

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

1. **Name / First Name / Title** .....
2. **Passenger name record (PNR)** .....
3. **Proposed itinerary** .....  
 Airline(s), flight number(s) .....  
 Class(es), date(s), segment(s) .....
4. **Nature of disability** .....
5. **Stretcher needed onboard ?**  Yes  No
6. **Intended escorts**  Yes  No  
 Name..... Title..... Date of Birth.....  
 PNR if different .....
- Medical qualification  Yes  No Language spoken .....
7. **Wheelchair needed**  Yes  No  
 Wheelchair categories\*  WCHR  WCHS  WCHC Own wheelchair  Yes  No  
 Collapsible WCOB  Yes  No Wheelchair type  WCBD  WCBW  WCMP
8. **Ambulance needed on embarking and disembarking station**  Yes  No  
 Specify destination address .....  
 Name ambulance company .....  
 Phone number embarking station .....  
 Phone number disembarking station .....
9. **Meet and assist**  Yes  No  
 If designated person, specify contact .....
10. **Other groups arrangements needed**  Yes  No  
 If yes, specify .....  
 Departure airport .....  
 Transit airport .....  
 Arrival airport .....
11. **Special inflight arrangements needed**  Yes  No  
 If yes, specify type of arrangements (special meal, extra seat, leg rest, special seating) .....  
 .....  
 Specify equipment (respirator, incubator, oxygen, etc) .....  
 Specify arranging company and at whose expense .....
12. **Frequent traveller medical card (FREMEC Card – SAPHIR Card)**  Yes  No  
 If yes, specify FREMEC or SAPHIR number, issued by, expire date .....  
 .....

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