

PART 1
To be completed by
the Client's Doctor

**INCAD: Information for the transportation of
passengers in a special physical condition**
Ref.: Resolution 700 de IATA



Please answer all questions. Mark with a cross (x) the boxes "YES" or "NO"
Use BLOCK CAPITALS or TYPE to complete this document.

A SURNAMES / FORENAME:
I.D. DOC/ PASSPORT:

B PROPOSED ITINERARY (Flight No/s., class, date, reservation status, PNR). Transferring from one flight to another often requires a longer connection time.

C NATURE OF THE DISABILITY:

D DO YOU NEED A STRETCHER ON BOARD? (All stretcher cases must be accompanied)
YES (Request the Fare if not known) NO

E INTENDED COMPANION (Surnames, forename, sex, age, profession, journey to be taken if different from that of the passenger. In the case of blind and/or deaf pax, indicate whether they will be accompanied by a guide dog):

F DO YOU NEED A WHEEL CHAIR? Own chair? Folding? Powered?
Types of Wheel chair NO YES NO YES NO YES
NO YES WCHR- Pax can ascend/descend steps to aircraft Removable battery?
 WCHS- Pax unable to ascend/descend steps to aircraft NO YES
 WCHC- Pax completely immobile

NB.: Wheelchairs with removable batteries are "dangerous merchandise" and are accepted on to the aircraft under specific conditions. Please consult the airlines. In addition, some countries may impose certain restrictions with regard to their admittance.

G DO YOU NEED A WHEEL AN AMBULANCE? (Request the fare if not known)
NO YES Indicate the company's name and telephone no.:
Indicate destination address:

H DO YOU NEED OTHER GROUND ARRANGEMENTS? (If so, indicate for each option necessary: a) Airline or company responsible for these; b) who is responsible for the cost; c) contact address and telephone no., where appropriate, of the person or organisation responsible for collecting/helping the passenger)
1 At the airport of DEPARTURE NO YES Indicate:
2 At connection points NO YES Indicate:
3 At the airport of ARRIVAL NO YES Indicate:
4 Other relevant requirements or information NO YES Indicate:

K DO YOU NEED SPECIAL ARRANGEMENTS ON THE FLIGHT (such as special meals, special seating, leg support, extra SEAT, special equipment, etc., see note at the end of part 2 (overleaf)).
 NO YES Indicate: (a) Journeys on which it is required; (b) If it must be arranged by the Company or by third parties; (c) who is covering the costs. For special equipment (oxygen, etc.) part 2 must always be completed (overleaf).

PASSENGER DECLARATION or declaration by the individual representing the passenger
I HEREBY AUTHORISE DOCTOR....., through the point of sale or directly, to provide the Airline with the information required by the medical department, in order to determine whether it is appropriate for me to fly, relieving him/her from his/her professional code of confidentiality with respect to this information and agreeing to meet any fees incurred.
I accept that if I am permitted to fly, my journey shall be subject to the general terms and conditions for transport/regulations of the relevant carrier, which shall assume no special responsibility over and above these terms and conditions/regulations.
I assume the responsibility of suffering any consequence to my state of health which may arise from the air travel, and I relieve the carrier, its employees, representatives and agents of any responsibility relating to this.
I undertake to refund the carrier for any special expense or cost incurred by my transport.
In the event of using my own equipment, not provided by the carrier, this will be grease-free and in perfect condition, which will ensure it will work correctly and not affect flight safety, and in the case of oxygen equipment, the user will not employ lotions or creams during use.
If spare batteries are carried for the equipment, these will be protected against possible short-circuits and/or damages.
In accordance with GDPR 25th may 2018, CANARYFLY guarantees that this document shall only be used for the purpose specified.
(It must be read by the passenger and dated and signed by him/her or his/her representative)

PLACE

DATE

SIGNATURE (ID DOC/PASSPORT)

PART 2
To be completed by
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The purpose of this form is to provide CONFIDENTIAL information so that the medical department of the airlines can determine whether it is appropriate for the passenger to fly. If the passenger is accepted, this information will enable the necessary measures to be taken to ensure the safety and comfort of the passenger.
The passenger's Doctor is asked to ANSWER ALL THE QUESTIONS. Enter a cross "x" into the boxes "YES" or "NO" as appropriate and/or provide the necessary answers in a concise way.
COMPLETE THE FORM IN BLOCK CAPITALS OR TYPED.

MEDA 01 SURNAMEN, FORENAME, SEX, AGE OF PATIENT

MEDA 02 PASSENGER'S DOCTOR NAME:

ADDRESS:

PROF. ASSOCIATION NO.:

WORK TELEPHONE NO.:

PRIVATE TELEPHONE NO.:

MEDA 03 MEDICAL DETAILS: DETAILED DIAGNOSIS (including vital signs)

DAY/MONTH/YEAR of the first symptoms:

DATE OF DIAGNOSIS:

MEDA 04 CONDITION FOR THE JOURNEY:

MEDA 05 CONTAGIOUS AND TRANSMISSIBLE ILLNESS? NO YES Specify:

MEDA 06 COULD HE/SHE DISTURB OTHER PASSENGERS IN ANY WAY? (smell, appearance, behaviour)
NO YES Specify:

MEDA 07 CAN THE PATIENT USE THE NORMAL AIRCRAFT SEAT WITH THE BACKREST IN ITS UPRIGHT POSITION WHEN THIS IS REQUIRED?
NO YES

MEDA 08 CAN THE PATIENT LOOK AFTER HIM/HERSELF, WITHOUT ASSISTANCE, ON BOARD (including meals, going to the toilet, etc)?
YES NO Specify what type of assistance is required:

MEDA 09 IF HE/SHE MUST BE ACCOMPANIED, DO YOU BELIEVE THAT WHAT IS PROPOSED IN PART 1/E OF THIS FORM IS
YES NO* Indicate the kind of companion you would propose:

MEDA 10 IS OXYGEN EQUIPMENT REQUIRED ON THE FLIGHT? NO YES Litres per minute
¿Continuous? YES NO

DOES THE PATIENT NEED MEDICATION WHICH IS NOT SELF-ADMINISTERED AND/OR THE USE OF SPECIAL APPARATUS, SUCH AS A RESPIRATOR, INCUBATOR, O₂ CONCENTRATOR, ETC.**?

MEDA 11 a) On the GROUND whilst at the Airport/s YES NO Specify:

MEDA 12 b) On board the AIRCRAFT YES NO Specify:

DOES THE PATIENT NEED TO BE HOSPITALISED? (If so, indicate the arrangements made, and if none have been made, indicate "NO MEASURES HAVE BEEN TAKEN")

MEDA 13 A) During long delays or at connection points in route NO YES Measures:

MEDA 14 B) On arrival at the destination NO YES Measures:

MEDA 15 OTHER MEASURES OR RELEVANT COMMENTS FOR THE CONVENIENCE AND COMFORT OF YOUR PATIENT.
Indicate what: NONE

MEDA 16 OTHER PREPARATIONS MADE BY THE ATTENDING DOCTOR:

DATE:

PLACE:

SIGNATURE OF THE ATTENDING DOCTOR:

* NB: The cabin crew are not authorised to give special assistance to particular passengers, to the detriment of other passengers. Furthermore, they have only been trained in first aid and are not permitted to give injections, administer medication.

** IMPORTANT: Any costs incurred in providing the information shown on this form, and in the provision on the part of the Airline of special equipment, shall be covered by the passenger