

Procedure for Reservation and Issuance of Traffic Documents for Flights Operated by Charlie Airlines Ltd for Disabled Passengers, Other Persons with Disabilities, and Pregnant Women

Appendix 2



NECESSARY ARRANGEMENT REQUEST

Filled in by passenger

Passenger name					PNR			
Flight		Date	Class of service	Rout	(if known)	<u> </u>		
1 light								
Transfer from one flight to another often requires LONGER connection time								
Please indicate the disabilities you have which will need special carriage conditions: Movement disability								
Other, indicate details								
2. Please indicate if you need wheelchair in airport?								
□ NO			in independently ascend/de	scand the stairs move ar	ound the cobin of the			
			rcraft, but needs a wheelch			(WCHR)		
\square_{YES}		Cotogory C	nnot ascend/descend the st			of (WCHS)		
	e the category of mob	ility	e aircraft			, ,		
		co	ompletely immobile, requir	e assistance until the seat	s in cabin	(WCHC)		
3. W	3. Will you be travelling with your own wheelchair? Yes No If «Yes», please indicate the type of a wheelchair and batteries used, if applicable.							
	Electric wheelch		The	wheelchair on wet cells	(WCBW)			
		air		wheelchair on dry cells (`			
				•	•			
			······································	elchair with lithium-ion l	balleries (WCLB)			
м	Ianual power wh	neelchair (WCMP)		nnecting and connecting assenger	the battery terminals mandling company (OT)			
Electric whee	elchairs with we	t batteries are considered as "c	langerous freight" and are	carried only under certa	in conditions of packag	ging and		
transportatio	on. The Rules of	Carriage can be obtained from	the representative office.	·		_		
Please indica	ite if you would	like to use own manual power	wheelchair till the boarding	g gate where it is possible		(OTHS)		
Indicate the s	size and weight of	of the wheelchair						
Indicate the size and weight of the wheelchair Size in cm when folded Weight in kg Weight of extra power supplies								
4. <u>In</u>		ve plaster on leg:	1t 1- 0 1 (LECL)		h -4h 1 (I ECD)			
		• , , ,	laster on left leg (LEGL)	•	both legs (LEGB)			
5. Ca	an the passenger	, when it is required during the Yes	flight, seat in a normal pas	senger seat in an upright	position?			
6. If	passengers with	impaired vision and hearing w	ill be accompanied by a gu	ide-dog	Yes (SVAN)	□ No		
7. Cl	hook if you will :	usa yayır ayın madical ayyısan e	vylinder for medical surne	as during the flight	Г	POXY)		
	Check if you will use your own medical oxygen cylinder for medical purposes during the flight Check, if you will use your own portable oxygen concentrator during the flight POXY) PPOC)							
	Name	a	ge sex					
(1)		-		Physician Nurse	Other	()		
(2)				Physician Nurse	Other	()		
(3)				Physician Nurse	Other	()		



Procedure for Reservation and Issuance of Traffic Documents for Flights Operated by Charlie Airlines Ltd for Disabled Passengers, Other Persons with Disabilities, and Pregnant Women

name	date	
	name	name date



Procedure for Reservation and Issuance of Traffic Documents for Flights Operated by Charlie Airlines Ltd for Disabled Passengers, Other Persons with Disabilities, and Pregnant Women

Appendix 3

		MEDICAL INFORMATION SHEET (MEDIF	=)					
To be completed by The PHYSICIAN ATTENDING the disabled passenger is requested to ANSWER ALL QUES								
ATTENDING PHYSICIAN		Enter a cross "x" in the appropriate "yes" or "no" boxes, and/or give precise concise answers) COMPLETING OF THE FORM IN BLOCK LETTERS OR BY TYPEWRITER WILL BE APPRECIATED.						
This form is intended to provide CONFIDENTIAL information to enable the airlines' MEDICAL Departments to assess the fitness of the passenger to travel. If the passenger is acceptable, this information will permit the issuance of the necessary directives designed to provide for the passenger's welfare and comfort.								
NOTE Cabin attendants are NOT authorised to give special assistance (e.g. lifting) to particular passengers, to the detriment of their service to other passengers. Additionally, they are trained only in FIRST AID and are NOT PERMITTED to administer any injection, or to give								
medication. IMPORTANT: Fees, if any, relevant to the provision of the above information and for carrier-provided special equipment are to be paid by the passenger concerned								
MEDA1	PATIENT'S NAM		Sex Age					
1120711	ATTENDING PHY		Sex , rige					
	Name							
MEDA2	Address	Address						
	Name of hospital or clinic & speciality							
	Telephone:		E-mail					
MEDA3	MEDICAL DATA:							
MEDAS	Day/month/year of fi	etails (including vital signs) rst symptoms Date of operation	Date of diagnosis					
	PROGNOSIS for		,					
MEDA4		the itinerary and its potential effect on the patient's state	□ Fit □ Not fit					
	of hea l th)							
MEDA5	Contagious AND	communicable \Box No \Box Yes Specify						
	disease	rsical and/or mental						
		e patient be likely						
MEDA6		ess or discomfort to Define No Des Specif	- y					
	other passeng	-						
MEDA7		use normal aircraft seat with a seatback	□ No					
	placed in the UP	RIGHT position when so required? If «No», the	patient will need a stretcher on board					
		take care of his own needs on	If not, type of help needed:					
MEDA8		TED (including meals, visit to toilet, 💢 Yes 🗖 No						
	etc.)?	<u> </u>						
MEDA9	If to be ESCORT	FED, is the arrangement satisfactory	If not, type of escort proposed by YOU					
MEDA9	to you?	reb, is the arrangement satisfactory - Yes - No	by 100					
	-							
MEDA10	Does the patien the flight?	t need OXYGEN equipment during up Yes up No						
		t need any MEDICATION other than a) at the airport	Specify:					
MEDA11		ed, and/or the use of special	Эреспу.					
		as respirator, incubator, etc.?						
		b) on board	Specify:					
MEDA12		erference to the flight operation, all 👚 Yes 🗆 No						
MEDAIZ		atus specification must be verified						
	by the airline for		0 10					
MEDA13	Does the patient		Specify:					
1	HUSPITALISATI	ON? <u>Yes No</u> b) upon arrival at DESTINATION	Specify:					
MEDA14			Specify.					
	(If yes, indicate							
	made or, if none	e were made,						
	indicate "NO AC	TION TAKEN")						
MEDATE	Other remarks or information in the interest of your							
MEDA15	patient's smooth and comfortable transportation:							
	-	·						
MEDA16 Other arrangements made by the attending physician:								
We would appreciate any general comment about the patient's condition and suggestion for the proposed air travel.								
Date	, 5		Signature					