

RESOLUTION 700 ATTACHMENT A
INFORMATION SHEET FOR PASSENGERS REQUIRING SPECIAL ASSISTANCE

1. Name / First name / Title _____

E-mailaddress _____

2. Booking reference (PNR) _____

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

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

WCHS = passenger cannot walk up- and down stairs

WCHC = passenger cannot walk at all

8. Ambulance needed on embarking and disembarking station Yes No

Name ambulance company embarking station _____

Phone number embarking station _____

Name ambulance company disembarking station _____

Phone number disembarking station _____

9. Other ground arrangements needed Yes No

If yes, specify _____

Departure airport _____

Transit airport _____

Arrival airport _____

10. 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 _____

11. FREMEC (Frequent traveler Medical Card)

or Saphir Card Yes No Nr. _____ Expiry date _____

(dd/mm/yyyy)

12. Data protection and Privacy Consent Declaration

The personal and medical details you provide on this form will be used by Air France/KLM to handle your request for medical clearance and to arrange the necessary assistance for your travel arrangements. In order to assess and manage your request, and in order to arrange for the appropriate assistance, care and equipment, it may be necessary for Air France/KLM to process and/or disclose your personal and/or medical information to other airlines in your itinerary and to third parties, such as medical professionals, airport and airline staff, service providers, government bodies and border control authorities.

You should read Air France/KLM's privacy policy for further information and for the contact details of the data protection officer.

https://www.klm.com/travel/nl_nl/customer_support/privacy_policy/privacy_policy.htm

https://www.airfrance.fr/FR/en/common/transverse/footer/edito_psc.htm

I hereby consent to my personal and/or medical data being processed, used and/or disclosed for the purposes set out above.

[Date and place] (dd/mm/yyyy)

[Passenger name/signature or Legal guardian name/signature]

Airport Medical Services

P.O. Box 7501

Post location 02-20 P/MD

1118 ZG Schiphol Airport

The Netherlands

E-mail: medicalrequest@airportmedicalservices.com

Submit by e-mail

Print Form