SriLankan Airlines

INCAD

INCAPACITATED PASSENGER HANDLING ADVICE AND MEDICAL INFORMATION SHEET - **PART 1**

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

A **NAME / INITIALS / TITLE :**

B **Proposed Itinerary**

FLIGHT	DATE	FROM	TO	BOOKING REF.

Transfer from one flight to another often requires longer connecting time

C **Nature of Incapacitation**

Medical clearance required? ○ No ○ Yes

D **Is a stretcher needed on board?** ○ No ○ Yes
(All stretcher cases must be escorted by a medical professional)

Request rate if unknown

E **Intended Escort Details**

Name

Escort: Doctor ☐ **Medical Team** ☐ **Nurse** ☐ **Family or non-medical** ☐

Booking Ref. or Ticket No. of Escort

F **Is a wheelchair needed?** ○ No ○ Yes

Own wheelchair?	Collapsible?	Power driven?	Battery type (spillable?)
○ No ○ Yes	○ No ○ Yes	○ No ○ Yes	○ No ○ Yes

Wheelchair Category

○ WCHR (can climb steps and can walk in cabin)
○ WCHS (unable to climb steps, can walk in cabin)
○ WCHC (unable to climb steps or walk in cabin)

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 **Have ambulance arrangements been confirmed?**

At Departure port	Yes ○	Not required ○
At Transit port	Yes ○	Not required ○
At Arrival port	Yes ○	Not required ○

Has hospital admission been confirmed at arrival port? Yes ○ Not required ○

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.

H **Are 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.** Refer "Note (*) at the end of **Part 2**

I **Does passenger hold a `Frequent Traveler's Medical Card'(FREMEC) valid for this trip** ○ No ○ 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 **Part 2.**

(FREMEC No)	(Issued By)	(Valid Until)	(Sex)	(Age)	(Incapacitation)
			F		

(Limitations)

Passenger's declaration

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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INCAPACITATED PASSENGER HANDLING ADVICE AND MEDICAL INFORMATION SHEET - **PART 2**

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

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 **MEDA 01**	**Patient's name, initial(s):**		Sex F	Age
MEDA 02	**Attending physician** Name and address			
	Telephone number	Business:	Home:	
MEDA 03	**Medical data:**	Diagnosis in detail: Vital signs:	Devices:(ex: catheter/NG tube/tracheostomy tube)	
	Day/month/year of first symptoms:		Date of diagnosis:	
MEDA 04	**Prognosis** for the trip			
MEDA 05	Contagious / communicable disease?	○ No ○ Yes	(Specify)	
MEDA 06	Is the patient's condition likely to be a source of discomfort to other passengers? (odour, appearance, conduct)	○ No ○ Yes	(Specify)	
MEDA 07	Can patient use normal aircraft seat with seatback placed in the **upright** position when so required?	○ Yes ○ No	If "no" patient will need a stretcher onboard.	
MEDA 08	Can patient take care of his own needs onboard **unassisted***? (including meals, visit to toilet, etc)	○ Yes ○ No	Type of help needed	
MEDA 09	If to be escorted, is the arrangement proposed in **Part 1/E** overleaf satisfactory for you?	○ Yes ○ No	Type of escort proposed by you	
MEDA 10	Does patient need **oxygen****, equipment in flight? (If yes, state rate of flow)	○ No ○ Yes	Liters per minute ○ 2 litres ○ 4 litres	Continuous ○ Yes ○ No
MEDA 11	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 **ground** while at the airport(s) ○ No ○ Yes	(Specify)	
MEDA 12		(b) On board the **aircraft** ○ No ○ Yes	(Specify)	
MEDA 13	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 **connecting** points en route ○ No ○ Yes	(Specify)	
MEDA 14		(b) Upon arrival at destination ○ No ○ Yes	(Specify)	
MEDA 15	Other remarks or information in the interest of your patient's smooth and comfortable transportation. Specify if any**			
MEDA 16	Other arrangements made by the attending physician.			

Note: *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 **First Aid** and are not **permitted** to administer any Injection, to give medication, to lift passengers or to assist in the toilet.

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/Stamp: I certify that I have personally examined the patient.

PRINT FORM