Request for handling of passengers requiring special attention

To be completed by attending physician

The attending physician of the passenger is requested to complete & answer all questions to the best of knowledge at the time of visit and return the form to us a minimum 48 hours prior to departure.

An additional medical certificate may be required.

Please answer (in block letters) all the questions and return to the Special Requests Department as soon as possible via fax (514)906-5452 or email request@airtransat.com

Costs for completing this form are the passenger’s responsibility.

PASSENGER NAME __________________________ BOOKING NUMBER ____________

PHYSICIAN INFORMATION

Name _________________________________ Province/License Number ______________________

Phone _________________________________ Email ________________________________

Signature _____________________________ Date ________________________________
PASSENGER INFORMATION

Passenger Name _____________________________________________________________

Date of birth  Day / month / year

Booking Number ________________

Routing

Departure Flight  Day / month / year  Flight number:  TS-  (From ______ To _____ )

Return Flight  Day / month / year  Flight number:  TS-  (From _____ To _____ )

Contact

Phone number ( _____ )______________________

Email ______________________________________

MEDICAL INFORMATION

1. Medical condition (diagnosis) ________________________________________________

2. Treatment, if any ____________________________________________________________

3. Oxygen saturation (ground) _______ % on room air

   or

   _______ % on Oxygen by tank at _____ Lpm

   on POC at setting ____ pulse ____ continuous

4. Does the passenger need oxygen for the duration of flight?

   __ No    __ Yes—the passenger requires oxygen at ____ Lpm

   __ Yes—the passenger requires a POC at setting ____ pulse ____ continuous

   (please list manufacturer/model) ____________________________________________

5. Anemia  __ No    __ Yes—if yes, hemoglobin _______ g/dL

6. Respiratory condition __ No    __ Yes—please specify: ________________________

7. Cardiac condition __ No    __ Yes—please specify: ________________________

8. Communicable disease __ No    __ Yes—please specify: ________________________

9. Behavioural/Cognitive condition __ No    __ Yes—please specify: ________________________

10. Does the passenger need any medical equipment other than oxygen?

    __ No    __ Yes—type of equipment needed (own wheelchair, scooter, etc) __________________

11. Does the passenger need an escort? __ No    __ Yes—please specify type or qualifications of escort

    (eg: MD, Nurse, Family) __________________________________________________________

12. Can the passenger take care of his own needs on board unassisted, including meals, toilet use, etc.

    __ No    __ Yes    If no, type of help needed ________________________________

13. Can the passenger use normal aircraft seat with seatback placed in the upright position when so required?

    __ No    __ Yes

14. Other comments or information ________________________________________________

__________________________________________________________________________

__________________________________________________________________________