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 72 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 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 ______________________________________

Air Transat
Attn: Special Requests Dept.
5959, boulevard de la Côte-Vertu
Montréal, Québec, Canada H4S 2E6
Fax: (514)906-5452
request@airtransat.com
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 ________________________________________________
    ____________________________________________________________________________
    ____________________________________________________________________________