BEOND
FLY ABOVE

# MEDIF–Attachment A

## Information Sheet for Passengers Requiring Special Assistance

1. Last 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 …….. 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 the passenger or his/her representative Yes No

   If yes, specify name of ambulance company……

   Name and Telephone number of contact person ……

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 traveler medical card (FREMEC) Yes No

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

    ……..