



## INCAPACITATED PASSENGERS HANDLING ADVICE (INCAD) HANDLING INFORMATION – PART 1

**Part 1**

Answer all questions. Put a cross (X) in 'Yes' or 'No' boxes.  
Use **block letters** or **typewriter** when completing this form.

To be completed by  
Sales Office/Agent

<b>A</b>	Name/Initials/Title														
<b>B</b>	<b>Proposed itinerary</b> (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.													
<b>C</b>	<b>Nature of incapacitation</b>	<b>Medical clearance required?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>												
<b>D</b>	<b>Is stretcher needed on board?</b> (all stretcher cases <b>must</b> be escorted)	No <input type="checkbox"/> Yes <input type="checkbox"/>	Request rate if unknown												
<b>E</b>	<b>Intended escort</b> (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.													
<b>F</b>	<b>Wheelchair needed?</b> No <input type="checkbox"/> Categories are WCHR, WCHS, WCHC Yes <input type="checkbox"/> Wheelchair category <input style="width: 100%;" type="text"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Own wheelchair?</td> <td style="text-align: center;">Collapsible?</td> <td style="text-align: center;">Power driven?</td> <td style="text-align: center;">Battery type (spillable)?</td> </tr> <tr> <td style="text-align: center;">No <input type="checkbox"/></td> <td style="text-align: center;">No <input type="checkbox"/></td> <td style="text-align: center;">No <input type="checkbox"/></td> <td style="text-align: center;">No <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Yes <input type="checkbox"/></td> <td style="text-align: center;">Yes <input type="checkbox"/></td> <td style="text-align: center;">Yes <input type="checkbox"/></td> <td style="text-align: center;">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"/>												
<b>G</b>	<b>Ambulance needed?</b> No <input type="checkbox"/> Yes <input type="checkbox"/>	To be arranged by Airline No <input type="checkbox"/> specify Ambul Company contact <input style="width: 100%;" type="text"/> Yes <input type="checkbox"/> specify destination address <input style="width: 100%;" type="text"/>	Request rate(s) if unknown												
<b>H</b>	<b>Other ground arrangements needed</b> No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, <b>specify</b> below and indicate for each item: (a) the <b>arranging</b> airline or other organisation, (b) at whose <b>expense</b> , and (c) <b>contact</b> addresses/phones where appropriate, or whenever specific persons are designated to meet/assist the passenger.													
<b>1</b>	Arrangements for delivery at airport of <b>departure</b> No <input type="checkbox"/> Yes <input type="checkbox"/> specify <input style="width: 100%;" type="text"/>														
<b>2</b>	Arrangements for assistance at <b>connecting points</b> No <input type="checkbox"/> Yes <input type="checkbox"/> specify <input style="width: 100%;" type="text"/>														
<b>3</b>	Arrangements for meeting at airport of <b>arrival</b> No <input type="checkbox"/> Yes <input type="checkbox"/> specify <input style="width: 100%;" type="text"/>														
<b>4</b>	Other requirements or relevant information. No <input type="checkbox"/> Yes <input type="checkbox"/> specify <input style="width: 100%;" type="text"/>														
<b>K</b>	<b>Special in-flight arrangements needed</b> , 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, <b>describe</b> and indicate for each item: (a) <b>segments(s)</b> on which required, (b) airline <b>arranged</b> or arranging third party, and (c) at whose expense. Provision of <b>special equipment</b> such as oxygen etc. always requires completion of <b>Part 2</b> overleaf.												
<b>L</b>	<b>Does passenger hold a 'Frequent traveller's medical card' valid for this trip? (FREMEC)</b> 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 <b>Part 2</b> overleaf.													
	FREMEC <input style="width: 100%;" type="text"/> (FREMEC NUMBER) (Issued by) (valid until) (sex) (age) (incapacitation)														
	<input style="width: 100%;" type="text"/> (Incapacit. contd.) (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(s) concerned and that the carrier(s) do 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(s) 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)*

Place:	Date:	Passenger's signature
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Medical Information Sheet – Part 2

**CONFIDENTIAL**

(for official use only)

To be completed by attending physician

This form is intended to provide **confidential** information to enable the airlines' **medical** departments to assess the fitness of the passenger to travel as indicated in **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 answers).  
**Completing of the form in block letters or by typewriter will be appreciated.**

This form must be returned to

(Carrier's Designated Office)

<b>MEDA01</b>	Airlines' ref code	<b>Patient's name, initial(s), sex, age</b>	
<b>MEDA02</b>	<b>Attending physician</b> Name and address		
	Telephone contact	Business:	Home:
<b>MEDA03</b>	<b>Medical data:</b> <b>Diagnosis</b> in details (including vital signs)  Day/month/year of first symptoms:	Date of diagnosis:	
<b>MEDA04</b>	<b>Prognosis</b> for the trip:		
<b>MEDA05</b>	Contagious and communicable disease?	No <input type="checkbox"/> Yes <input type="checkbox"/>	Specify:
<b>MEDA06</b>	Is the patient's condition likely to be a source of discomfort to other passengers? (odour, appearance, conduct).	No <input type="checkbox"/> Yes <input type="checkbox"/>	Specify:
<b>MEDA07</b>	Can patient use normal aircraft seat with seatback placed in the <b>upright</b> position when so required?	No <input type="checkbox"/> Yes <input type="checkbox"/>	
<b>MEDA08</b>	Can patient take care of his own needs on board <b>unassisted*</b> (including meals, visit to toilet, etc)?	No <input type="checkbox"/> Yes <input type="checkbox"/>	If not, type of help needed:
<b>MEDA09</b>	If to be <b>escorted</b> , is the arrangement proposed in <b>Part 1/E</b> hereof satisfactory for you?	No <input type="checkbox"/> Yes <input type="checkbox"/>	If not, type of escort proposed by you:
<b>MEDA10</b>	Does patient need <b>oxygen**</b> equipment in flight? (If yes, state rate of flow)	No <input type="checkbox"/> Yes <input type="checkbox"/>	Litres per minute <input type="text"/> Continuous? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>MEDA11</b>	Does patient need any <b>medication*</b> , other than self-administered, and/or the use of special apparatus such as respirator, incubator etc.**?	(a) on the <b>ground</b> while at the airport(s) No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:	
<b>MEDA12</b>		(b) on board the <b>aircraft</b> No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:	
<b>MEDA13</b>	Does patient need <b>hospitalisation?</b> (If yes, indicate arrangements made or, if none were made indicate <b>'No action taken'</b> )	(a) during long layover or <b>nightstop</b> at <b>connecting points</b> en route: No <input type="checkbox"/> Yes <input type="checkbox"/> Action:	
<b>MEDA14</b>		(b) upon arrival at <b>Destination:</b> No <input type="checkbox"/> Yes <input type="checkbox"/> Action:	
<b>MEDA15</b>	Other remarks or information in the interest of your patient's smooth and comfortable transportation:	None <input type="checkbox"/>	Specify if any*:
<b>MEDA16</b>	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 injection, 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 \_\_\_\_\_