



## Necessary Arrangement Request

[To be completed by the passenger]

### Passenger

Name				Age	
				Gender	
Phone Number (Mobile Phone)		Email address			
Itinerary	Departure Date :	Flight number: NQ	from	to	
	Departure Date :	Flight number : NQ	from	to	

### Escort

Name	Physician      Nurse      Others(      )																																																						
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1	1 Do you need wheelchair at the airport ? No Yes → Category:      Requires assistance to/from the cabin seat. (WCHC) Cannot ascend/descend steps, but able to walk in the cabin. (WCHS) Can ascend/descend steps, but requires wheelchair for walking long distance. (WCHR)																																																						
2	Are you travelling with your own wheelchair? No Yes → <table border="0" style="width: 100%;"> <tr> <td>Wheelchair Size:</td> <td>Wheelchair Type:</td> <td>*Is the battery Removable?</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Weight :      kg</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Width(W) :      cm</td> <td>Manual</td> <td>Collapsible</td> <td></td> <td></td> </tr> <tr> <td>Depth(D) :      cm</td> <td></td> <td>Non-Collapsible</td> <td></td> <td></td> </tr> <tr> <td>Height(H) :      cm</td> <td>Electric/Battery-powered</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>Lithium-ion Battery</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>Dry Battery (NiCad, Ni-MH)</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>Wet Battery (Gel,Silicon)</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>Non-Spillable Battery</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>Spillable Battery</td> <td></td> <td></td> </tr> </table>					Wheelchair Size:	Wheelchair Type:	*Is the battery Removable?	Yes	No	Weight :      kg					Width(W) :      cm	Manual	Collapsible			Depth(D) :      cm		Non-Collapsible			Height(H) :      cm	Electric/Battery-powered						Lithium-ion Battery					Dry Battery (NiCad, Ni-MH)					Wet Battery (Gel,Silicon)					Non-Spillable Battery					Spillable Battery		
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3	Do you use electric medical device in flight? (POC etc.)      No      Yes → If "Yes", please inform Contact Center of the details of the electric medical device in advance in order to confirm whether it can be used in flight.																																																						

## Agreement

I hereby authorize \_\_\_\_\_ (Name of nominated attending physician) to provide the airlines with the information required by those airline's medical department for the purpose of determining my fitness for carriage by air and in consideration thereof, I hereby relieve that physician of his/her professional duty of confidentiality in respect of such information and agree to meet such physician's fees in connection therewith.

Date \_\_\_\_\_

Passengers signature: \_\_\_\_\_

(or a Representative)