

INCAD – INCAPACITATED PASSENGERS HANDLING ADVICE FORM

When completed, please fax this form to Special Assistance Department at +353 1 886 6868
or email to specialassistance@aerlingus.com

A	PASSENGER NAME				
B	PASSENGER CONTACT NUMBER	Home:			
		Mobile:			
		Work:			
C	AGE		D	SEX	Male / Female
E	PROPOSED ITINERARY	Date	Flight No	From	To
F	ATTENDING PHYSICIAN	Name:			
		Address:			
		Contact Number:			
G	NATURE OF INCAPACITATION				
H	MEDICAL DATA				
	<ul style="list-style-type: none"> DIAGNOSIS in detail, including vital sign. Detail any contagious and communicable disease. 				
	Day /Month /Year of first symptoms				
	Date of Diagnosis				
I	PROGNOSIS for the trip				
J	Does passenger require supplementary oxygen during the flight? Please circle: No / Yes (not generally required unless dyspnoeic after walking 50M)				
	If yes, please state the rate of flow 2 or 4 L/Min and or continuous flow. <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;">2ltrs <input type="text"/></div> <div style="text-align: center;">4ltrs <input type="text"/></div> <div style="text-align: right;">Continuous flow: Yes / No</div> </div>				
K	INTENDED ESCORT	Name:			
		Professional Qualification:			
L	Does passenger require to be lifted onto the aircraft? Please circle: No / Yes Aer Lingus does not accept wheelchairs with spillable batteries.	Own Wheelchair?	Collapsible?	Power Driven?	Battery Type: Spillable?
		No <input type="text"/>	No <input type="text"/>	No <input type="text"/>	No <input type="text"/>
		Yes <input type="text"/>	Yes <input type="text"/>	Yes <input type="text"/>	Yes <input type="text"/>

M	Will passenger be dropped off or collected in an ambulance at their departure/arrival point(s)? Please circle: Yes / No	
	If yes, please specify ambulance contact and destination address. Contact: _____ Address: _____	
N	MEDICAL EQUIPMENT Will you be carrying any medical equipment? Please circle: No / Yes	If yes, please describe equipment. Name of Equipment: _____
		Make: _____
		Model: _____
		Part Number: _____
		Size/Measurements: _____
O	Would the physical and mental condition of this passenger be likely to cause him/her distress during flight, or distress to any other passengers? Please circle: No / Yes If yes, please specify: _____	
P	Can patient use normal aircraft seat with seat back placed in the UPRIGHT position when so required? Please circle: No / Yes If yes, please specify: _____	
Q	Can patient take care of his own needs on board UNASSISTED? (including meals, visit to toilet etc.) Please circle: No / Yes If yes, please specify: _____	

Please note

- Passengers must be able to use normal aircraft seat with seatback placed in the UPRIGHT position when so required.
- All passengers must be able to take care of their own needs onboard UNASSISTED.(including meals, visit to toilet etc.
- 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, or give medication.
- Transfer from one flight to another often require LONGER connecting time.

PASSENGER'S DECLARATION

"I HEREBY AUTHORISE.....(Name of nominated physician) to provide the airlines with the information required by those airlines' medical departments 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 fees in connection therewith.

I take note that, if accepted for carriage, my journey will be subject to the general conditions of carriage/tariffs of the carrier concerned and that the carrier does 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 upon demand for any special expenditures or costs 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)

Passenger's signature:	Date:
Attending Physicians Signature:	Date: