

RESOLUTION 700 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 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 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

RESOLUTION 700 ATTACHMENT B PART ONE

Information Sheet for Passengers Requiring Medical Clearance (to be completed or obtained from the attending physician)

1. Patient's name
 Date of Birth Sex Height Weight

2. Attending physician
 E-mail
 Telephone (mobile preferred), indicate country and area code Fax

3. Diagnosis (including date of onset of current illness, episode or accident and treatment, specify if contagious)

Nature and date of any recent and/or relevant surgery

4. Current symptoms and severity

5. Will a 25% to 30% reduction in the ambient partial pressure of oxygen (relative hypoxia) affect the passenger's medical condition? (Cabin pressure to be the equivalent of a fast trip to a mountain elevation of 2400 metres (8000 feet) above sea level) ___ Yes ___ No ___ Not sure

6. Additional clinical information

- a. Anemia ___ Yes ___ No If yes, give recent result in grams of hemoglobin
- b. Psychiatric and seizure disorder ___ Yes ___ No If yes, see Part 2
- c. Cardiac condition ___ Yes ___ No If yes, see Part 2
- d. Normal bladder control ___ Yes ___ No If no, give mode of control
- e. Normal bowel control ___ Yes ___ No
- f. Respiratory condition ___ Yes ___ No If yes, see Part 2
- g. Does the patient use oxygen at home? ___ Yes ___ No If yes, specify how much
- h. Oxygen needed in flight? ___ Yes ___ No If yes, specify ___ 2 LPM ___ 4 LPM ___ Other

7. Escort

- a. Is the patient fit to travel unaccompanied? ___ Yes ___ No
- b. If no, would a meet-and-assist (provided by the airline to embark and disembark) be sufficient? ___ Yes ___ No
- c. If no, will the patient have a private escort to take care of his/her needs onboard? ___ Yes ___ No
- d. If yes, who should escort the passenger? ___ Doctor ___ Nurse ___ Other
- e. If other, is the escort fully capable to attend to all the above needs? ___ Yes ___ No

8. Mobility

- a. Able to walk without assistance ___ Yes ___ No
- b. Wheelchair required for boarding ___ to aircraft ___ to seat

9. Medication list

10. Other medical information

RESOLUTION 700 ATTACHMENT B PART TWO

Information Sheet for Passengers Requiring Medical Clearance (to be completed or obtained from the attending physician)

1. Cardiac condition

- a. Angina Yes No When was last episode?
- Is the condition stable? Yes No
 - Functional class of the patient?
 No symptoms Angina with important efforts Angina with light efforts Angina at rest
 - Can the patient walk 100 metres at a normal pace or climb 10 -12 stairs without symptoms? Yes No
- b. Myocardial infarction Yes No Date
- Complications? Yes No If yes, give details
 - Stress EKG done? Yes No If yes, what was the result? Metz
 - If angioplasty or coronary bypass,
 can the patient walk 100 metres at normal pace or climb 10-12 stairs without symptoms? Yes No
- c. Cardiac failure Yes No When was last episode?
- Is the patient controlled with medication? Yes No
 - Functional class of the patient?
 No symptoms Shortness of breath with important efforts Shortness of breath with light efforts Shortness of breath at rest
- d. Syncope Yes No Last episode
- Investigations? Yes No If yes, state results

2. Chronic pulmonary condition Yes No

- a. Has the patient had recent arterial gases? Yes No
- b. Blood gases were taken on: Room air OxygenLPM
- If yes, what were the results pCO₂ pO₂
- Saturation Date of exam.....
- c. Does the patient retain CO₂? Yes No
- d. Has his/her condition deteriorated recently? Yes No
- e. Can the patient walk 100 metres at a normal pace or climb 10-12 stairs without symptoms? Yes No
- f. Has the patient ever taken a commercial aircraft in these same conditions? Yes No
- If yes when?
 - Did the patient have any problems?

3. Psychiatric Conditions Yes No

- a. Is there a possibility that the patient will become agitated during flight Yes No
- b. Has he/she taken a commercial aircraft before Yes No
- If yes, date of travel? Did the patient travel alone escorted?

4. Seizure Yes No

- a. What type of seizures?
- b. Frequency of the seizures
- c. When was the last seizure?
- d. Are the seizures controlled by medication? Yes No

5. Prognosis for the trip Yes No

Physician Signature Date

Note: Cabin attendants are not authorised to give special assistance (e.g. lifting) to particular passengers, to the detriment of their service to other passengers. Additionally, they are trained only in first aid and are not permitted to administer any injection, or to give medication.

Important: Fees, if any, relevant to the provision of the above information and for carrier-provided special equipment are to be paid by the passenger concerned.