

Information Sheet for Passengers Requiring Special Assistance – Special Assistance Form

	Name, first name	Title	Age	Gender
1.	Phone, incl. country/area code			
	E-mail			
2.	Passenger Name Record (PNR)			
3.	Routing from	to	Flightnbr.	Class
	Routing from	to	Flightnbr.	Class
4.	Nature of disability and/or required assistance			
	Stretcher transport required			<input type="checkbox"/> yes <input type="checkbox"/> no
5.	<input type="checkbox"/> STCR Must travel on a stretcher. This requires medical assistance, either nurse/paramedic or a physician.			
	Escort for the journey required			<input type="checkbox"/> yes <input type="checkbox"/> no
6.	Designated escort (Name)			
	Medical qualification	<input type="checkbox"/> physician	<input type="checkbox"/> nurse/paramedic	<input type="checkbox"/> none PNR (if different)
	<input type="checkbox"/> other applicable person (Name)			
	Wheelchair required			<input type="checkbox"/> yes <input type="checkbox"/> no
7.	<input type="checkbox"/> WCHR Ambulant but impaired in walking: Needs assistance in terminal to/from gate, needs wheelchair or similar when passengers are boarded/disembarking by walking over ramp. Does not need assistance in a ramp bus, on passenger steps and in the aircraft cabin to/from seat, toilets and with meals.			
	<input type="checkbox"/> WCHS Ambulant but more severely limited in walking: Cannot use a ramp bus and needs assistance in boarding/disembarking (e.g. on passenger steps). Does not need assistance in the aircraft cabin to/from seat, toilets and with meals.			
	<input type="checkbox"/> WCHC Non-ambulant: Needs also assistance in the aircraft to/from seat, toilets and possibly with meals. <i>Mind: Cabin crew provides assistance in preparation for eating only.</i>			
	Own wheelchair	<input type="checkbox"/> WCH OWN	Battery-driven	<input type="checkbox"/> WCH BD/non-spillable batteries
	Size (W/H/L cm)		Weight (kg)	<input type="checkbox"/> Collapsible
	Ambulance to/from airport required			<input type="checkbox"/> yes <input type="checkbox"/> no
8.	phone/E-mail			
	Organisation (organization and expenses must be absorbed by insurance/passenger)			
9.	Assistance/support while in the airport required			<input type="checkbox"/> yes <input type="checkbox"/> no
	Please specify:			
10.	Other assistance/support while in the airport required (not wheelchair)			<input type="checkbox"/> yes <input type="checkbox"/> no
	Please specify:			
	Specific needs/support/equipment required in-flight/on board			<input type="checkbox"/> yes <input type="checkbox"/> no
11.	Please specify (e.g. special meal, extra seat, type of equipment, etc.)			
	Any arising expenses on account of passenger			
	Technical clearance issued by airline			<input type="checkbox"/> yes <input type="checkbox"/> no
12.	FREMEC (Frequent Medical Traveller Card)			<input type="checkbox"/> yes <input type="checkbox"/> no
	Valid until		Issued by	

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.

Contact: E-mail: specialcases@austrian.com, Fax: +43 (0)5-1766-51043

Information Form for Passengers Requiring Medical Clearance – MEDIF 1

Note for the attending physician: The details requested in here will be treated confidentially; they should enable the Medical Services of the airline(s), as it is their obligation, to judge by their specific air medical knowledge and experience if and under what conditions the patient can be permitted to travel by aircraft as requested. These details will also help the Medical Service in issuing appropriate instructions for the patient's care which duly consider both his/her diagnosis and the special circumstances of the requested air journey. Kindly answer all questions by cross or in block letters, as necessary. Please fill in this form on your PC to enhance readability and clarity. You can easily typewrite into the grey fields. Thank you for your cooperation!

1.	Patient's name			
	Date of Birth	Sex	Height	Weight
2.	Attending physician			
	Address			
	E-mail	Phone, incl. country/area code		Fax
3.	Diagnosis (including short history, onset of current illness, episode or accident and treatment, specify if contagious)			
	Nature and date of any recent and/or relevant surgery			
4.	Current symptoms and severity		Date of onset	
5.	Will a 25% to 30% reduction in the ambient partial pressure of oxygen (relative hypoxia) affect the passenger's medical condition? (Cabin pressure to be the equivalent of a fast trip to a mountain elevation of 2.400 meters (8.000 feet) above sea level)			
	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> not sure			
6.	Additional clinical information			
	a. Anemia	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, give recent result in grams of haemoglobin per litre	
	b. Psychiatric conditions	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, see Part 2	
	c. Cardiac disorder	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, see Part 2	
	d. Normal bladder control	<input type="checkbox"/> yes <input type="checkbox"/> no	If no, give mode of control	
	e. Normal bowel control	<input type="checkbox"/> yes <input type="checkbox"/> no		
	f. Respiratory disorder	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, see Part 2	
	g. Does the patient require oxygen at home?	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, specify how much	
	h. Oxygen needed during flight?	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, specify <input type="checkbox"/> 2 LPM <input type="checkbox"/> 4 LPM other	
i. Seizure disorder	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, see Part 2		
7.	Escort			
	a. Is the patient fit to travel unaccompanied?			<input type="checkbox"/> yes <input type="checkbox"/> no
	b. Is the patient able to sit in a usual aircraft seat?			<input type="checkbox"/> yes <input type="checkbox"/> no
	c. Is the patient able to embark/disembark independently?			<input type="checkbox"/> yes <input type="checkbox"/> no
	d. If yes, who should escort the passenger?			<input type="checkbox"/> yes <input type="checkbox"/> no
	e. If other, is the escort fully capable to attend to all above needs?	<input type="checkbox"/> Doctor	<input type="checkbox"/> Nurse/Paramedic	<input type="checkbox"/> Other
f. If other, is the escort fully capable to attend to all above needs?			<input type="checkbox"/> yes <input type="checkbox"/> no	
8.	Mobility			
	a. Able to walk without assistance			<input type="checkbox"/> yes <input type="checkbox"/> no
	b. Wheelchair required for boarding	<input type="checkbox"/> to aircraft	<input type="checkbox"/> to seat	
9.	Medication list (incl. doses)			
10.	Other medical information			

Information FORM for Passengers Requiring Medical Clearance – MEDIF 2

Cardiac condition				
1.	a. Angina	<input type="checkbox"/> yes <input type="checkbox"/> no	When was last episode?	
	> Is the condition stable?	<input type="checkbox"/> yes <input type="checkbox"/> no		
	> Functional class of the patient?	<input type="checkbox"/> No symptoms	<input type="checkbox"/> Angina at rest	
		<input type="checkbox"/> Angina with moderate exertion	<input type="checkbox"/> Angina with minimal exertion	
	> Can the patient walk 100 metres at a normal pace or climb 10-12 stairs without symptoms?	<input type="checkbox"/> yes <input type="checkbox"/> no		
	b. Myocardial infarction	<input type="checkbox"/> yes <input type="checkbox"/> No	Date	
	> Complications?	<input type="checkbox"/> yes <input type="checkbox"/> No	If yes, give details	
	> Stress EKG done?	<input type="checkbox"/> yes <input type="checkbox"/> No	If yes, what was the result?	MET or Watt
	> If angioplasty or coronary bypass, can the patient walk 100 metres at a normal pace or climb 10-12 stairs without symptoms?	<input type="checkbox"/> yes <input type="checkbox"/> no		
	c. Cardiac failure	<input type="checkbox"/> yes <input type="checkbox"/> no	When was last episode?	
> Is the patient controlled with medication?	<input type="checkbox"/> yes <input type="checkbox"/> no			
> Functional class of the patient?	<input type="checkbox"/> No symptoms	<input type="checkbox"/> Shortness of breath (SOB) with moderate exertion		
	<input type="checkbox"/> SOB with minimal exertion	<input type="checkbox"/> Shortness of breath at rest		
d. Syncope	<input type="checkbox"/> yes <input type="checkbox"/> no	When was last episode?		
> Investigations	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, state results		
Chronic pulmonary condition		<input type="checkbox"/> yes <input type="checkbox"/> no		
2.	a. Has the patient had recent arterial blood gases?	<input type="checkbox"/> yes <input type="checkbox"/> no		
	b. Blood gases were taken on	<input type="checkbox"/> room air <input type="checkbox"/> Oxygen	litres per minute (LPM)	
	> If yes, what were the results	pCO ₂ [kPa/mmHg]	pO ₂ [kPa/mmHg]	
		% Saturation	Date of exam	
	c. Does the patient retain CO ₂ ?	<input type="checkbox"/> yes <input type="checkbox"/> no		
	d. Has his/her condition deteriorated recently?	<input type="checkbox"/> yes <input type="checkbox"/> no		
	e. Can patient walk 100 metres at a normal pace or climb 10-12 stairs without symptoms?	<input type="checkbox"/> yes <input type="checkbox"/> no		
	f. Has the patient ever taken a commercial aircraft in his/her current medical status?	<input type="checkbox"/> yes <input type="checkbox"/> no		
	> If yes, when?	> Did the patient have any problems?		
	Psychiatric conditions		<input type="checkbox"/> yes <input type="checkbox"/> no	
3.	a. Is there a possibility that the patient will become agitated during flight?	<input type="checkbox"/> yes <input type="checkbox"/> no		
	b. Has he/she taken a commercial aircraft before?	<input type="checkbox"/> yes <input type="checkbox"/> no		
	> If yes, date of travel?	Did the patient travel <input type="checkbox"/> alone <input type="checkbox"/> escorted		
Seizure		<input type="checkbox"/> yes <input type="checkbox"/> no		
4.	a. What type of seizures?			
	b. Frequency of the seizures			
	c. When was the last seizure?			
	d. Are the seizures controlled by medication?	<input type="checkbox"/> yes <input type="checkbox"/> no		
5.	Prognosis for the trip	<input type="checkbox"/> Good <input type="checkbox"/> Poor		

Physician signature (or facsimile) _____

Date _____

Note: Cabin attendants are not authorized to give special assistance (e.g. lifting, feeding aid) 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 give medication. **Important:** Fees, if any, relevant to the provision of the above information and for carrier-provided special equipment are to be paid by the passenger concerned.

Please send completed form to the Austrian Airlines Group Medical Desk.

Contact: specialcases@austrian.com, Fax: +43 (0)5-1766-51043