

MEDICAL INFORMATION FORM FOR AIR TRAVEL

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PART 1 To be completed by PASSENGER or AGENT		PLEASE WRITE IN CAPITAL LETTERS USING BLACK INK								
A	PASSENGER'S FULL NAME:									
B	PROPOSED ITINERARY (Airline(s), flight number(s), route(s), date(s) of continuous air travel).									
C	NATURE OF DISABILITY, ILLNESS OR INJURY:									
D	INTENDED ESCORT (name, sex, age, professional qualification, flight/ route if different from passenger) – If untrained, state "TRAVEL COMPANION".									
1	Is the intended escort capable and prepared to provide all assistance including feeding, toileting and lifting as required?		YES <input type="checkbox"/> NO <input type="checkbox"/>							
E	WHEELCHAIR NEEDED? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES indicate category: WCHR: Cannot walk far, but can manage stairs. <input type="checkbox"/> WCHS: Cannot walk far. Cannot manage stairs. <input type="checkbox"/> WCHC: Unable to walk <input type="checkbox"/>		Own wheelchair? YES <input type="checkbox"/> NO <input type="checkbox"/>	Manual? YES <input type="checkbox"/> NO <input type="checkbox"/>	Power driven? YES <input type="checkbox"/> NO <input type="checkbox"/>	Battery type (spillable?) YES <input type="checkbox"/> NO <input type="checkbox"/>	Wheelchair Weight: _____ Kgs	Wheelchair Dimensions (inches): W _____ D _____ H _____	Wheelchairs with spillable batteries are "restricted articles" and are permitted on passenger aircraft only under certain conditions.	
F	AMBULANCE NEEDED?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Specify ambulance company contacts: _____ Specify destination address: _____							
G	IS STRETCHER NEEDED ONBOARD?		YES <input type="checkbox"/> NO <input type="checkbox"/>							
H	OTHER GROUND ARRANGEMENTS NEEDED YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, SPECIFY below and indicate against each item: (a) the ARRANGING airline or other organisation, (b) CONTACT addresses/phones where appropriate, or whenever specific persons are designated to meet/assist the passenger.							
1	Arrangements for arrival at airport of departure.		YES <input type="checkbox"/> NO <input type="checkbox"/>		Specify: _____					
2	Arrangements or assistance at connecting points.		YES <input type="checkbox"/> NO <input type="checkbox"/>		Specify: _____					
3	Arrangements for meeting at airport of arrival.		YES <input type="checkbox"/> NO <input type="checkbox"/>		Specify: _____					
4	Other requirements or relevant information.		YES <input type="checkbox"/> NO <input type="checkbox"/>		Specify: _____					
K	SPECIFIC IN-FLIGHT ARRANGEMENTS NEEDED YES <input type="checkbox"/> NO <input type="checkbox"/> Requests such as meals, seating, extra seat(s), equipment, etc (subject to availability). (See "Note *" at the end of PART 2 overleaf).		If yes, DESCRIBE and indicate for each item: (a) FLIGHT/ROUTE on which required, (b) airline-ARRANGED or arranging third party and (c) at whose expense. Provision of SPECIFIC EQUIPMENT, such as oxygen etc. always requires completion of PART 2 overleaf. (a) _____ (b) _____ (c) _____							
PASSENGER'S DECLARATION										
"I HEREBY AUTHORISE _____ (Name of nominated medical doctor in CAPITAL LETTERS)										
to provide the airline with the information required by those airlines' Medical Provider for the purpose of determining my fitness to fly by air and in consideration thereof, I hereby agree to meet such doctor's fees in connection therewith. I take note that, if acceptable for carriage, my journey will be subject to the general conditions of carriage/tariffs of the carrier concerned and that the carrier does not assume any special liability exceeding those conditions/tariffs. I am prepared, at my own risk, to bear any consequences which carriage by air may have for my state of health and I release the carrier, its employees, servants and agents from any liability for such consequences. I agree to reimburse the carrier upon demand for any special expenditures or costs in connection with my carriage. I hereby authorise Virgin Atlantic Airways Ltd to send a copy of this authorisation to my medical doctor indicating my consent. (Where needed, to be read by/ to the passenger, dated and signed by him/her, or on his/her behalf)."										
Date: (DD/MM/YY) / /	Passenger's signature				If your medical condition/travel details change in any way prior to travelling, you are requested to contact Virgin Atlantic Airways Ltd.					