

Form A – To be completed by customer or representative

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

rite 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 that 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 Legislative Decree of June 30 2003 No. 196, relative the "Code Protection of personal data", which gives effect in Italy to the European Directives in this theme.

I hereby give my agreement to process all personal data and/or sensitive information necessary to perform the functions described above (customer

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or representative signature): _____

Place and date _____

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