

RESOLUTION 700 ATTACHMENT A
INFORMATION SHEET FOR PASSENGERS REQUIRING SPECIAL ASSISTANCE

1. Name / First name / Title

2. Passenger name record (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

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

Specify destination address

Name ambulance company

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. Frequent traveller medical card (FREMEC) Yes No

If yes, specify FREMEC number, issued by, expiry date

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

WCHS = passenger cannot going up- and down stairs

WCHC = passenger cannot walk at all