR <input type="checkbox"/> WCHS <input type="checkbox"/> WCHC
	Own wheelchair	<input type="checkbox"/> no <input type="checkbox"/> yes, collapsible battery type	<input type="checkbox"/> no <input type="checkbox"/> yes, spillable
		<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> yes
<b>G</b>	Ambulance needed	<input type="checkbox"/> no <input type="checkbox"/> yes	
	To be arranged by <b>airline</b> (request rate(s) if unknown)	<input type="checkbox"/> no, specify ambulance company contact _____	
		<input type="checkbox"/> yes, specify destination address _____	
<b>H</b>	Other ground arrangements needed	<input type="checkbox"/> no <input type="checkbox"/> yes	If yes specify below and indicate for each item: (a) the <b>arranging</b> airline or other organization, (b) at whose <b>expense</b> and (c) <b>contact</b> address/telephone numbers where appropriate, or whenever specific persons are designated to meet/assist the passenger.
<b>1</b>	Arrangements for delivery at airport of departure	<input type="checkbox"/> no <input type="checkbox"/> yes	specify _____
<b>2</b>	Arrangements for assistance at connecting points	<input type="checkbox"/> no <input type="checkbox"/> yes	specify _____
<b>3</b>	Arrangements for meeting at airport of arrival	<input type="checkbox"/> no <input type="checkbox"/> yes	specify _____
<b>4</b>	Other requirements or relevant information	<input type="checkbox"/> no <input type="checkbox"/> yes	specify _____
<b>K</b>	Special in-flight arrangements needed	<input type="checkbox"/> no <input type="checkbox"/> yes	Describe and indicate for each item: (a) <b>segment(s)</b> on which required, (b) <b>airline arranged</b> or <b>arranging third party</b> and (c) at whose <b>expense</b> . Provision of <b>special equipment</b> , such as oxygen, etc. always requires completion of the <b>MEDIF</b> (see back). See also note 2 on the <b>MEDIF</b> .
<b>L</b>	Does the passenger hold a frequent travelers medical card (FREMEC) valid for this trip	<input type="checkbox"/> no <input type="checkbox"/> yes	If yes, add below <b>FREMEC</b> data to your reservation requests. If no, (or if additional data needed by carrying airline(s)), have physician in attendance complete this <b>MEDIF</b>
		FREMEC no. _____ / _____	Issued by _____ Valid until _____
		<input type="checkbox"/> M <input type="checkbox"/> F	Date of birth _____ Incapacitation _____
		Limitations _____	

\* **WCHR** = passenger cannot walk well, but can use stairs  
**WCHS** = passenger cannot going up- and down stairs  
**WCHC** = passenger cannot walk at all