

<b>INFORMATION SHEET FOR PASSENGERS' REQUIRING SPECIAL ASSISTANCE</b>																									
To be completed by SALES OFFICE/AGENT	ANSWER ALL QUESTIONS- put a cross (x) in "YES" or "NO" boxes Use BLOCK LETTERS or TYPEWRITER when completing this form.																								
<b>A</b> NAME/ INITIALS/ TITLE :																									
<b>B</b> PROPOSED ITINERARY (airline(s), flight number (s), class (es), date (s), segments (s). reservation status of continuous air journey).	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> Transfer from one flight to another often requires LONGER connecting time.																								
<b>C</b> NATURE OF INCAPACITATION :																									
<b>D</b> IS STRETCHER NEEDED ON BOARD ? (all stretcher cases MUST be escorted.	No <input type="checkbox"/> Yes <input type="checkbox"/> Request rate if unknown.																								
<b>E</b> INTENDED ESCORT (name, sex, age, professional qualification, segments if different from passenger). If untrained, state "TRAVEL COMPANION"	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> For blind and/or deaf, state if escorted by trained dog.																								
<b>F</b> WHEELCHAIR NEEDED ? Categories are WCHR WCHS WCHC Wheelchair category : <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>	<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%;">Battery type (spillable?)</th> </tr> <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> </table> 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.	OWN wheelchair	Collapsible	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"/>												
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<b>G</b> AMBULANCE NEEDED ?	No <input type="checkbox"/> Yes <input type="checkbox"/> <div style="margin-left: 20px;">           To be arranged by AIRLINE            No <input type="checkbox"/> Specify ambulance company contract: <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div>            Yes <input type="checkbox"/> Specify destination address: <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> </div> Request rate(s) if unknown.																								
<b>H</b> OTHER GROUND ARRANGEMENTS NEEDED	No <input type="checkbox"/> Yes <input type="checkbox"/> <div style="margin-left: 20px;">           if yes, SPECIFY below and indicate for each item: (a) the ARRANGING airline or other organisation, (b) at whose EXPENSE, and (c) CONTACT addresses/telephones numbers where appropriate, or whenever specific persons are designated to meet/assist the passenger.         </div>																								
1 Arrangements for delivery at airport of DEPARTURE	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify <div style="border: 1px solid black; width: 400px; height: 20px; display: inline-block;"></div>																								
2 Arrangements for assistance at CONNECTING POINTS	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify <div style="border: 1px solid black; width: 400px; height: 20px; display: inline-block;"></div>																								
3 Arrangements for meeting at airport of ARRIVAL	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify <div style="border: 1px solid black; width: 400px; height: 20px; display: inline-block;"></div>																								
4 Other requirements of relevant information	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify <div style="border: 1px solid black; width: 400px; height: 20px; display: inline-block;"></div>																								
<b>I</b> 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"/> <div style="margin-left: 20px;">           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.         </div> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>																								
<b>J</b> DOES PASSENGER HOLD A " FREQUENT TRAVELLER'S MEDICAL CARD (FREMEC)" VALID FOR THIS TRIP ?	No <input type="checkbox"/> Yes <input type="checkbox"/> <div style="margin-left: 20px;">           If yes, add below FREMEC data to your reservation requests. If no (or if additional data needed by carrying airline(s). have physician in attendance complete the MEDIF.         </div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 15%;">FREMEC /</td> <td style="border: 1px solid black; width: 15%;"></td> <td style="border: 1px solid black; width: 15%;"></td> <td style="border: 1px solid black; width: 15%;"></td> <td style="border: 1px solid black; width: 15%;"></td> <td style="border: 1px solid black; width: 15%;"></td> </tr> <tr> <td>(FREMEC number)</td> <td>(Issued by)</td> <td>(Valid Until)</td> <td>(Sex)</td> <td>(Age)</td> <td>(Incapacitation)</td> </tr> <tr> <td colspan="2" style="border: 1px solid black; height: 20px;"></td> <td colspan="4" style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td colspan="2">(Incapacitation continued)</td> <td colspan="4">(Limitations)</td> </tr> </table>	FREMEC /						(FREMEC number)	(Issued by)	(Valid Until)	(Sex)	(Age)	(Incapacitation)							(Incapacitation continued)		(Limitations)			
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<b>K</b>	<div style="border: 1px solid black; width: 300px; height: 40px; display: inline-block;"></div> <div style="float: right; text-align: center;"> <b>For Biman BANGLADESH AIRLINES</b>            Signature.....         </div>																								



**MEDICAL CERTIFICATE FOR AIR TRAVEL**

**Note :** This form is intended to provide CONFIDENTIAL information to enable Airlines Medical Department to assess the fitness of the passenger to travel by air and to provide for his/her welfare and comfort. Completed form should reach Biman physician at least 48 hours before flight.

**A. PASSENGER DETAILS :**

1. Name (in block letters) :		2. Age :			
3. Address :		4. Tel :			
5. Airline :		Flight No :	Date :		
6. Sector	From :	To :			
	If Interline From :	To :			
7. Diagnosis :					
8. Symptoms :					
	Nil	Mild	Moderate	Severe	Blood Pressure
Anemia					
Dyspnoea					
Pain					
9. The passenger will be accompanied by an attendant (i. e. doctor, nurse, other) tick one, if required.					
<input type="checkbox"/> DOCTOR <input type="checkbox"/> NURSE <input type="checkbox"/> ATTENDANT <input type="checkbox"/> OTHER					

**Note :** Cabin attendants are trained only in first aid and are not expected to pay particular attention to invalids to the detriment of service to other passengers. Additionally, the airline does not allow cabin attendants to inject injections.

10. Degree of Ambulation of the Passenger (Tick one):	a. <input type="checkbox"/> Sitting case unaccompanied
	b. <input type="checkbox"/> Sitting case accompanied (by doctor, nurse, other)
	c. <input type="checkbox"/> Wheel Chair case
	d. <input type="checkbox"/> Stretcher case
	e. <input type="checkbox"/> Ambulance
11. Additional remarks (If applicable, include any malfunction of bladder or bowels, or any special diet or medication required.) :	

**B. PRINCIPLES FOR THE GUIDANCE OF THE PHYSICIAN :**

1. There are certain guiding principles in deciding whether or not a person is physically and mentally fit to travel by air. Although each case will be considered on its own merits by the carrying airline, the following conditions are generally considered **unacceptable** for air travel.
  - a. Very severe and critical heart conditions, such as: the severely decompensated cardiac patient or the patient who has sustained a recent coronary occlusion with myocardial infarction. Such cases are not normally eligible within six weeks of the onset and at the discretion of the carrier.
  - b. Those patients with entrapped gas such as a recent pneumo-thorax or one who has had air introduced into various system recently for ventriculography.



- c. Psychotic patient requiring heavy sedation or restraint unless attended and special arrangements made, Biman will not accept psychotic passengers under any circumstances.
  - d. Severe cases of otitis media with blockage of the Eustachian tube.
  - e. Acute contagious or communicable disease.
  - f. Pregnancy beyond thirty two (32) weeks.
  - g. Persons with contagious or repulsive skin conditions.
  - h. Recent cases of poliomyelitis unless one month has elapsed since the onset of the disease. Bulbar cases of poliomyelitis at any time unless special arrangements are made with the carrier.
  - i. Persons with large mediastinal tumors, extremely large unsupported hernias, intestinal obstruction, cranial diseases involving increased pressure, fracture of the skull and those with recent fracture of the mandible with permanent wiring of the jaw.
  - j. Recent surgical cases CABG/ANGIOPLASTY etc. with insufficient time for healing.
12. Having read the guiding principles, it is my opinion that this passenger is medically fit to undertake the above journey by air, without causing any distress, inconvenience or embarrassment to other passenger.

**C. ATTENDING PHYSICIANS ASSESSMENT :**

Physician's Name :	Designation :	
Address :	Telephone :	
	Off :	Res :

Date : .....

.....  
Signature & Seal of physician

**D. PASSENGER INDEMNITY DECLARATION :**

(To be signed by the passenger or his/her guardian)

The undersigned will indemnify and release Biman Bangladesh Airlines their representative or agents from all claims for damage sustained in connection with the deterioration of his/her illness as a result of the transportation by air. In case of legal dispute the undersigned will have to prove that any such damage sustained have not been caused wholly or in part by his/her physical condition. The undersigned will pay all additional costs and will be responsible for all damages incurred for Biman Bangladesh Airlines or their parties through this transportation.

The undersigned also declares to be informed that Biman Bangladesh Airlines are not obligated in any way to accept his/her for any subsequent or return journey. Otherwise, the conditions of carriage again particularly the rules of liability contained therein will apply.

Place :	Passenger's Signature
Date	

**E. CHIEF MEDICAL OFFICER, BIMAN / REPRESENTATIVE PHYSICIAN :**

The above mentioned passenger does not suffer from contagious diseases, other passengers will not be endangered or annoyed by his/her conditions, appearance and conduct. From a medical point of view, there is no objections to the carriage of said passenger in aircraft of Biman, provided :

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**F. REMARKS (If any) :**

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Date : .....

.....  
Signature & Seal