

Information sheet for passengers requiring Special Assistance - Special Assistance Form

In accordance with IATA Resolution 700 Attachment A, 29th Edition, June 2009

1. Name/First Name	Title	Age	Gender
2. Passenger Name Record (PNR)	Phone/E-mail		
3. Routing from	to	Flight Number	Class
			Date
4. Nature of disability or required assistance			
5. Escort for the journey required <input type="checkbox"/> Yes <input type="checkbox"/> No			
Designated escort name: _____ Age: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
<input type="checkbox"/> WCHR Ambulant but impaired in walking: Needs assistance (needs wheelchair or similar) in terminal to/from gate. Can walk distance gate-aircraft . Does not need assistance in a ramp bus, on passenger steps and in the aircraft cabin to/from seat, toilets and with meals.			
<input type="checkbox"/> WCHS Ambulant but more severely limited in walking: Cannot use a ramp bus and needs assistance in boarding/disembarking (e.g. on passenger steps). Does not need assistance in the aircraft cabin to/from seat, toilets and with meals.			
<input type="checkbox"/> WCHC Non-ambulant: Needs also assistance in the aircraft to/from seat.			
Own wheelchair <input type="checkbox"/> Manual power <input type="checkbox"/> Battery-driven* <input type="checkbox"/> WCH BD / dry batteries <input type="checkbox"/> Collapsible <input type="checkbox"/> Size (W x H x L cm): _____ Weight (kg): _____			
<i>*If you are travelling with an electrical wheelchair, please complete the 'Electric Wheelchair/Scooter Information Form' online and send it to meda@airbelgium.com</i>			
6. Intended escorts <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name : _____ Title: _____ Age: _____			
PNR if different: _____			
Medical qualification: <input type="checkbox"/> Yes <input type="checkbox"/> No Language spoken: _____			
7. Ambulance needed <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, specify destination address: _____			
If no, specify ambulance company contact: _____			
8. Meet and Assist <input type="checkbox"/> Yes <input type="checkbox"/> No			
If designated person, specify contact: _____			
9. Other ground arrangements needed <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, specify: _____			
Departure Airport: _____			
Transit Airport: _____			
Arrival airport: _____			
10. Specify inflight arrangements needed <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, specify type of arrangements (special meal, extra seat, leg rest, special seating) _____			
Specify equipment (respirator, incubator, oxygen, etc.) _____			
Specify arranging company and at whose expense _____			
11. FREMEC (Frequent Medical Traveller Card) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Valid until: _____ Issued by: _____			

The conditions of carriage, in particular the rules of liability contained in the terms and conditions of Air Belgium.

Information Sheet for passengers requiring Medical Clearance - MEDIF Part 1

In accordance with IATA Resolution 700 Attachment A, 29th Edition, June 2009

Note for the attending physician: The details requested in here will be treated confidentially; they should enable the Medical Services of the airline(s), as it 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. Please fill in this form on your PC to enhance readability and clarity. You can easily typewrite into the grey fields. Thank you for your cooperation! For any further information please do not hesitate to contact us immediately via phone or email.

1. Patient	
Surname:	Given Name:
Date of birth:	Height:
Sex:	Weight:
2. Attending Physician	
Name:	
E-mail:	Phone:
3. Diagnosis (including short history, onset of current illness, episode or accident and treatment, specify if contagious)	
<hr/> <hr/> <hr/>	
Nature and date of any recent and/or relevant surgery: _____	
<hr/> <hr/>	
4. Current symptoms and severity:	
<hr/> <hr/>	
Date of onset: _____	
5. Will a 25% to 30% reduction in the ambient partial pressure of oxygen (relative hypoxia) affect the passenger's medical condition?	
(Cabin pressure to be the equivalent of a fast trip to a mountain elevation of 2.400 meters (8.000 feet) above sea Level)	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	
6. Additional clinical information:	
-Anemia	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give recent result in grams of haemoglobin per litre
-Psychiatric conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No if yes, see Part 2
-Cardiac disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No if yes, see Part 2
-Normal bladder control	<input type="checkbox"/> Yes <input type="checkbox"/> No if no, give mode of control
-Normal bowl control	<input type="checkbox"/> Yes <input type="checkbox"/> No
-Respiratory disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No if yes, see Part 2
-Does the patient require oxygen at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No if yes, specify how much
-Oxygen needed during flight?	<input type="checkbox"/> Yes <input type="checkbox"/> No if yes, specify <input type="checkbox"/> 2LPM <input type="checkbox"/> 4LPM <input type="checkbox"/> Other
-Seizure disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No if yes, see Part 2
7. Escort	
a. Is the patient fit to travel unaccompanied?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Is the patient able to sit in a regular aircraft seat	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Is the patient able to embark and disembark the aircraft independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. If no, will the patient have a private escort to take care of his/her needs onboard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. If yes, who should escort the passenger?	<input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Other
f. If other, is the escort fully capable to attend the passenger?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Mobility	
a. Able to walk without assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Wheelchair required for boarding	<input type="checkbox"/> to aircraft <input type="checkbox"/> to seat
9. Medication list (incl. doses)	
10. Other medical information	

Information Sheet for passengers requiring Medical Clearance - MEDIF Part 2

In accordance with IATA Resolution 700 Attachment A, 29th Edition, June 2009

1. Cardiac condition			
a. Angina	<input type="checkbox"/> Yes <input type="checkbox"/> No	When was last episode?	
-Is the condition stable?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
-Functional class of the patient	<input type="checkbox"/> No symptoms	<input type="checkbox"/> Angina with moderate exertion	
	<input type="checkbox"/> Angina with minimal exertion	<input type="checkbox"/> Angina at rest	
-Can the patient walk 100 metres at a normal pace or climb 10-12 stairs without symptoms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Myocardial infarction	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	
-Complications?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give details	
-Stress EKG done?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what was the result? MET or Watt	
-If angioplasty or coronary bypass,			
Can patient walk 100 metres at a normal paced or climb 10-12 stairs without symptoms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Cardiac failure	Yes	No	When was last episode?
-Is the patient controlled with medication?	Yes	No	
-Functional class of the patient	<input type="checkbox"/> No symptoms	<input type="checkbox"/> Shortness of breath (SOB) with moderate exertion	
	<input type="checkbox"/> SOB with minimal exertion	<input type="checkbox"/> Shortness of breath at rest	
d. Syncope	<input type="checkbox"/> Yes <input type="checkbox"/> No	When was last episode?	
-Investigations	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state results	
2. Chronic pulmonary condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
a. Has the patient had recent arterial blood gasses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Blood gases were taken on	<input type="checkbox"/> Room air	<input type="checkbox"/> Oxygen	<input type="checkbox"/> Litres per minute (LPM)
If yes, what were the results	pCO2 [kPa/mmHg]:	pO2 [kPa/mmHg]:	Date of Exam:
	% Saturation:		
c. Does the patient retain CO2?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
d. Has his/her condition deteriorated recently?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
e. Can the patient walk 100 metres at a normal pace or climb 10-12 stairs without symptoms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
f. Has the patient ever taken an commercial aircraft in his/her current medical state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
-If yes, when?			
-Did the patient have any problems?			
3. Psychiatric conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
a. Is there a possibility that the patient will become agitated during the flight?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Has he/she taken a commercial aircraft before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, date of travel?	How did the patient travel:	alone	<input type="checkbox"/> escorted
4. Seizure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
a. What type of seizure?			
b. Frequency of the seizures?			
c. When was the last seizure?			
d. Are the seizures controlled by medication	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5. Prognosis for the trip	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	
6. Physician Signature			
Date:			

Note: Cabin attendants are not authorized to give special assistance (e.g. lifting, feeding) 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. 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.