

Information Sheet for Passengers Requiring Special Assistance – Special Assistance Form

1.	Name, first name _____	Title _____	Age _____	Gender _____												
2.	Passenger Name Record (PNR) _____															
3.	Routing from _____	to _____	Flightnbr. _____	Class _____												
			Date _____													
4.	Type of disability or required assistance _____ _____															
5.	Stretcher transport required <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> STCR Must travel on a stretcher. This requires medical assistance, either nurse/paramedic or a physician.															
6.	Escort for the journey required <input type="checkbox"/> yes <input type="checkbox"/> no Designated escort (Name) _____		Medical qualification <input type="checkbox"/> physician <input type="checkbox"/> nurse/paramedic <input type="checkbox"/> none													
	<input type="checkbox"/> other applicable person (Name) _____		PNR (if different) _____													
7.	Wheelchair required <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> WCHR Ambulant but impaired in walking: Needs assistance in terminal to/from gate, needs wheelchair or similar when passengers are boarded/disembarking by walking over ramp. Does <u>not need assistance</u> in a ramp bus, on passenger steps and in the aircraft cabin to/from seat, toilets and with meals. <input type="checkbox"/> WCHS Ambulant but more severely limited in walking: Cannot use a ramp bus and needs assistance in boarding/disembarking (e.g. on passenger steps). Does not need assistance in the aircraft cabin to/from seat, toilets and with meals. <input type="checkbox"/> WCHC Non-ambulant: Needs also assistance in the aircraft to/from seat, toilets and possibly with meals. <i>Mind: Cabin crew provides assistance in preparation for eating only.</i> <table border="0"> <tr> <td>Own wheelchair</td> <td>Battery-driven</td> <td>Collapsible</td> <td></td> </tr> <tr> <td><input type="checkbox"/> WCH OWN</td> <td><input type="checkbox"/> WCH BD/non-spillable batteries</td> <td><input type="checkbox"/> _____</td> <td>Size (W/H/L cm) _____</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Weight (kg) _____</td> </tr> </table>				Own wheelchair	Battery-driven	Collapsible		<input type="checkbox"/> WCH OWN	<input type="checkbox"/> WCH BD/non-spillable batteries	<input type="checkbox"/> _____	Size (W/H/L cm) _____				Weight (kg) _____
Own wheelchair	Battery-driven	Collapsible														
<input type="checkbox"/> WCH OWN	<input type="checkbox"/> WCH BD/non-spillable batteries	<input type="checkbox"/> _____	Size (W/H/L cm) _____													
			Weight (kg) _____													
8.	Passenger will be hospitalized at final destination <input type="checkbox"/> yes <input type="checkbox"/> no Designated ambulance (organization and expenses must be absorbed by insurance/passenger) _____		phone/email _____													
9.	Assistance/support while in the airport required <input type="checkbox"/> yes <input type="checkbox"/> no Designated person/organisation _____		phone/email _____													
10.	Other assistance/support while in the airport required <input type="checkbox"/> yes <input type="checkbox"/> no Which and where? Departure/transit/arrival? Organized by insurance/passenger _____		phone/email _____													
11.	Specific needs/support/equipment required in-flight/on board <input type="checkbox"/> yes <input type="checkbox"/> no Please specify (e.g. special meal, extra seat, type of equipment, etc.) _____															
	Any additional expenses on account of passenger Technical clearance issued by airline <input type="checkbox"/> yes <input type="checkbox"/> no															
12.	FREMEC (Frequent Medical Traveller Card) <input type="checkbox"/> yes <input type="checkbox"/> no Valid until _____ Issued by _____															

I acknowledge, if accepted for carriage, my journey will be subject to the general conditions of carriage/tariffs of Austrian Airlines AG concerned and that Austrian Airlines AG does not assume any special liability exceeding those conditions. I am prepared at my own risk, to bear any consequences which the carriage by air may have for my state of health and I release Austrian Airlines AG, its employees, servants and agents from any liability for such consequences. I agree to reimburse Austrian Airlines AG on demand for any special expenditures or costs in connection with my carriage.