



MEDIF

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 _____
