

# INCAD

Answer all questions. Put a cross (x) in 'YES' or 'NO' boxes. Use **BLOCK LETTERS** when completing this form

To be completed by SALES OFFICE/AGENT OR PASSENGER

<b>A</b>	<b>NAME / INITIALS / TITLE :</b>						
<b>B</b>	<b>Proposed Itinerary</b>	<b>FLIGHT</b>	<b>DATE</b>	<b>FROM</b>	<b>TO</b>	<b>BOOKING REF.</b>	Transfer from one flight to another often requires longer connecting time
<b>C</b>	<b>Nature of Incapacitation</b>					<b>Medical clearance required?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>D</b>	<b>Is a stretcher needed on board?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (All stretcher cases must be escorted by a medical professional)					Request rate if unknown	
<b>E</b>	<b>Intended Escort Details</b>						
	<b>Name</b>						
	Escort: Doctor <input type="checkbox"/> Medical Team <input type="checkbox"/> Nurse <input type="checkbox"/> Family or non-medical <input type="checkbox"/>						
	<b>Booking Ref. or Ticket No. of Escort</b>						
<b>F</b>	<b>Is a wheelchair needed?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Own wheelchair?	Collapsible?	Power driven?	Battery type (spillable?)	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.	
		<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"/> No <input type="checkbox"/> Yes		
	<b>Wheelchair Category</b>		<input type="checkbox"/> WCHR (can climb steps and can walk in cabin) <input type="checkbox"/> WCHS (unable to climb steps, can walk in cabin) <input type="checkbox"/> WCHC (unable to climb steps or walk in cabin)				
<b>G</b>	<b>Have ambulance arrangements been confirmed?</b>			<b>Has hospital admission been confirmed at arrival port?</b> Yes <input type="checkbox"/> Not required <input type="checkbox"/>			
	At Departure port	Yes <input type="checkbox"/>	Not required <input type="checkbox"/>	Hospital details: (Full name, address, telephone number and e-mail address)			*Note: All ambulance and hospital arrangements must be arranged by the travelling party / hospital.
	At Transit port	Yes <input type="checkbox"/>	Not required <input type="checkbox"/>				
At Arrival port	Yes <input type="checkbox"/>	Not required <input type="checkbox"/>					
<b>H</b>	<b>Are special in-flight arrangements needed?</b> (such as special meals, special seating, leg rest, extra seat(s), special equipment, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes			If yes, describe and indicate for each item, (a) <b>segment(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> . Refer "Note (*)" at the end of <b>Part 2</b>			
<b>I</b>	<b>Does passenger hold a 'Frequent Traveler's Medical Card' (FREMEC) valid for this trip?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			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> .			
	(FREMEC No)	(Issued By)	(Valid Until)	(Sex)	(Age)	(Incapacitation)	
	(Limitations)						
<b>Passenger's declaration</b>							
I hereby authorise _____ (name of nominated physician)							
to provide the airline with the information required by those airlines' medical department 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 fee in connection therewith.							
I take note that, if accepted for carriage, my journey will 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 cost 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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The form is intended to provide confidential information to enable the Airlines' Medical Department to assess the fitness of the passenger to travel as indicated in Part 1. If the passenger is acceptable, this information will permit the issue of the necessary directives designed to provide for the passenger's welfare and comfort.

## To Be Completed By Attending Physician

The physician attending the incapacitated passenger is requested to answer all questions.

Airline's ref code <b>MEDA 01</b>	<b>Patient's name, initial(s):</b>		Sex	Age
<b>MEDA 02</b>	<b>Attending physician</b> Name and address			
	Telephone number	Business:	Home:	
<b>MEDA 03</b>	<b>Medical data:</b>	Diagnosis in detail:	Devices:(ex: catheter/NG tube/tracheostomy tube)	
	Day/month/year of first symptoms:	Vital signs:	Date of diagnosis:	
<b>MEDA 04</b>	<b>Prognosis</b> for the trip			
<b>MEDA 05</b>	Contagious / communicable disease?	<input type="checkbox"/> No <input type="checkbox"/> Yes	(Specify)	
<b>MEDA 06</b>	Is the patient's condition likely to be a source of discomfort to other passengers? (odour, appearance, conduct)	<input type="checkbox"/> No <input type="checkbox"/> Yes	(Specify)	
<b>MEDA 07</b>	Can patient use normal aircraft seat with seatback placed in the <b>upright</b> position when so required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "no" patient will need a stretcher onboard.	
<b>MEDA 08</b>	Can patient take care of his own needs onboard <b>unassisted*</b> ? (including meals, visit to toilet, etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of help needed	
<b>MEDA 09</b>	If to be escorted, is the arrangement proposed in <b>Part 1/E</b> overleaf satisfactory for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of escort proposed by you	
<b>MEDA 10</b>	Does patient need <b>oxygen**</b> , equipment in flight? (If yes, state rate of flow)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Liters per minute <input type="checkbox"/> 2 litres <input type="checkbox"/> 4 litres	Continuous <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>MEDA 11</b>	Does patient need any medication, other than self-administered, and/or the use of special apparatus such as a respirator, incubator, etc.**? (note: all equipment onboard must be dry cell battery operated.)	(a) On the <b>ground</b> while at the airport(s) <input type="checkbox"/> No <input type="checkbox"/> Yes		(Specify)
<b>MEDA 12</b>		(b) On board the <b>aircraft</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		(Specify)
<b>MEDA 13</b>	Does patient need hospitalisation? (if yes, indicate arrangements made or, if none were made indicate 'No action taken')	(a) During long layover or night stop at <b>connecting</b> points en route <input type="checkbox"/> No <input type="checkbox"/> Yes		(Specify)
<b>MEDA 14</b>		(b) Upon arrival at destination <input type="checkbox"/> No <input type="checkbox"/> Yes		(Specify)
<b>MEDA 15</b>	Other remarks or information in the interest of your patient's smooth and comfortable transportation. Specify if any**			
<b>MEDA 16</b>	Other arrangements made by the attending physician.			
<b>Note:</b>	*Cabin attendants are not authorised to give special assistance to particular passengers, to the detriment of their service to other passengers. Additionally, they are trained only in <b>First Aid</b> and are not <b>permitted</b> to administer any Injection, to give medication, to lift passengers or to assist in the toilet.		<b>Important:</b> <b>**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.</b>	
Date:	Place:	Attending Physician's Signature/Stamp: I certify that I have personally examined the patient.		