

PASSENGER SPECIAL ASSISTANCE FORM

(IATA Resolution 700 Attachment A)



Passenger's full name:		Age:	
Booking Number:			
Outbound flight itinerary - Flight No.	From:	To:	Date:
Inbound flight itinerary - Flight No.	From:	To:	Date:
Nature of incapacitation (reason for assistance required):			
Please note: Stretcher and on-board wheelchair (WCOB) are not available on board ETF Airways flights.			
Intended escort- if applicable (full name, medical qualification, specify booking number if different):			For blind and/or deaf state if escorted by trained dog (documentation must be available)
Do you require a special assistance at the airport? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> WCHR – You are able to walk up/down stairs <input type="checkbox"/> WCHS – You are unable to walk up/down stairs <input type="checkbox"/> WCHC – You are unable to walk			
Are you bringing own wheelchair on the flight? <input type="checkbox"/> Yes <input type="checkbox"/> No - If YES, specify the type of wheelchair: <input type="checkbox"/> manually powered wheelchair (WCMP) <input type="checkbox"/> with non-spillable batteries (WCBBD) <input type="checkbox"/> with spillable cell batteries (WCBW) <input type="checkbox"/> with lithium-ion batteries (WCLB) For battery powered wheelchair, please provide: Number of batteries: _____ Parameters of each battery in Wh: _____ - If YES, specify if wheelchair is collapsible? <input type="checkbox"/> Yes <input type="checkbox"/> No			Wheelchairs with batteries are "dangerous goods" and are permitted on ETF Airways aircraft only under certain conditions and need special Approval of carriage from the Operator requested 72h before flight latest.
Ambulance needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Provide contact details of the company providing the ambulance _____ Ambulance arrangements must be made by the passenger, their insurance provider, or an assistance service			
Do you need additional oxygen during flight? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, remember that you must use your own portable oxygen concentrator (POC) during the flight. Please provide: Number of batteries: _____ Parameters of each battery in Wh: _____ As the POC cannot be powered from on board socket, I confirm that I have extra batteries that will last 150% of the flight time. <input type="checkbox"/> Yes <input type="checkbox"/> No Please note that service of carrying or providing an oxygen cylinder on board is not available.			POC with batteries are "dangerous goods" and are permitted on ETF Airways aircraft only under certain conditions and need special Approval of carriage from the Operator requested 72h before flight latest.
Other forms of assistance. <input type="checkbox"/> Yes <input type="checkbox"/> No If YES specify:		In-flight:	Departure airport: Arrival airport:

Passenger's contact person/s in case of emergency:

LEGAL DISCLAIMER

Data Protection and Privacy Consent Declaration:

The personal and medical details you provide on this form, or attached to this form, will be used by ETF Airways 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, ETF Airways will be processing your personal details. It may also be necessary to disclose these details to other airlines in your itinerary and to third parties, such as medical professionals, airport and airline staff, government bodies and border control authorities. In cases where you also request mobility assistance we may need to provide your information to relevant service providers.

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:

Name and signature: