

**FREQUENT TRAVELLER'S MEDICAL CARD (FREMEC)**

Honouring instructions. The data contained in the shaded fields **MUST** always be transmitted with any reservation request. Journeys requested but not authorized by this Card require completion of the Information Sheet for Passengers Requiring Special Assistance.

**FREMEC** Number:  /  Issued by:  Valid until:   
(Airline's Code Number) (Serial Number) (Airline's Medical Dept's Telex Code) (day/month/year)

The holder of this Card       
(Surname) (Initial) (Title) (Sex) (Age)

(Permanent Address) (Phone)

Has the following permanente/chronic incapacitation

The holder is authorised by the Medical department issuing this Card, to travel by air within the validity of this Card, subject to: (a) the Conditions stated on the reverse, (b) no worsening of the Holder's present health conditions, and © full observance of all Carrier rules, regulations and instructions, and with the following LIMITATIONS:

(Insert limitations, including any permanente dietary requirements)

**CONDITIONS OF ISSUE**

1. Cardholders are required to REPORT ALL CHANGES in their present hándicap or incapacitation, and/ or the deterioration in their physical or medical conditionl, to the airline representative or agent with whom they are in contact.
2. Subject to all terms and conditions stated on this Card, the authorisation for air travel is valid only up to the date stated on th front.
3. This Card is not tranferable and must be produced, toguether with proof of the cardholder’s identity, on every occasion whenever airline reservations are made for th ecardholder, at time of ticket issuance, and when so requested by the Airlines or their agents or representatives.
4. Cardholders are reminded that arrangements for travel should be made as much in advance as possible. They should also allow sufficient time for check- formlities.

Date and place of Issue

Passenger’s Signature

(Legal guardian or Passenger’s witness  
may sign if Passenger is physically  
unable to do so).