



Request for handling of passengers that requires special attention

Air Transat

Attn: Special requests department
 5959, boulevard de la Côte-Vertu
 Montréal, Québec, Canada H4S 2E6
 Fax: (514) 906-5452
request@airtransat.com

**To be completed by attending physician
 (a maximum of two (2) weeks prior to departure)**

This form is intended to provide confidential information, to enable Air Transat's Medical Department to assess the ability of a passenger with special needs to travel. The attending physician of the passenger is requested to answer all questions to the best of his knowledge at time of visit.

Physician information		
Physician's name	Please write in block capitals	
Physician's address		
Physician's phone number	Office phone number (area code)	Emergency phone number (area code)

Patient information		
Full name of patient	Please write in block capitals	
Date of birth	Day / month / year	
Destination(s)		
Departure date	Day / month / year	Flight number TS-_____
Address		
Phone number	Home number (area code)	Other (area code)

Medical information			
Medical condition (diagnosis)			
Prognosis for the trip			
Contagious & communicable disease?	Yes	No	If yes, please specify
Can patient use normal aircraft seat with seatback placed in the upright position when so required?	Yes	No	If no, please specify



Can patient take care of his own needs on board unassisted, including meals, toilet use, etc.	Yes	No	If no, type of help needed
Does patient need an escort	Yes	No	If yes, type or qualifications of escort.
Does patient need oxygen for the duration of flight?	Yes	No	Number of liter per minute
Does patient need any medical equipment other than oxygen?	Yes	No	Type of equipment needed (ex.: own wheelchair)
Does patient need any medication other than self-administered?	Yes	No	If yes, please specify
Does patient need hospitalization upon arrival?	Yes	No	If yes, please specify
Does patient need another medical evaluation before returning home from destination?	Yes	No	If yes, please specify
Other remarks or information in the interest of your patient for a safe and comfortable trip.			
Other arrangements made by the attending physician?	Yes	No	If yes, please specify or join detailed information.

Notes & signatures		
Note!	Air Transat agents and attendants are able to provide certain types of assistance to passengers with special needs. However they are trained on first aid only and are not permitted to administer any injection, give medication or provide any other personal services.	
Important note!	This information will be used exclusively for the purposes of providing necessary assistance. It will be kept in strict confidence pursuant to Air Transat's policy on the protection of personal information and under no circumstances will the provided information be shared with third parties without the express written consent of the passenger.	
Physician signature		Date Day / month / year
Professional registration number		
Patient signature		Date Day / month / year

Fees, if any, relevant to the provision of the above information and for carrier provided special equipment is to be paid solely by the passenger.