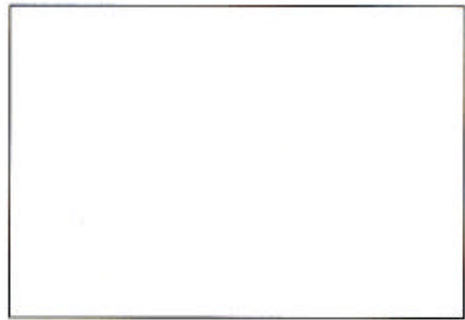


Handling Advice – Invalid Passenger

Betreuungshinweis kranker Fluggast

To be issued for all passengers

- with injuries of the skull/brains, with internal or large external injuries (wounds, burns)
- with multiple sclerosis
- with a spasmodic paralysis with cerebral damage
- with a mental deficiency
- whose intended date of travel is earlier than 6 months after an heart infarct or stroke
- who are dependent during flight on special equipment or treatment (oxygen, respirator, incubator, infusions, etc.)
- who cannot travel on a passenger seat with backrest in upright position (carriage on stretcher)



MEDA

A

Name _____ Sex _____ Age _____

B

Routing from _____ to _____ Flight number _____ Class _____ Date _____

C

Diagnosis _____

E

Escort for the journey required

No Yes, by a physician (name) _____ Yes, by other qualified person (name) _____

F

Required assistance

- WCHR →
- WCHS →
- WCHS/OWN →
- WCHC →
- WCHC/OWN →
- BED →

ambulant but handicapped in walking: Needs assistance in terminal to/from gate, needs wheelchair or similar when passengers are boarded/deplaned by walking over ramp. Does not need assistance in a ramp bus, on passenger steps and in the aircraft cabin to/from seat, toilets and with meals.

ambulant but more severely handicapped in walking: Cannot use a ramp bus and needs assistance in boarding/deplaning (e.g. on passenger steps). Does not need assistance in the aircraft cabin to/from seat, toilets and with meals. as above – accompanied by own wheelchair. Add „BD“ if battery-driven wheelchair.

non-ambulant: Needs also assistance in the aircraft cabin to/from seat, toilets and possibly with meals (where necessary, give details in K below).

as above – accompanied by own wheelchair. Add „BD“ if battery-driven wheelchair.

must travel on a stretcher.

G

At destination patient will be taken to a hospital No Yes

Name and address of hospital: _____

AMBULANCE

Ambulance at destination to be arranged _____ From airport to _____
by airline at passengers expense

H/K

- OXYGEN OCCASIONAL
- OXYGEN CONTINUOUS

Needs occasional oxygen supply during flight.

Needs continuous oxygen supply during flight.

Other ground and/or in-flight arrangements needed and/or arrangements made by attending physician. _____

L

FREMEC issued by airline _____ valid until _____

Date _____ Name of airlines' physician _____ Signature of physician _____

I herewith relieve the physician whom I shall choose to make a statement on my condition of health, of his/her professional discretion to the extent that he/she shall be permitted to disclose to the Airline of my flight such details on the condition of my health as may be required by the airline's physician to judge upon my medical fitness to travel by air.
The undersigned will indemnify and release the airline, their representatives and agents from all claims for damage sustained in connection with deterioration of his/her illness as a result of transportation by air. In the case of a legal dispute the undersigned will have to prove that any such damage incurred by the airline, or third parties through this transportation. The undersigned also declares to be informed that the airline is not obligated in any way to accept him/her for any subsequent or return journey. Otherwise, the conditions of carriage, in particular the rules of liability contained herein, will apply.

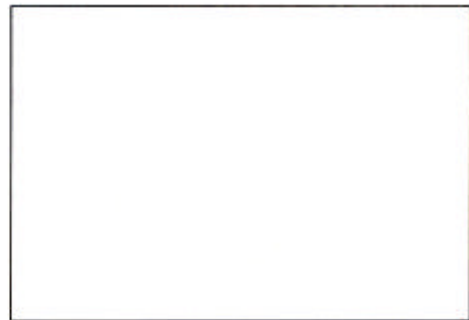
Date _____ Issuing office _____ Signature of passenger _____

**Medical Information
by Attending Physician**

**Medizinische Angaben des
diagnostizierenden Arztes**

Note for the attending physician:

The details requested herein will be treated confidentially; they shall enable the Medical Service of the airline(s), as is their obligation, to judge by their specific air medical knowledge and experience if and under what conditions the patient can be permitted to travel by aircraft as requested. These details will also help the Medical Service in issuing appropriate instructions for the patient's care which duly consider both his/her diagnosis and the special circumstances of the requested air journey. Kindly answer all questions by cross or in block letters, as necessary. Thank you.



MEDA 01 Patient / name, address Sex

Age

MEDA 02 Name, address of attending physician Tel. business

Tel. home

MEDA 03 Medical Data: Diagnosis (details including vital signs)

Day/month/year of first symptoms

Day of diagnosis

MEDA 04 Prognosis for the trip

MEDA 05 Contagious and communicable disease? Yes No
Specify

MEDA 06 **NIL**

MEDA 07 Can patient use normal aircraft seatback placed Yes No
in the upright position?

MEDA 08 Can patient take care of his own needs on board unassisted Yes No
(incl. meals, visit to toilet, etc.)?
If not, type of help needed

MEDA 09 Shall passenger be escorted? Yes No
If yes, type of escort proposed by you

MEDA 10 Does patient need oxygen during flight? Yes No
Rate flow? Continuous

Does patient need any medication, other than self administered, and/or the use of special apparatus such as respirator, incubator, etc.?

MEDA 11 on the ground while at the airport No Yes Specify

MEDA 12 on board the aircraft No Yes Specify

Does patient need hospitalization? (If yes, indicate arrangements made or, if none were made indicate „No action taken“)

MEDA 13 during long layover or nightstop at No Yes Action
connecting points enroute

MEDA 14 upon arrival at destination No Yes Action

MEDA 15 Other remarks of information in the interest of your None
patient's smooth and comfortable transportation?
Specify if any

MEDA 16 Other arrangements made by attending physician

Date

Place

Signature of attending physician