



FREMEC - INITIAL REQUEST FORM



If you have any questions, write to fremec@voegol.com.br

Dear MD,

The FREMEC card is an IATA-approved identification card that enables airlines to provide better services to passengers with special needs.

Thus, if your patient is a frequent flyer with a non-serious disability and has requested that the attached form be filled out, please note that:

- The card can only be issued for chronic and stable medical conditions; if any medical changes occur during the validity of the FREMEC benefit, the airline must be notified for a new analysis.
- The FREMEC card is valid for up to 1 year.
- The card cannot be issued to passengers requiring oxygen for use on board.

The initial application form must be completed by the attending physician on behalf of the applicant, accompanied by medical recommendations and an indication of how long the disability is expected to remain stable.

Passengers with the following medical conditions (provided they are chronic and stable) are eligible for FREMEC and special assistance:

- Mobility impairment;
- Visual impairment;
- Hearing impairment;
- Intellectual disability.

In the case of visual, hearing, intellectual, cognitive, and psychosocial disabilities, documentation must be provided by a physician who specializes in that area (see specialties below).

A specialist is a doctor who has a RQE (Specialty Qualification Record). This is a number given to doctors who have a medical specialty recognized in Brazil. This registration is granted by the CRM (Regional Council of Medicine) of the state where the doctor works, after proving training in a specific medical specialty. Having an RQE is a way of assuring the public that the doctor really is a specialist in the area they are advertising.

Signature and stamp of the doctor authorized by the patient _____ Date ____/____/____



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Physical Disability/Mobility: The form must be completed by a physician familiar with the pathology in question (e.g., orthopedics, neurology, neurosurgery, rheumatology, physiatry, surgery, geriatrics, sports medicine).

Visually impaired: The form must be completed by an ophthalmologist with an RQE. The form must be completed by an ophthalmologist with an RQE and must be accompanied by a medical report, opinion or opinion by an ophthalmologist with an RQE.

Hearing impairment: The form must be completed by an ENT physician with RQE. Tonal audiometry must also be included.

Intellectual, cognitive or psychosocial disability: the form must be completed by a psychiatrist with an RQE, a neurologist with an RQE or a neuropediatrician with an RQE (when children/adolescents are involved). A medical report, opinion or report drawn up by a specialist with an RQE must also be attached. The document must deal with the definitive diagnosis and changes in existing adaptive skills (assessment of daily living skills, such as self-care, social skills and functioning at home and in the community).

How can I check the RQE of a specialist? Go to the website of the CFM (Federal Council of Medicine) or the website of the CRM where the doctor practices (it is possible to consult the registered doctors, including the RQE).

Signature and stamp of the doctor authorized by the patient _____ Date ____/____/____



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1. Full Name _____
 Age _____
 Birth date _____
 CPF _____
 (Please write in legible handwriting, as this data will appear on the FREMEC card)

2. Full Address
 (Please write in legible handwriting, as this data will appear on the FREMEC card)

3. City _____ State _____
 (Please write in legible handwriting, as this data will appear on the FREMEC card)

4. Telefone (____) _____
 (Please write in legible handwriting, as this data will appear on the FREMEC card)

5. Diagnosis (Give a brief history of the current clinical condition, evolution, treatment, etc. – Do not inform only the ICD or diagnosis, otherwise the document will be returned)

6. Is the disability/disease stable? Yes No Since _____ / _____ / _____

7. Is the disability/disease considered progressive? Yes No

8. Cardiovascular Disease Yes No
 If so, indicate diagnostic, is the current clinical condition compensated / stabilized Yes No

9. Pulmonary Disease Yes No
 If so, indicate diagnostic, is the current clinical condition compensated / stabilized? Yes No

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10. Seizures Yes No
If so, what is the date of the last seizure? ___/___/___
Are they controlled by medication? Yes No

11. Psychiatry disease Yes No
If so, indicate diagnostic, is the current clinical condition compensated / stabilized? Yes No

12. Recent hospitalization Yes No hospital discharge date ___/___/___
Attach a hospital discharge summary

13. Other diseases/comorbidities (e.g.: Hematological, endocrinological, neurological, rheumatological,
gynecological/obstetric, etc. Yes No
If so, indicate diagnostic, is the current clinical condition compensated / stabilized? Yes No

14. Anemia Yes No if so, present an updated blood count (10 days)

15. List of medications in use

16. Does the passenger need a wheelchair? Yes No

If so, indicate which of the following alternatives best describes your mobility and requirements:

WCHC () Requires the use of a wheelchair to access the aircraft up and down steps and access your seat
(physical lifting required)

WCHS () Requires the use of a wheelchair to access the aircraft up and down steps, but with the ability to
access your seat

WCHR () Requires the use of a wheelchair to get to the boarding gate, but with the ability to access the aircraft
up and down steps and to access your seat

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17. Will the passenger be able to use the aircraft seat in the vertical position when required? Yes No
18. Is the passenger able to travel unaccompanied? Yes No
If not, is the travelling companion able to supply the needs of the passenger on-board? Yes No
19. Does the passenger possess any kind of visual impairment? Yes No
If so, the passenger must present an additional medical report from an ophthalmologist informing visual acuity
Will the passenger travel accompanied by a guide dog? Yes No
20. Does the passenger possess any hearing impairment? Yes No
If so, the passenger must present an additional medical report from an otolaryngologist with an audiometric evaluation.
21. Does the passenger require any other special equipment? Yes No
If so, which one? _____

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