Austrian

Incapacitated Passengers Handling Advice

Part 1 (INCAD) / to be completed by Sales Office or Reservation Agent

Please answer all questions. Mark the respective boxes with a cross and use BLOCK LETTERS. Send completed form to Austrian Airlines Group Medical Desk, E-mail: specialcases@austrian.com, Fax: +43 (0)5-1766-51043

A

Name _____ Title _____

Address _____ Phone _____

B

Proposed routing Attention: Transfer from one flight to another could require a longer connecting time

Flight no. _____ from _____ to _____ Date _____

Flight no. _____ from _____ to _____ Date _____

C

Required Support

Medical clearance required?
☐ No ☐ Yes

D

Stretcher needed on board ☐ No ☐ Yes

All stretcher cases must be escorted.
A special service charge applies.

E

Escort required

☐ No ☐ Yes - by medical escort ☐ Yes - by an adequate escort

_____ Name _____ Name _____

F

Wheelchair request

☐ WCHR - passenger is able to ascend/descend aircraft steps
☐ WCHS - passenger cannot ascend / descend aircraft steps
☐ WCHC - passenger is completely immobile
☐ passenger is travelling with own wheelchair ☐ collapsible ☐ battery driven

Note: Only wheelchairs with non-spillable batteries will be accepted for carriage as checked baggage on AAG-flights! Wheelchairs with spillable batteries will be accepted as cargo only!

G

Passenger will be hospitalized at final destination

Expenses for ambulance have to be absorbed by passenger.

☐ Yes, state name and address of hospital

☐ No, state private address

H

Other ground arrangements

Requested support

K

Special inflight arrangements

☐ special medical equipment (provision of special equipment - e.g. oxygen, infusions, stretcher - requires completion of PART 2)
☐ legrest (available in C-Class on B777/B767 only)
☐ legsupport (an extra seat must be paid for on which injured leg will be positioned)
☐ additional seat
☐ special seating
☐ special meal

Passenger's Declaration

"I hereby authorize,

_____

(Name of designated physician)

to provide Austrian Airlines AG with the information required by its medical department for the purpose of determining my fitness for carriage by air, and in consideration thereof I relieve this physician of his/her professional duty of confidentiality in respect of such information, and agree to meet such physician's fees in connection there with.

I acknowledge, if accepted for carriage, my journey will be subject to the general conditions of carriage/tariffs of Austrian Airlines AG concerned and that Austrian Airlines AG does not assume any special liability exceeding those conditions. I am prepared at my own risk, to bear any consequences which the carriage by air may have for my state of health and I release Austrian Airlines AG, its employees, servants and agents from any liability for such consequences. I agree to reimburse Austrian Airlines AG upon demand for any special expenditures or costs in connection with my carriage".

Place _____ Date _____ Passenger's signature _____

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