



Incapacitated Handling Advice

A. Guest Details

Guest Name: _____ Booking Reference: _____

Class of travel: Economy Class Business Class

Flight Number: _____ Date of travel: _____

B. Incapacitated details

Reduce Mobility, please fill in **section C**

For guest with visual impairment, hearing impairment, both visual and hearing impairment, and intellectual and developmental deficiency. May travel with or without escort or travel companion

Totally immobile, please fill in **section D**

Must be travelling with escort or travel companion

Travel companion booking reference: _____

Nature of Incapacitation: _____

Medical clearance required? No **Yes, please filled in [MEDIF form](#)**

C. Onboard Aircraft

ONBOARD AIRCRAFT CAN YOU DO THE FOLLOWING WITHOUT ASSISTANCE:

Note: If you will need assistance in doing any of the following, Royal Brunei Airlines require you to travel with an escort/travel companion who can provide this assistance for you.

BREATHE WITHOUT SUPPLEMENTARY OXYGEN **YES** **NO**

FEED YOURSELF **YES** **NO**

LIFT YOURSELF IN AND OUT OF YOUR SEAT **YES** **NO**

ADMINISTER YOUR OWN MEDICATION **YES** **NO**

ESCAPE FROM THE AIRCRAFT IN AN EMERGENCY **YES** **NO**

IF THE ANSWER IS “NO” TO ANY OF THE ABOVE, WILL YOU BE TRAVELLING WITH SOMEONE WHO CAN HELP YOU IN THOSE SITUATIONS **YES** **NO**

D. Wheelchair

WHEELCHAIR NEEDED? **YES** **NO**

If yes, which categories:

WHEELCHAIR TO RAMP

WHEELCHAIR STEPS/STAIRS

WHEELCHAIR TO CABIN/TRANSFER (Only available on flight Boeing 787)

If own wheelchair, which type:

COLLAPSIBLE **POWER DRIVEN** **BATTERY (SPILLABLE TYPE)**

Note: Wheelchair with spillable batteries is “DANGEROUS GOODS” and is permitted on passenger aircraft only under certain conditions, which can be obtained from the airlines. In addition, certain countries may impose specific restrictions.

SPECIAL SEAT ARRANGEMENT NEEDED? **YES** **NO**

If yes, please state the seat requirement: _____

E. Guest or Travel Companion Declaration

I have read and agree to Royal Brunei Airlines’ condition of carriage and confirm that the information given on this form is correct and understand that there’s no guarantee that all these needs will be met. I also understand that this information will be passed on to those people responsible for supplying all the arrangements for my travel, but that it won’t be communicated to any party, which isn’t responsible for the supply of any of my travel arrangements.

I take note that, if accepted for carriage, my journey will be subject to the general conditions of carriage of Royal Brunei Airlines Sdn. Bhd. and that the carrier does not assumes any special liability exceeding those conditions.

I am prepared at my own risk to bear any consequences which carriage by air may have for my state of health and release and hold Royal Brunei Airlines Sdn. Bhd., its employees and agents from any liability for such consequences.

Guest signature _____ Date _____

If you're answering the above questions on behalf of a disabled person, please sign below to confirm that this information is accurate and that you have the disabled person's permission to pass it on for the purpose of making travel arrangements.

Travel Companion signature _____ Date _____

Name: _____ (I am over 16 years of age)

Official Use Only

Date Received: _____ Received By: _____

Date Action: _____ Action By: _____

Signature: _____