



INCAPACITATED PASSENGER'S HANDLING ADVICE FORM

PASSENGER'S DETAIL	
Name of Patient	
Address	
Contact No	
Alternate Contact No	
Email - ID	
Age	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female

ESCORT'S DETAIL	
Name	
Address	
Contact No	
Alternate Contact No	
Email - ID	
Age	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Escort is	<input type="checkbox"/> Trained <input type="checkbox"/> Untrained

PASSENGER'S ITINERARY	
Travel Type	<input type="checkbox"/> Domestic <input type="checkbox"/> International <input type="checkbox"/> One . Way <input type="checkbox"/> Return
Date of Travel	
Flight No	
Leaving From	
Going To	

PASSENGER'S INCAPACITATION		
Nature of Incapacitation		
Date of Onset		
Is the passenger carrying any assistive devices and/ or a Guide Dog is travelling along?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you require wheelchair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Whether medical clearance is required for flying (to be filled-in by the airline's medical representative)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ambulance transfers required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please specify name and details of ambulance booked at all airports where the Passenger is travelling:

If the passenger is hospitalized before the travel, please provide the following details:

Date of admission: _____ Date of discharge: _____

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ATTENDING PHYSICIAN'S DETAILS	
Name	
Registration No	
Address	
Contact No	
Email - ID	

PLEASE NOTE :

1. The passenger(s) must be able to use the normal aircraft seat with seatback placed in the upright position, when so required.
2. All passengers must be able to take care of their own needs onboard, either unassisted or with the assistance of an escort (including meals and visit to lavatory etc.)
3. Cabin Crew are NOT authorised to give special assistance to any particular passengers, to the detriment of their service to other passengers. Additionally, they are trained only to provide with first-aid and are NOT PERMITTED to administer any injection and/ or give medication.
4. Transfer from one flight to another often requires LONGER connecting time.

Passenger's/ Passenger's Representative's signature: _____

Date: _____ **Place:** _____

INDEMNITY BOND BY PASSENGER

I the undersigned _____ hereby indemnify the hold harmless SpiceJet from and against any liability arising out of any bodily injury and / or death, damage or loss that may suffer/experience and also from any damages, payments, expenses, face and cost which SpiceJet may incur directly as a result of accepting me on its Flight No. _____ from _____ to _____ on _____

I hereby further indemnify SpiceJet for any payments that SpiceJet makes to meet any of my expenses towards damages, loss etc for said purpose.

Signature: _____ (Passenger)

Address: _____

(Temporary) _____

Tel. No. _____