

Information Sheet for Passengers Requiring Special Assistance

1. Last name / First name / Title							
2. Passenger name record (PNR)							
3. Proposed itinerary		From				To:	
Airline(s), flight number(s)							
Class(s), date(s), segment(s)							
4. Nature of disability							
5. Stretcher needed onboard?		Yes			No		
6. Intended escorts		Yes			No		
Name			Title			Age	
PNR if different							
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 (to be arranged by Airline)		Yes			No		
If yes, specify destination address							
If no, specify ambulance company contact							
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 meals, extra seta, leg rest, special seating)							
Specify equipment (respirator, incubator, oxygen, etc)							
Specify arranging company and at whose expense							
12. Frequent traveler medical card (FREMEC)		Yes			No		
If yes, specify FREMEC number, issued by, expiry date							