

FORM "A" – INFORMATION SHEET FOR CUSTOMER REQUIRING SPECIAL ASSISTANCE

Write in block letters, answer to all question and put a X on the boxes .

1. **First name/name** _____
2. **Passenger name record(PNR)** _____
3. **Proposed itinerary** (transit from one flight to another may require additional time for the connection) _____
Airline(s)/flight number(s)/class(es)/date(s) _____
4. **Nature of disability** _____
5. **Wheelchair needed?:** Yes ☐ No ☐ wheelchair category*: WCHR ☐ WCHS ☐ WCHC ☐
own wheelchair: yes ☐ No ☐ type: Manual ☐ Collapsible ☐ Battery ☐
Other mobility equipment: _____ battery power type: Gel/dry ☐ wet ☐ Lithium ☐
Length cm _____ width cm _____ height cm _____ weight kg _____
6. **Service dog** Yes ☐ No ☐ What function it performs? _____ (for USA only ESAN Yes ☐ No ☐)
7. **Stretcher needed onboard?** Yes ☐ No ☐ in case of positive response, a physician must fill in the form B to require a medical clearance for the flight
8. **Escorts:** Yes ☐ No ☐
Last name/Name: _____ Title _____ Age _____ Language spoken _____
Passenger name record (if different) _____ Physician: Yes ☐ No ☐ Paramedic: Yes ☐ No ☐ Other _____
9. **Ambulance needed on embarking and disembarking station:** Yes ☐ No ☐
Specify name and contact of the ambulance company (departing station) _____
Specify name and contact of the ambulance company (destination station) _____
Specify name and contact of the ambulance company (transit station) _____
10. **Someone will meet/assist the customer?:** Yes ☐ No ☐
Specify name and contact _____
11. **Other ground arrangements needed?** Yes ☐ No ☐
If yes, specify _____
Arrival station _____
Transit station _____
Destination station _____
IF oxygen is needed whilst transiting through the airport. patients must provide themselves of their own equipment (e.g. POC) prior to start the journey.
12. **Special in-flight arrangements needed, carriage of liquid medicines and/or syringes?** Yes ☐ No ☐
(if yes, a medical certificate issued by the attending physician is needed showing: pathology, liquid medicines and/or syringes. It must not be dated more than 30 days)
If yes, specify (e.g. special meal, special equipment, special seating, etc.) _____
Equipments arranged from who and at whose expenses (e.g. Oxygen)? _____
For which flight(s)/legs? _____
For customer own equipment specify type (e.g. POC, ventilators), brand, model, type of power, weight and measure _____
- Can customer bend leg at the knee?: Yes ☐ No ☐ Can customer sit in upright position during take off and landing? Yes ☐ No ☐
(If the answer is no, request a stretcher)
13. **Frequent traveler's Medical Card (FREMEC)** Yes ☐ No ☐
If yes specify number, issued by, expiry date, customer age _____

legend:

- o **WCHR** = customer cannot walk well, but can use stairs
- o **WCHS** = customer cannot going up and down stairs
- o **WCHC** = customer cannot walk at all

Please note that all information given in this form will be used only for the purpose of executing the carriage contract and in accordance with the requirements of the EU Regulation 2016/679 and the law n. 196/2003 ("Code regarding the protection of personal data") as amended by the new Law Decree of 10 August 2018, n. 101

I hereby give my agreement to process all personal data and/or sensitive information necessary to perform the functions described above (customer or representative signature): _____ **Place and date** _____