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Special needs travellers

INCAD handling information -
Incapacitated Passengers Handling Advice

Part 1 - to be completed by traveller | Email completed form to specialcasescc@kulula.com

*Use block letters when completing this form - **Answer all questions***

A

Title | Initials | Name(s) | Surname

B

Itinerary Details

C

Nature of incapacitation | Medical clearance required Y N

D

For blind and/deaf state if escorted by a trained guide dog:

E

Wheelchairs category

WCHS/PAU	Unable to climb stairs / can walk in cabin - passenger aid unit
WCHR	Can climb stairs / can walk in cabin / unable to walk far distances
WCHC	Immobile / unable to walk at all / paralyzed from waist down

Wheelchairs needed Y N | Wheelchairs category | Has the passenger got their own wheelchair Y N | Is the wheelchair collapsible Y N

Is the wheelchair power driven Y N | What type of battery does the wheelchair operate on

Wheelchairs with spillable batteries are "restricted articles".

F

Ambulance needed Y N | Rate

If "NO" - specify Ambulance Company Contact

If "YES" - specify destination address

G

Other ground arrangements Y N

If "YES" - specify below and indicate the arranging airline or other organisation and at whose expense and contact addresses and names of specific persons that have been designated to meet/assist the traveller

H

Special in-flight arrangements needed: such as leg rest, extra seat, special equipment Y N

If "YES" - describe and indicate for each item which segment is required and the airline arranged and at whose expense.
Special equipment such as "oxygen" etc always requires completion of part two.

I

Does passenger hold a "Frequent traveller's medical card" valid for this trip? (FREMEC) Y N

If "YES" - Complete all FREMEC Data to your reservation requests
If "NO" - Physician in attendance must complete PART TWO

FREMEC No | Issued by | Valid until | Incapacitation | Sex | Age

Limitations

Traveller's Declaration- I hereby authorize (Name of nominated Physician) _____

Date _____ Traveller's signature _____

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CONFIDENTIAL

This form is intended to provide confidential information to enable the airlines Medical Department to provide for the traveller's special needs

Part 2 - to be completed by the attending physician Email completed form to specialcasescc@kulula.com

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

Use block letters when completing this form

MEDA1 Title | Initials | Patient's Name | Surname

MEDA2 Attending Physician's name | Tel: (w) | Tel: (h)

Address

Code:

MEDA3 Medical Data: Diagnosis in detail (including vital signs)

First Symptoms | Date of diagnosis/injury | Date of operation

MEDA4 Prognosis for the flight

MEDA5 Contagious and communicable disease

Y N Specify

MEDA6 Would the physical and/or mental condition of the patient be likely to cause distress or discomfort to other travellers?

Y N Specify

MEDA7 Can the patient use a normal aircraft seat with seatback placed in the upright position?

Y N

MEDA8 Can the patient take care of his/her own needs on board unassisted (including meals, toilet visit) etc?

Y N If "NO" specify

MEDA9 Does the patient need supplementary oxygen/equipment in flight?

Y N

If "YES" state rate of flow 2/4/ L/M (supplementary oxygen is not generally required unless dyspnoeic after walking 50 metres). Charge of $200 per person per sector. Payable at Ticket Sales Office.

Litres per minute | Continuous | Intermittent

MEDA10 Does the patient need any medication other than self-administered, and/or the use of special apparatus such as a respirator etc? (on the ground/on board aircraft)

Y N Specify

MEDA11 Does the patient need hospitalisation upon arrival at destination?

Y N

If "YES" indicate arrangements made

MEDA12 Other remarks/information in the interest of your patient's smooth and comfortable journey

NOTE: Cabin attendants are not authorized to give special assistance to particular travellers, to the detriment of their service to other travellers.
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 mentioned information and for carrier-provided special equipment are to be paid by the traveller concerned.

Date _____ Place _____ Attending Physician signature _____