

FORM FOR PASSENGERS REQUIRING SPECIAL ASSISTANCE



1. Passenger (as in passport: full name, date of birth, nationality, sex, height, weight):
2. Itinerary: Airline(s), Flight number(s), Class(es), Date(s):
3. Contact details of a relative or friend:
4. Was in a commercial flight lately? ☐ Yes ☐ No If yes, date
Any problems during or/and after flight?
5. Diagnosis: MED. Case ☐ Birth case ☐
6. Medication. Starting with a new drug (less than 15 days):
7. Escort on board? ☐ Yes ☐ No Languages spoken
Name / Title / Age / Contact details (mobile, mail etc):
Medical qualification ☐ Yes ☐ No If yes, describe:
8. Standard airline seat during flight ? ☐ Yes ☐ No
(with the back of the passenger's seat in upright position and the lower limbs in the normal sitting position during takeoff & landing)
9. BED Stretcher needed onboard? ☐ Yes ☐ No
10. Wheelchair needed ☐ Yes ☐ No
Wheelchair categories ☐ WCHR ☐ WCHS ☐ WCHC OWN wheelchair ☐ Yes ☐ No
Collapsible WCOB ☐ Yes ☐ No Wheelchair type: ☐ WCBD ☐ WCBW ☐ WCMP

WCHR Ambulant, but handicapped in walking. Needs assistance in terminal to/from the gate, needs wheelchair or similar when passengers embark/disembark by walking over ramp. Does not need assistance in a ramp bus, on passenger steps and in the aircraft cabin to/from seat, toilets and with the meals.

WCHS Ambulant, but more severely handicapped in walking: cannot use a ramp bus and needs assistance during embarking/disembarking (e.g.: on passenger steps). Does not need assistance in the aircraft cabin to/from seat, toilets and with the meals.

WCHC Non-ambulant: Needs also assistance in the aircraft to/from seat, toilets, and possibly with the meals.

OWN Accompanied by his own wheelchair. **BD** Wheelchair with dry batteries. **BW** Wheelchair with wet batteries. **MP** Wheelchair moving with manpower.

11. a. Ambulance needed ☐ Yes ☐ No If yes, specify destination address:
b. To be arranged by Ellinair ☐ Yes ☐ No
If no, specify ambulance company contact details:
12. Other ground and/or in-flight arrangements needed ☐ Yes ☐ No
If yes, specify (special meal, extra seat, limb rest support, special placing etc):
Departure airport:
Transit airport:
Arrival airport:
13. Special equipment (respirator, incubator, oxygen, etc):
☐ O₂, Needs occasional oxygen during the flight ☐ O₂, Needs continuous oxygen during the flight
14. Specify arranging company and the responsible to pay the expenses:
15. Frequent traveller medical card (FREMEC) ☐ Yes ☐ No
If yes, specify FREMEC number, issued by, expiry date:

I herewith relieve the physician, whom I shall choose to make a statement on my medical condition, of their professional discretion to the extent that they shall be permitted to disclose to ELLINAIR such details on the condition of my health as may be required by the Medical Advisors to judge upon my medical fitness to travel by air.

The undersigned will indemnify and release ELLINAIR, their representatives and agents for all claims for damages sustained in connection with deterioration of their illness as a result of the transportation by air. In the case of legal dispute the undersigned will have to prove that any such damage incurred by ELLINAIR, on third parties through the transportation.

The undersigned also declares to be informed that ELLINAIR is not obligated in any way to accept them for any subsequent or return journey. Otherwise, the conditions of carriage, in particular the rules of liability contained therein, will apply.

Medical clearance is only valid for the flight(s) and date(s) specified on the clearance (there is no minimum or maximum validity). If a serious deterioration of the medical condition took place in between the time of clearance and the actual flight, or any change to the recorded medical data, new clearance must be requested.

I feel fit and I want to travel with this flight.

Name & Signature of the Passenger (or of the legally responsible):

Date: / /

Use from the Ellinair Medical Epicrisis from the Ellinair's Doctor