



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

**INCAPACITATED PASSENGERS HANDLING ADVICE (INCAD)
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) _____
Transfer from one flight to another often requires LONGER connecting time

C NATURE OF INCAPACITATION _____
MEDICAL CLEARANCE REQUIRED? No Yes

D IS STRETCHER NEEDED ON BOARD? (all stretcher cases MUST be escorted) No Yes
Request rate if unknown

E INTENDED ESCORT (name, sex, professional qualifications, 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 Yes
Categories are: WCHR, WCHS, WCHC
Wheelchair category: _____
OWN wheelchair: No Yes
Collapsible: No Yes
Power driven? No Yes
Battery type (spillable)? No Yes
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 specific restrictions.

G AMBULANCE NEEDED? No Yes
To be arranged by AIRLINE
Specify Ambul. company contact: _____
Specify destination address: _____
Request rate(s) if unknown

I OTHER GROUND ARRANGEMENTS NEEDED No Yes
If yes SPECIFY below and indicate for each item: (a) the ARRANGING airline or other organisation (b) at whose EXPENSE and (c) CONTACT addresses/phones where appropriate or whenever specific persons are designated to meet/assist the passenger.
1 Arrangements for delivery at airport of DEPARTURE No Yes specify _____
2 Arrangements for assistance at CONNECTING POINTS No Yes specify _____
3 Arrangements for meeting at airport of ARRIVAL No Yes specify _____
4 Other requirements or relevant information No Yes specify _____

K SPECIAL IN-FLIGHT ARRANGEMENTS NEEDED, such as: special meals, special seating, leg rest, extra seat(s), special equipment, etc. No Yes
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.
Sec «Note» at end of PART 2 overleaf

J DOES PASSENGER HOLD A «FREQUENT TRAVELLER'S MEDICAL CARD» VALID FOR THIS TRIP? (FREMEC) No Yes
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) _____
(incapacit.-cont.) _____ (Limitations) _____

Remarks: _____
Date: _____ Place: _____ Authorized by: _____

PASSENGER 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.

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
 installation of stretcher
 special food
 Declaration of indemnity
 Accompanying person
 transfer to aircraft (wheelchair, ambulance, car)
 Station informs by message