BRITISH AIRWAYS

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

Part 1

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 ☐ Yes ☐

D Is stretcher needed on board? (all stretcher cases must be escorted) No ☐ Yes ☐

Request rate if unkown

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 ☐ Yes ☐

Wheelchair category ☐

Own wheelchair?	Collapsible?	Power Driven?	Battery type (spillable)?
No ☐ Yes ☐	No ☐ Yes ☐	No ☐ Yes ☐	No ☐ Yes ☐

Categories are
WCHR - can climb steps/walk cabin
WCHS - unable steps/can walk cabin WCHC - immobile

Wheelchairs with spillable batteries are 'restricted articles'

G Ambulance needed? No ☐ Yes ☐

To be arranged by airline
No ☐ ▶ specify Ambul Company contact
Yes ☐ ▶ specify destination address

Request rate(s) if unknown

H 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.

(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 ☐ Yes ☐

If yes, add below FREMEC data to your reservation requests.
If no, (or additional data needed by carrying airline(s)), have physician in attendance complete Part 2 overleaf.

FREMEC					
(FREMEC Nr)	(issued by)	(valid until)	(sex)	(age)	(incapacitation)

(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 there of 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

Part 2 MEDIF Medical information sheet

CONFIDENTIAL

Return this form to:
British Airways plc
Passenger Medical
Clearance Unit
Health Services (HMAG)
Waterside
P.O. Box 365
Harmondsworth UB7 OGB
Carriers designated office

This form is intended to provide confidential information to enable the airlines' medical departments to provide for the passenger's special needs.
To be completed by attending physician

- when fitness to travel is in doubt as evidenced by recent illness, hospitalisation, injury, surgery or instability
- where special services are required, i.e. oxygen, stretcher, authority to carry accompanying medical equipment.

Completion of the form in block letters or by typewriter will be appreciated.

British Airways Health Service
Telephone: 0208 738 5444
Fax: 0208 738 9644
Airline message address LHRKHBA

Airlines' ref code MEDA01	Patient's name, initial(s), sex		Age
MEDA02	Attending physician Name and address		
	Telephone contact	Business:	Home:
MEDA03	Medical data: Diagnosis in details (including vital signs)		
	Day/month/year of first symptoms:	Date of diagnosis/injury	Date of operation
MEDA04	Prognosis for the flight:		
MEDA05	Contagious and communicable disease?	No ☐ Yes ☐ Specify	
MEDA06	Would the physical and/or mental condition of the patient be likely to cause distress or discomfort to other passengers?	No ☐ Yes ☐ Specify	
MEDA07	Can patient use normal aircraft seat with seatback placed in the upright position when so required?	Yes ☐ No ☐	
MEDA08	Can patient take care of his own needs on board unassisted* (including meals, visit to toilet, etc.)?	Yes ☐ No ☐ If not, type of help needed	
MEDA09	If to be escorted, is the arrangement proposed in Part 1/E overleaf satisfactory for you?	Yes ☐ No ☐ If not, type of escort proposed by you	
MEDA10	Does patient need supplementary oxygen** equipment in flight? (if yes, state rate of flow, 2 or 4 l/min). Guidance: supplementary oxygen is not generally required unless dyspnoeic after walking 50 metres. (Charge £100 per journey)	Yes ☐ No ☐ Litres per minute ☐	Continuous ☐ Intermittent ☐
MEDA11	Does patient need any medication*, other than self-administered, and/or the use of special apparatus such as respirator, incubator etc.**	(a) on the ground while at the airport(s) No ☐ Yes ☐ Specify	
MEDA12		(b) on board the aircraft No ☐ Yes ☐ Specify	
MEDA13	Does patient need hospitalisation? (If yes, indicate arrangements made or, if none were made indicate 'No action taken')	(a) during long layover or nightstop at connecting points en route No ☐ Yes ☐ Action	
MEDA14		(b) upon arrival at destination No ☐ Yes ☐ Action	
MEDA15	Other remarks or information in the interest of your patient's smooth and comfortable transportation:	None ☐ Specify if any**	
MEDA16	Other arrangements made by the attending physician		

Note (*): Cabin attendents 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 adminster 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

PART 3

BRITISH AIRWAYS

ADDITIONAL INFORMATION TO THE MEDIF

In order to facilitate a speedier medical clearance process please ensure your flights details are entered in part 1 and provide the following information in addition to the Medif.

CONTACT: Passenger Daytime Telephone No. ……..

Passenger Daytime Fax No. ……

HOSPITALISATION Date of Admission .....…..

Date of Discharge .....…..

DIAGNOSIS - Is the condition:

Resolved …….....YES/NO

Or Stable and Controlled …….....YES/NO

Uncomplicated Recovery (surgery …….….....YES/NO

Fractures - Treatment.....…….....PINNED/PLASTER

Can passenger bend leg at the knee ……YES/NO

Fractured hip.....HB.....Date taken.....

IN-FLIGHT OXYGEN

On our long haul flights (i.e.to New York) oxygen is only available at 4 litres per minute

1. To confirm, is the passenger in need of oxygen in-flight? YES / NO

2. If long haul flight please confirm oxygen at 4 litres is acceptable YES / NO

3. What flow rate benefits the passenger? CONTINUOUS / INTERMITTENT

GROUND OXYGEN

Does passenger use oxygen at ground level …….…..……. YES/NO

How much.....litres per minute

How often.....

1. If yes, what ground arrangements have been made for supplying oxygen at airport?

…….

2. If not on ground oxygen why the need for continuous oxygen in-flight?

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