

INCAD Incapacitated Passengers Handling

Answer all questions in Part 1. Put a cross (X) in 'Yes' or 'No' boxes. Use block letters or typewriter when completing this form.

Please return to: Goldfinch (acting on behalf of bmi)

facsimile: +44 (0)870 167 3644 e-mail: medical@goldfinch.uk.com

A. Passenger's full name:

B. Proposed Itinerary:	Flight No.	Date	Class	Route	Depart	Arrive
Sector 1						
Sector 2						
Sector 3						

Locators:

N.B. Clearance cannot be processed without flight details or a legible bmi locator as the booking cannot be identified by name alone

C. Nature of incapacitation:

D. Is a stretcher needed on board the aircraft? No Yes
 Are extra seats needed to elevate a limb? No Yes

E. Type of Escort(s): Name(s) :
 Escort Locator(s):

F. Wheelchair needed? No Yes → Can climb aircraft steps/walk cabin → WCHR
 Unable to climb steps/can walk cabin → WCHS
 Immobile/can transfer to seat & toilet → WCHC

G. Ambulance needed? No Yes → Ambulance Company:
 Telephone:
 To be arranged by airline? No Yes → Destination:

H. 1. Arrangements for delivery at airport of departure: No
 Yes →
 2. Arrangements for assistance at connecting points: No
 Yes →
 3. Arrangements for meeting at airport of arrival: No
 Yes →
 4. Other requirements: No
 Yes →

K. Special in-flight arrangements needed: eg. Special meals, seating, extra seat(s), special equipment etc.
 No
 Yes

If yes, specify:

Company: _____ Telephone: _____ Date: _____
 (in case of query)

Name (print): _____ Signature: _____

MEDIF Medical Information Sheet

Must be completed by a Medically Qualified Person

Please return to: Goldfinch (acting on behalf of bmi)

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MEDA01	Patient's Name/Initial(s):	Sex:	DoB:	Age:
MEDA02	Attending Physician: Address: Telephone contact:	Business:	Home:	
MEDA03	Medical Data (Give as much as possible, using extra sheets if required - a diagnosis alone is inadequate):			
	Date of first symptoms:	Date of diagnosis/injury:	Date of procedure:	
MEDA04	Prognosis for the flight:			
MEDA05	Contagious and communicable disease? If yes, specify:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
MEDA06	May the physical/mental condition of the patient cause distress or discomfort to other passengers? If yes, specify:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
MEDA07	Can patient use normal aircraft seat placed in the upright position when required?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
MEDA08	Can patient take care of own needs unassisted (meals, visits to WC etc.)? If not, specify help needed:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
MEDA09	Does the patient need to be escorted? If yes, specify type of escort recommended by you (doctor/nurse/relative):	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
bmiQ1	Does the patient have an intravenous infusion or visible medical equipment? If yes, specify:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
MEDA010	Does patient need supplementary oxygen equipment in flight? If yes, state requirements: 2 or 4 litres/min flow rate, intermittent or continuous. Supplementary oxygen not usually required unless dyspnoeic walking 50mtrs Please remember that the aircraft cabin is an hypoxic environment.	No <input type="checkbox"/>	2l/min <input type="checkbox"/> Int. <input type="checkbox"/>	Yes <input type="checkbox"/> 4l/min <input type="checkbox"/> Cont. <input type="checkbox"/>
MEDA011	Does patient need any medication, and/or the use of special apparatus such as respirator, incubator etc? (i) On the ground while at the airport(s)? If yes, specify:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
MEDA012	(ii) On board the aircraft? If yes, specify:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
MEDA013	Does patient need hospitalisation? (i) During long layover or night-stop at connecting points en-route? Arrangements made:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
MEDA014	(ii) Upon arrival at destination? Arrangements made:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
MEDA015	Other information in the interest of your patient's smooth and comfortable journey: If yes, specify:	None <input type="checkbox"/>	Yes <input type="checkbox"/>	
MEDA016	Other arrangements made by the attending physician:			

MEDICAL CLEARANCE WILL NOT BE PROCESSED WITHOUT COMPLETION OF ALL DETAILS ABOVE & BELOW

I confirm that to the best of my knowledge this information is true and complete and not misleading to bmi.

THIS PAGE MUST BE COMPLETED BY A MEDICALLY QUALIFIED PERSON

Company: _____ Telephone: _____ Date: _____
(in case of query)

Name (print): _____ Signature: _____ Qualifications: _____