



# Medical Manual

## Appendix 'E'

### Attachment A

#### Information sheet for passengers requiring special assistance

1. Family name First name Title
  2. Passenger name record (PNR)
  3. Proposed itinerary From (Airport) To (Airport)  
Airline(s) Flight #(s) Class(es)  
Date(s) Segment(s)  
yyyy/mm/dd
  4. Nature of illness
  5. Intended escorts Yes No Name Title Age  
PNR if different Medical qualification Yes No Language spoken
  6. Wheelchair required Yes No Specify wheelchair categories  
Passenger own wheelchair Yes No Specify wheelchair type Weight & size  
Specify Metric or imperial (e.g. Kg or Lbs, etc.)
  7. Ambulance needed (to be arranged by the passenger or his/her representative) Yes No  
If yes, specify name of ambulance company  
Name of contact Contact tel. no.
  8. Meet and assist (if available) Yes No If designated person, specify contact
  9. Other ground arrangements needed Yes No  
If yes, specify  
Departure airport Transit airport Arrival airport
  10. Special in-flight arrangements needed Yes No  
If yes, specify:  
Stretcher Yes No  
If yes, specify arranging company  
specify at whose expense  
Oxygen Yes No If yes, specify\*  
Does the passenger needs to travel with an emotional support animal? Yes No If yes, specify  
Special equipment provided by the passenger Yes No If yes, specify equipment is autonomous  
Special meals Yes No If yes, specify  
Special seating arrangement Yes No If yes, specify
- NOTE: EXIT ROW CANNOT BE USED BY DISABLED/ILL PASSENGERS BECAUSE OF SAFETY REGULATIONS**
11. Frequent traveler medical clearance (FREMEC) for this airline Yes No  
If yes, specify FREMEC number issued by expiry date

\* Be advised that some aircraft may be limited in the oxygen flow rate available and that the oxygen may be offered with 'pulsed' flow.