

To be completed by Sales Office/Agent or Passenger

Answer all questions. Put a cross (X) in 'Yes' or 'No' boxes. Use block letters or typewriter when completing this form.

A	Name/Initials/Title						
B	Proposed itinerary (airline(s), flight number(s), class(es), date(s), segment(s), reservation status of continuous air journey)					Transfer from one flight to another often requires longer connecting time	
C	Nature of incapacitation					Medical clearance required?	<input type="checkbox"/> No <input type="checkbox"/> Yes
D	Is stretcher needed on board? (all stretcher cases must be escorted) <input type="checkbox"/> No <input type="checkbox"/> Yes						
E	Intended escort (Name, sex, age, professional qualification if different from passenger). If untrained, state 'Travel companion'					For blind and/or deaf state if escorted by trained dog	
F	Wheelchair needed?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Own wheelchair?	Collapsible?	Power driven?	Battery type (spillable)?	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.
	Categories are WCHR, WCHS, WCHC	<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"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
	Wheelchair category						
G	Ambulance needed? <input type="checkbox"/> No <input type="checkbox"/> Yes		Specify Ambul Company contact and destination address				
H	Other ground arrangements needed		<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify below and indicate for each item, (a) the arranging airline or other organisation, (b) at whose expense, and (c) contact addresses/phones where appropriate, or whenever specific persons are designated to meet/assist the passenger.			
	Arrangements for delivery at airport of departure		<input type="checkbox"/> No <input type="checkbox"/> Yes, specify				
	Arrangements for assistance at connecting points		<input type="checkbox"/> No <input type="checkbox"/> Yes, specify				
	Arrangements for meeting at airport of arrival		<input type="checkbox"/> No <input type="checkbox"/> Yes, specify				
	Other requirements or relevant information		<input type="checkbox"/> No <input type="checkbox"/> Yes, specify				
	Able to walk 50 m without breathing difficulties		<input type="checkbox"/> No <input type="checkbox"/> Yes				
K	Special in-flight arrangements needed, such as: special seating, leg rest, extra seat(s), special equipment etc.		<input type="checkbox"/> No <input type="checkbox"/> Yes	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 always requires completion of Part 2 overleaf.			
	(See 'Note(•)' at the end of Part 2 overleaf)						

PASSENGER'S DECLARATION

I hereby authorize all physicians and hospitals to provide the airlines with the information required by those airlines' medical departments for the purpose of determining my fitness for carriage by air and in consideration thereof I hereby relieve that physician of his/her professional duty of confidentiality in respect of such information, and agree to meet such physicians' fees in connection therewith.

I take note that, if accepted for carriage, my journey will be subject to the general conditions of carriage/tariffs of the carrier(s) concerned and that the carrier(s) do not assume any special liability exceeding those conditions/tariffs.

I am prepared, at my own risk, to bear any consequences which carriage by air may have for my state of health and I release the carrier, its employees, servants and agents from any liability for such consequences.

I agree to reimburse the carrier(s) upon demand for any special expenditures or costs in connection with my carriage. (Where needed, to be read by/to the passenger, dated and signed by him/her, or on his/her behalf)

Place and date	Passenger's signature
----------------	-----------------------

Medical information sheet

To be completed by attending physician

For official use only

Return this form to:	This form is intended to provide confidential information to enable the airlines' medical departments to assess the fitness of the passenger to travel as indicated in Part 1 overleaf. If the passenger is acceptable, this information will permit the issuance of the necessary directives designed to provide for the passenger's welfare, comfort and safety. The physician attending the incapacitated passenger is requested to answer all questions. (Enter a cross 'X' in the appropriate 'yes' or 'no' boxes, and/or give precise concise answers). Completion of the form in block letters or by typewriter will be appreciated.		FINNAIR AEROMEDICAL SERVICES fax. + 358 9 818 4825	
Carrier's designated office				
Airlines' ref code MEDA01	Patient's name, initial(s), sex, age			
MEDA02	Attending physician's name and address			
	Telephone office	Telephone home		
MEDA03	Medical data: Diagnosis in details (including vital signs)			
	Day/month/year of first symptoms	Date of diagnosis		
MEDA04	Prognosis for the trip			
MEDA05	Contagious and communicable disease?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
MEDA06	Is patient in any way offensive to other passengers? (smell, appearance, conduct)		<input type="checkbox"/> No	<input type="checkbox"/> Yes
MEDA07	Can patient use normal aircraft seat with seatback placed in the upright position when so required?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
MEDA08	Can patient take care of his own needs on board unassisted* (including meals, visits to toilet, etc.)?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
MEDA09	If to be escorted, is the arrangement proposed in Part 1/E overleaf satisfactory for you?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
			If not, type of escort proposed by you	
MEDA10	Does patient need oxygen* • equipment in flight? (If yes, state rate of flow)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Litres per minute	Continuous
				<input type="checkbox"/> Yes <input type="checkbox"/> No
MEDA11	(a) on the ground while at the airport(s)		Specify	
	Does patient need any medication •, other than self-administered, and/or the use of special apparatus such as respirator, incubator etc. • •		<input type="checkbox"/> Yes	<input type="checkbox"/> No
MEDA12	(b) on board the aircraft		Specify	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
MEDA13	(a) during long layover or nightstop at connecting points en route		Action	
	Does patient need hospitalisation? (If yes, indicate arrangements made or, if none were made, indicate 'No action taken')		<input type="checkbox"/> Yes	<input type="checkbox"/> No
MEDA14	(b) upon arrival at destination		Action	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
MEDA15	Other remarks or information in the interest of your patient's smooth, comfortable and safe transportation		<input type="checkbox"/> None	Specify if any
MEDA16	Other arrangements made by the attending physician.			
Note (•) 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.		Important Fee if any, relevant to the provision of the above information and for carrier- provided special equipment (• •), are to be paid by the passenger concerned.		
Place and date		Attending physician's signature		