sata azores airlines

» Select

PART 1
To be completed by THE MEDICAL DEPT. and SALES OFFICE/AGENT

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

A PASSENGER NAME

B PROPOSED ITINERARY airline(s), flight number (s), class(es), date(s), segment(s), reservation status of continuos air journey

Transfer from one flight to another often requires LONGER connecting time

C NATURE OF INCAPACITATION

MEDICAL CLEARENCE REQUIRED? No ☐ Yes ☐

D IS STRETCHER NEEDED ON BOARD? (all stretcher cases MUST be escorted) No ☐ Yes ☐

Request rate if unknown

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: WCHR ☐ WCHS ☐ WCHC ☐

OWN wheelchair	Collapsible	Power driven?	Battery Type (spilable)?
NO ☐	NO ☐	NO ☐	NO ☐
YES ☐	YES ☐	YES ☐	YES ☐

Wheelchairs with spilable 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 restricitions

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 organization (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 expenses. Provision of SPECIAL EQUIPMENT, such as oxygen, etc., always requires completion of PART 2 overleaf

(See «Note» at the end of PART 2 overleaf)

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 request
If no (or if additional data needed by carrying airline(s), Have physician in attendance complete PART 2 hereof.

L

FREMEC					
(FREMEC Number)	(Issued by)	(Valid until)	(Sex)	(Age)	(Incapacitation)

(Incapacit -cont.) (Limitations)

REMARKS

Date:	Place :	Autorized by:

PASSENGER DECLARATION
(**to be read , signed and dated by the passenger**)

«I HEREBY AUTHORIZE _____
(name of nomitated 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."

Place :	Date:	Passenger's Signature:

Distribution : (Attach to passenger ticket)
Original – Destination Station
1st Copy – Captain(s)
2nd Copy – Departure Station
3rd Copy – Transfer Station(s)

«Checklist» for station of departure

- ☐ Installation of stretcher
- ☐ Special food
- ☐ Declaration of indemnity
- ☐ Accompanying person
- ☐ Transfer to aircraft (wheelchair, ambulance, car)
- ☐ Stations informed by message

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» Select

MEDICAL INFORMATION

(For official use only)

PART 2

To be completed by ATTENDING PHYSICIAN (**Issue in quadruplicate**)

This form is intended to provide CONFIDENTIAL information to enable the airlines MEDICAL Departments to assess the fitness of the passenger to travel as indicated in PART 1 hereof. If the passenger is acceptable this information will permit the issuance of the necessary directives designed to provide for the passenger's welfare and comfort.

The PHYSICIAN ATTENDING the incapacitated passenger is requested to ANSWER ALL QUESTIONS (Enter a cross «x» in the appropriated «yes» or «no» boxes and/or give precise concise answers.)

COMPLETING OF THE FORM IN BLOCK LETTERS OR BY TYPEWRITER WILL BE APRECIATED.

This form must be returned to:

(Carrier's Desiganted Office)

Airlines Ref.Code		
MEDA 01	PATIENT'S NAME INITIAL(S), SEX, AGE:	
MEDA 02	ATTENDING PHYSICIAN Name & Address Telephone Contact	Business: / Home:
MEDA 03	MEDICAL DATA DIAGNOSIS in details (including vital signs)	
	Day/month/year of first symptoms:	Date of diagnosis: / Estimated data for child-birth: (pregnancies*)
MEDA 04	PROGNOSIS for the trip:	
MEDA 05	Contagious AND communicable disease? NO ☐ YES ☐	Specify:
MEDA 06	Is the patient's condition likely to be a source of discomfort to OTHER PASSENGERS? (odour, appearence, conduct) NO ☐ YES ☐	Specify:
MEDA 07	Can patient use normal aircraft seat with seatback placed in the UPRIGHT position when so required? YES ☐ NO ☐	
MEDA 08	Can patient take care of their own needs on board UNASSISTED (icluding meals, visit to toilet, etc.) YES ☐ NO ☐	If not, type of help needed?:
MEDA 09	If to be ESCORTED, is the arrangement proposed in PART 1/E hereof satisfactory for you? YES ☐ NO ☐	*if not, type of escort proposed by
MEDA 10	Does patient need OXIGEN in flight? (If yes, select rate of flow) **Limited to 2L or 4L per minute, **only supplied by SATA.** NO ☐ YES ☐	Litres per Minute: 2L per minute ☐ 4L per minute ☐ Continuous? YES ☐ NO ☐
MEDA 11	Does patient need any MEDICATION* other than self-administered and/or the use of special equipment such as **POC, CPAP**, incubator, etc**?	(a) On the ground while at the airport(s): NO ☐ YES ☐ Specify:
MEDA 12		(b) On board of the AIRCRAFT: NO ☐ YES ☐ Specify:
MEDA 13	Does patient need HOSPITALIZATION? (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:
MEDA 14		(b) Upon arrival at DESTINATION: NO ☐ YES ☐ Action:
MEDA 15	Other remarks or information in the interest of your patient's smooth and confortable transportation:	None ☐ Specify if any**.
MEDA 16	Other arrangements made by attending physician	

NOTE (*): Cabin attendants are NOT authorized to give special assistence 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 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:

Guiding principles - Although each case will be considered separately, the following conditions are generally considered unaccepable for air travel.

- An acute critical cardiac condition such as: a severely decompensated cardiac patient or a patient who has recently suffered an arterial occlusion with myocardial infarction. These cases cannot normally be considered within six weeks of the onset.
- Those patients with entrapped gas such as a recent-pneumothorax or who have air introduced into the nervous system recently for ventriculography.
- Psychotic patients requiring heavy sedation or restrain.
- Severe cases of otitis media with blockage of the Eustachien tube.
- Acute contagious or communicable diseases.
- *Pregnancy beyond the 36th week or abnormal pregnancy evaluation are subject to restrictions.
- Infants within 7 days of birth.
- Recent cases of poliomyelitis unless one month has elapsed since onset of the disease. Pulbal cases of the Phyelitis, subject to restrictions.
- Persons with large mediastinal tumors, extremely large unsupported hernias, intestinal obstruction, cronical diseases involving increased pressure, fracture of the skull and those with recent fracture of the mandible with permanent immobilization.
- Recent surgical cases with insufficient time for wound healing.