

**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 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 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** \_\_\_\_\_