

**RESOLUTION IATA 700 ATTACHMENT A
INFORMATION SHEET FOR PASSENGERS REQUIRING SPECIAL ASSISTANCE**

1. **Last Name / First Name**

2. **Booking reference (PNR)**

3. **Selected itinerary**

Airline / Flight number(s)

Class(es), date(s), stopover(s)

4. **Nature of disability**

5. **Stretcher required on board?** Yes No

6. **Accompagnist?** Yes No

Name..... Function..... Date of birth.....

Medical qualification: Yes No Spoken languages.....

7. **Wheelchair request** Yes No

Categories*: WCHR WCHS WCHC Personal chair: Yes No

Foldable chair: Yes No Chair type: WCBD WCBW WCMP

8. **Ambulance required on departure and arrival?** Yes No

Specify the destination address.....

Name of the ambulance company

Contact tel. ambulance, departure stopover

Contact tel. ambulance, arrival stopover

9. **Welcome and assistance?** Yes No

If designated person, specify the contact

10. **Other ground assistance requested?** Yes No

If yes, specify.....

Departure airport.....

Transit airport.....

Arrival airport.....

11. **Special requests during the flight** Yes No

If yes, please specify the request (special meal, additional / extra seat, extended leg, specific seat).....

Specific equipment (respirator, incubator, oxygen)

Assistance company

12. **SAPHIR Card – FREMEC Card** Yes No

If yes, specify the SAPHIR or FREMEC card number.

Expiration date.....

- *WCHR = difficult to walk, but can use the stairs*
- *WCHS = impossible to go up or down the stairs*
- *WCHC = passenger cannot walk at all*