

**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 \_\_\_\_\_

## 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.klm.com/travel/nl_nl/customer_support/privacy_policy/privacy_policy.htm)

[https://www.airfrance.fr/FR/en/common/transverse/footer/edito\\_psc.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]

[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](mailto:medicalrequest@airportmedicalservices.com)

Submit by e-mail

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