

Information Sheet for Passengers Requiring Special Assistance – Handling Advice for Airline Staff



Lufthansa

In accordance with IATA Resolution 700 Attachment A, 29th Edition, June 2009

1.	Name, first name	Title	Age	Gender
2.	Passenger Name Record (PNR)			
3.	Routing from	to	Flight number	Class
				Date
4.	Type of disability or required assistance			
5.	Stretcher transport required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> STCR Must travel on a stretcher. This requires medical assistance, either nurse/paramedic or a physician. <input type="checkbox"/> PTC Intercont intensive care services available on specific A/C. MOC assists with clearance and booking.			
6.	Escort for the journey required <input type="checkbox"/> Yes <input type="checkbox"/> No Designated escort (Name) _____ Medical qualification <input type="checkbox"/> physician <input type="checkbox"/> nurse/paramedic <input type="checkbox"/> none <input type="checkbox"/> other applicable person (Name) _____ PNR (if different) _____			
7.	Wheelchair required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> WCHR Ambulant but handicapped in walking: Needs assistance in terminal to/from gate, needs wheelchair or similar when passengers are boarded/disembarking by walking over ramp. Does <u>not need assistance</u> 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 handicapped 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 Own wheelchair Battery-driven collapsible Size (W/H/L cm) Weight (kg) <input type="checkbox"/> WCH OWN <input type="checkbox"/> WCH BD / dry batteries <input type="checkbox"/>			
8.	Hospital at destination <input type="checkbox"/> Yes <input type="checkbox"/> No Designated Ambulance (to be organized by assistance/insurance/passenger) contact (phone/email) _____			
9.	Assistance/support while in the airport required <input type="checkbox"/> Yes <input type="checkbox"/> No Designated person/organisation _____ contact (phone/email) _____			
10.	Other assistance/support while in the airport required <input type="checkbox"/> Yes <input type="checkbox"/> No Which and where? Departure/transit/arrival? Organized by assistance/insurance/passenger contact (phone/email) _____			
11.	Specific needs/support/equipment required in-flight/on board <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify (e.g. special meal, extra seat, type of equipment, etc.) _____			
12.	Facultative expenses on account of passenger. For oxygen concentrator please ask for the specific document. Technical clearance issued by airline <input type="checkbox"/> Yes <input type="checkbox"/> No FREMEC (Frequent Medical Traveller Card) <input type="checkbox"/> Yes <input type="checkbox"/> No Valid until _____ Issued by _____			

The conditions of carriage, in particular the rules of liability contained in the terms and conditions of Lufthansa German Airline, will apply.

Information Sheet for Passengers Requiring Medical Clearance – Attachment B, Part One


Lufthansa

In accordance with IATA Resolution 700 Attachment B, 29th Edition, June 2009

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! For any further information please do not hesitate to contact us immediately via phone or email.

1. Patient's name			
Date of Birth	Sex	Height	Weight
2. Attending physician			
Address			
e-mail	Telephone, indicate country and 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		
	<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. If no, would a meet-and-assist (provided by the airline to embark and disembark) be sufficient?	<input type="checkbox"/> yes <input type="checkbox"/> no		
d. If no, will the patient have a private escort to take care of his/her needs onboard?	<input type="checkbox"/> yes <input type="checkbox"/> no		
e. If yes, who should escort the passenger?	<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 Sheet for Passengers Requiring Medical Clearance – Attachment B, Part Two



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1. Cardiac condition

- a. Angina yes no When was last episode?
 - Is the condition stable? yes no
 - Functional class of the patient? No symptoms Angina with moderate exertion
 Angina with minimal exertion Angina at rest
 - Can the patient walk 100 metres at a normal pace or climb 10-12 stairs without symptoms? yes no
- b. Myocardial infarction yes no Date
 - Complications? yes no If yes, give details
 - Stress EKG done? yes no If yes, what was the result? MET or Watt
 - If angioplasty or coronary bypass, can patient walk 100 yards/metres at a normal pace or climb 10-12 stairs without symptoms? yes no
- c. Cardiac failure yes no When was last episode?
 - Is the patient controlled with medication? yes no
 - Functional class of the patient? No symptoms Shortness of breath (SOB) with moderate exertion
 SOB with minimal exertion Shortness of breath at rest
- d. Syncope yes no When was last episode?
 - Investigations yes no If yes, state results

2. Chronic pulmonary condition

- yes no
- a. Has the patient had recent arterial blood gases? yes no
- b. Blood gases were taken on room air Oxygen litres per minute (LPM)
 If yes, what were the results pCO₂ [kPa/mmHg] pO₂ [kPa/mmHg]
 % Saturation Date of exam
- c. Does the patient retain CO₂? yes no
- d. Has his/her condition deteriorated recently? yes no
- e. Can patient walk 100 yards/metres at a normal pace or climb 10-12 stairs without symptoms? yes no
- f. Has the patient ever taken a commercial aircraft in in his/her current medical status? yes no
 - If yes, when?
 - Did the patient have any problems?

3. Psychiatric conditions

- yes no
- a. Is there a possibility that the patient will become agitated during flight? yes no
- b. Has he/she taken a commercial aircraft before? yes no
 - If yes, date of travel? Did the patient travel alone escorted?

4. Seizure

- yes no
- a. What type of seizures?
 b. Frequency of the seizures
 c. When was the last seizure?
 d. Are the seizures controlled by medication? yes no

5. Prognosis for the trip

- Good Poor

Physician signature (or facsimile) _____

Date

Note: Cabin attendants are not authorized to give special assistance (e.g. lifting, feeding) 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.