

RESOLUTION 700 ATTACHMENT A
INFORMATION SHEET FOR PASSENGERS REQUIRING SPECIAL ASSISTANCE

1. Name / First name / Title _____

E-mailaddress _____

2. Booking reference _____

3. Proposed itinerary _____

Airline(s), flight number(s) _____

Class(es), date(s), segment(s) _____

4. Nature of disability _____

5. Stretcher needed onboard? Yes No

6. Intended escorts Yes No

Name _____ Title _____ Date of Birth _____

PNR if different _____ Nationality _____

Medical qualification Yes No Language spoken _____

7. Wheelchair needed Yes No

Wheelchair categories* WCHR WCHS WCHC Own wheelchair Yes No

Collapsible WCOB Yes No Wheelchair type WCBD WCBW WCMP

8. Ambulance needed on embarking and disembarking station Yes No

Name ambulance company embarking station _____

Name ambulance company disembarking station _____

Phone number embarking station _____ Phone number disembarking station _____

9. Meet and assist Yes No

If designated person, specify contact _____

10. Other ground arrangements needed Yes No

If yes, specify _____

Departure airport _____

Transit airport _____

Arrival airport _____

11. Special inflight arrangements needed Yes No

If yes, specify type of arrangements (special meal, extra seat, leg rest, special seating) _____

Specify equipment (respirator, incubator, oxygen, etc) _____

Specify arranging company and at whose expense _____

12. FREMEC or Saphir Card Yes No Nr. _____ Expiry date _____

* WCHR = passenger cannot walk well, but can use stairs

WCHS = passenger cannot walk up- and down stairs

WCHC = passenger cannot walk at all