

FREMEC

To be completed by SALES OFFICE		INFORMATION SHEET FOR PASSENGER REQUIRING SPECIAL ASSISTANCE																			
Answer all questions - put a cross (X) in "Yes" or "No" boxes. USE BLOCK LETTERS																					
A	NAME / INITIALS / TITLE:																				
B	PROPOSED ITINERARY: (airline(s), flight number(s), class(es), date(s), segment(s) reservation status of							Transfer from one flight to another often requires LONGER connecting time.													
C	NATURE OF INCAPACITATION:																				
D	IS STRETCHER NEEDED ON BOARD? (all stretcher cases MUST be escorted)							No <input type="checkbox"/> Yes <input type="checkbox"/>		Request rate if unknown											
E	ENTENDED ESCORT (name, sex, age, professional qualification, segments if different from passenger) If untrained, state "TRAVEL COMPANION"						For blind and/or deaf, state if escorted by trained dog														
F	WHEELCHAIR NEEDED? No <input type="checkbox"/> Yes <input type="checkbox"/>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%;">OWN Wheelchair</th> <th style="width:25%;">Callapsible</th> <th style="width:25%;">Power driven?</th> <th style="width:25%;">Battery Type (spillable)?</th> </tr> </thead> <tbody> <tr> <td>No <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>Yes <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> </tr> </tbody> </table>				OWN Wheelchair	Callapsible	Power driven?	Battery Type (spillable)?	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Wheelchairs with spillable batteries are "dangerous goods" 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		
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Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>																		
G	AMBULANCE NEEDED? No <input type="checkbox"/> Yes <input type="checkbox"/>		To be arranged by AIRLINE		Specify ambulance company contact:			Request rate(s) if unknown													
H	OTHER GROUND ARRANGEMENTS NEEDED:		If yes, SPECIFY below and indicate for each item: (a) the ARRANGING airline or other organisation, (b) at whose EXPENSE and, (c) CONTACT addresses/telephone numbers where appropriate, or whenever specific persons are designated to meet/assist the passenger.																		
1	Arrangements for delivery at airport of DEPARTURE		No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:																		
2	Arrangements for assistance at CONNECTING POINTS		No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:																		
3	Arrangements for meeting at airport of ARRIVAL		No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:																		
4	Other requirements Or relevant information		No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:																		
K	SPECIAL IN-FLIGHT ARRANGEMENTS NEEDED, such as: Special meals, special seating, leg-rest, extra seat(s), special equipment, etc.		No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, DESCRIBE and indicate for each item; (a) SEGMENT(s) on which required, (b) airline-ARRANGED OR ARRANGING THIRD PARTY, AND (c) at whose expense. Provision of SPECIAL EQUIPMENT, such as oxygen, etc. always requires completion of the MEDIF																		
L	DOES THE PASSENGER HOLD A "FREQUENT TRAVELLERS MEDICAL CARE (FREMEC)" VALID FOR THIS TRIP?		No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, add below FREMEC data to your reservation requests. If no (or if additional data needed by carrying airline(s)), have a physician in attendance complete the MEDIF.																		
			(FREMEC number)		(Issued by)		(Valid until)		(Sex) (Age)												
			(Incapacitation continued)				(Limitations)														