

Medical (Carriage of Invalid/Infirm/ Incapacitated Passengers)

**BRITISH
AIRWAYS**

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

To be completed by
Sales Office/Agent

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"/> Wheelchair category <input type="text"/> Categories are WCHR - can climb steps/walk cabin WCHS - unable steps/can walk cabin WCHC - immobile	Own wheelchair? No <input type="checkbox"/> Yes <input type="checkbox"/> Collapsible? No <input type="checkbox"/> Yes <input type="checkbox"/> Power Driven? No <input type="checkbox"/> Yes <input type="checkbox"/> Battery type (spillable)? No <input type="checkbox"/> Yes <input type="checkbox"/>	Wheelchairs with spillable batteries are 'restricted articles'
G	Ambulance needed? No <input type="checkbox"/> Yes <input type="checkbox"/> To be arranged by airline No <input type="checkbox"/> specify Ambul Company contact <input type="text"/> Yes <input type="checkbox"/> specify destination address <input type="text"/>	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/phones 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	<input type="text"/>
2	Arrangements for assistance at connecting points	No <input type="checkbox"/> Yes <input type="checkbox"/> specify	<input type="text"/>
3	Arrangements for meeting at airport of arrival	No <input type="checkbox"/> Yes <input type="checkbox"/> specify	<input type="text"/>
4	Other requirements or relevant informa- tion	No <input type="checkbox"/> Yes <input type="checkbox"/> specify	<input type="text"/>
K	Special in-flight arrangements needed, such as: special meals, special seating, leg rest, extra seat(s), special equipment etc.	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. (See 'Note(*)' at the end of Part 2 overleaf)
L	Does passenger hold a 'Frequent traveller's medical card' valid for this trip? (FREMEC)	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 Part 2 overleaf.
FREMEC <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (FREMEC Nr) (issued by) (valid until) (sex) (age) (incapacitation)			
<input type="text"/>		<input type="text"/>	
(Incapacit. contd.)		(Limitations)	
Passenger's declaration I hereby authorize _____ (name of nominated physician) to complete Part 2 for the purpose as indicated overleaf 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.			
Date:		Passenger's signature or Agent	