

**PART 1**

**INCAPACITATED PASSENGER'S HANDLING ADVICE (INCAD)**  
Handling Information - PART 1



To be completed by Passenger Attendant or Sales Office Agent. Answer all questions - Put a cross (x) in "YES" or "NO" boxes. Use BLOCK LETTERS when completing this form. Both sides of completed form must be faxed to Canadian North's Meda Desk. **Meda Desk Fax Number: 1-866-437-5381.**

<b>A</b>	NAME / INITIALS / TITLE OF PASSENGER	NO <input type="checkbox"/> YES <input type="checkbox"/>									
<b>B</b>	PROPOSED ITINERARY (flight number(s) and routing): RECORD LOCATOR (if known):	NOTE: Transfer from one flight to another often requires LONGER connecting time.									
<b>C</b>	NATURE OF INCAPACITATION	MEDICAL CLEARANCE REQUIRED? NO <input type="checkbox"/> YES <input type="checkbox"/>									
<b>D</b>	IS STRETCHER NEEDED ON BOARD? (all stretcher cases MUST be escorted)	Request rate if unknown.									
<b>E</b>	INTENDED ESCORT (Name, sex, age, professional qualification segments if different from passenger); if untrained state TRAVEL COMPANION	For visually or hearing impaired, state if escorted by trained service animal.									
<b>F</b>	WHEELCHAIR NEEDED? NO <input type="checkbox"/> YES <input type="checkbox"/> Categories are: WCHR WCHS WCHC WHEELCHAIR CATEGORY: _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;">OWN Wheelchair</th> <th style="width:15%;">Collapsible</th> <th style="width:15%;">Power driven?</th> <th style="width:15%;">Spillable Battery?</th> </tr> <tr> <td>NO <input type="checkbox"/> YES <input type="checkbox"/></td> <td>NO <input type="checkbox"/> YES <input type="checkbox"/></td> <td>NO <input type="checkbox"/> YES <input type="checkbox"/></td> <td>NO <input type="checkbox"/> YES <input type="checkbox"/></td> </tr> </table>	OWN Wheelchair	Collapsible	Power driven?	Spillable Battery?	NO <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> YES <input type="checkbox"/>	Wheelchairs with spillable 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 restrictions.
OWN Wheelchair	Collapsible	Power driven?	Spillable Battery?								
NO <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> YES <input type="checkbox"/>								
<b>G</b>	AMBULANCE NEEDED? NO <input type="checkbox"/> YES <input type="checkbox"/>	If YES, specify Ambul. Company, Name and Contact. If NO, specify destination address.									
<b>H</b>	OTHER GROUND ARRANGEMENTS NEEDED? NO <input type="checkbox"/> YES <input type="checkbox"/>	If YES, please SPECIFY below and indicate for each item: (a) the ARRANGING airline or other organization; (b) at whose EXPENSE; and (c) CONTACT addresses/phone numbers where appropriate or whenever specific persons are designated to meet/assist the passenger.									
<b>1</b>	Arrangements for delivery at airport of DEPARTURE	NO <input type="checkbox"/> YES <input type="checkbox"/>									
<b>2</b>	Arrangements for assistance at CONNECTING POINTS	NO <input type="checkbox"/> YES <input type="checkbox"/>									
<b>3</b>	Arrangements for meeting at airport of ARRIVAL	NO <input type="checkbox"/> YES <input type="checkbox"/>									
<b>4</b>	Other requirements or relevant information	NO <input type="checkbox"/> YES <input type="checkbox"/>									
<b>K</b>	SPECIAL INFLIGHT ARRANGEMENTS NEEDED, such as special meals, special seating, leg rest, extra seat(s), special equipment, etc.? (See "Note" on overleaf)	If YES, please DESCRIBE and indicate for each item: (a) SEGMENTS on which required; (b) AIRLINE ARRANGED or arranging third party and (c) at whose expense. Provision of SPECIAL EQUIPMENT, such as oxygen, extra seat request, etc. always requires completion of PART 2 overleaf.									
<b>L</b>	DOES PASSENGER HOLD A "FREQUENT PASSENGER'S MEDICAL CARD" (FREMEC) FOR THIS TRIP? FREMEC (FREMec Number) _____ (issued by) _____ (valid until) _____ (sex) _____ (age) _____ (incapacitation) _____ (limitations)	If YES, please add below FREMEC data to your reservation request(s). If NO, (would the person like to receive one) have physician in attendance complete PART 2 hereof and submit with date of birth and mailing address.									
PASSENGER'S DECLARATION (Where needed, to be read by/to the passenger, dated and signed by him/her, or on his/her behalf)											
I, the undersigned, will authorize my physician to deliver to the Medical Department of Canadian North an up-to-date personal medical information sheet containing such details as may reasonably be required by Canadian North. The medical information sheet will be used by Canadian North as the basis for its determination as to whether I am medically unfit for air travel. The determination once made will be final. The medical information sheet, the physician fee for which being met by me, will be delivered at least seven (7) days prior to the proposed flight departure date and may be disclosed to all other air carriers participating in the contemplated air carriage. If I am accepted for air travel then I agree that I will pay to Canadian North and the other participating air carriers, as the case may be, forthwith upon demand any extraordinary costs which may be or are sustained or incurred by any of them in providing the contemplated air carriage. I understand that Canadian North and the participating air carriers will not be obligated in any way to accept me for any subsequent or return air carriage and that a separate medical report may be required therefore.											
I also understand that the air carriage provided by Canadian North and other particular air carriers will be subject to the terms and conditions of carriage either contained in or referred to by reference on my passenger ticket coupon and that such carriers do not assume any special liability exceeding those terms and conditions.											
Place:	Date:	Passenger's Signature:									

PART 2	MEDICAL INFORMATION SHEET - PART 2
to be completed by ATTENDING PHYSICIAN	(for official use only)
<p>This form is intended to provide CONFIDENTIAL information to enable Canadian North's Meda Desk to assess the fitness of the passenger to travel as indicated in PART 1 herof. Section MEDA07 will allow the Meda Desk to determine whether or not the passenger is eligible for an extra seat free of charge. If the passenger is acceptable for travel, this information provided herein 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 - put a cross (x) in "YES" or "NO" boxes and/or give precise, concise answers. Use BLOCK LETTERS when completing this form. Both sides of completed form must be faxed to Canadian North's Meda Desk. <b>Meda Desk Fax Number: 1-866-437-5381.</b></p>	
MEDA01	PATIENT'S NAME, INITIAL(S), SEX, AGE
MEDA02	ATTENDING PHYSICIAN (NAME AND ADDRESS)  TELEPHONE CONTACT: _____ Business: _____ Home: _____
MEDA03	MEDICAL DATA: DIAGNOSIS in detail, including vital signs  Day/month/year of first symptoms: _____ Date of Diagnosis: _____
MEDA04	PROGNOSIS FOR THE TRIP: _____
MEDA05	Contagious AND communicable disease? NO <input type="checkbox"/> YES <input type="checkbox"/> Specify: _____
MEDA06	Can patient use normal aircraft seat with seatback placed in the UPRIGHT position when so required? NO <input type="checkbox"/> YES <input type="checkbox"/>
MEDA07	Does patient require an extra seat due to obesity? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, give MAXIMUM WIDTH OF PATIENT: _____ cm (at either hips or waist, whichever is greater)  IF YES, give PATIENT'S BODY MASS INDEX: _____ kg/m <sup>2</sup>  DIRECTIONS FOR MEASURING MAXIMUM WIDTH: Seat patient on paper-covered examination table. Hold a straight edge vertically along each side of the patient, marking with a pencil on each side of the patient where the ruler touches the table. Measure the distance between the two pencil marks. This is considered the patient's maximum width.
MEDA08	Is patient self-reliant? (i.e. can patient take care of his/her own needs on board unassisted - including meals, visiting the toilet, self-administering medication, etc.) NO <input type="checkbox"/> YES <input type="checkbox"/> IF NO, state nature of assistance required: _____
MEDA09	If patient to be ESCORTED, is the arrangement proposed in PART 1, sec. E hereof satisfactory for you? NO <input type="checkbox"/> YES <input type="checkbox"/> If not, state type of escort proposed by YOU: _____
MEDA10	Does patient require OXYGEN equipment in flight? If YES, state rate of flow. NO <input type="checkbox"/> YES <input type="checkbox"/> 2 LPM or <input type="checkbox"/> 4 LPM Continuous? NO <input type="checkbox"/> YES <input type="checkbox"/>
MEDA11	Does patient require any MEDICATION (*) other than self-administered, and/or the use of special apparatus such as respirator, incubator, etc.? a) on the GROUND while at the airport: NO <input type="checkbox"/> YES <input type="checkbox"/> Specify: _____ b) on board the AIRCRAFT: NO <input type="checkbox"/> YES <input type="checkbox"/> Specify: _____
MEDA12	Does patient require HOSPITALIZATION? (if YES, indicate arrangements made or, if none were made, indicate 'NO ACTION TAKEN') a) during long layover or night stop at CONNECTING POINTS en route: NO <input type="checkbox"/> YES <input type="checkbox"/> Specify: _____ b) upon arrival at DESTINATION: NO <input type="checkbox"/> YES <input type="checkbox"/> Specify: _____
MEDA15	Other remarks or information in the interest of your patient's smooth and comfortable transportation: NONE <input type="checkbox"/> Specify if any: _____
MEDA16	Other arrangements made by the attending physician: _____
<p><b>NOTE:</b> (*) - Cabin attendants are NOT authorized to give special assistance 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.</p>	
Place:	Attending Physician's Signature: _____
	Date: _____