



Polskie Linie Lotnicze LOT S.A.
 ul. 17 Stycznia 39
 00 -906 Warszawa
lot_info@lot.pl

Answer ALL questions. Mark the respective boxes with cross (X) on YES or NO. Please use BLOCK LETTERS on grey fields.

Information Sheet for Passengers Requiring Special Assistance

Attachment A (Handling advice for Airline Staff)

IATA Resolution 700 Attachment A

1	Passenger's full name	Title	Age	Gender	
2	Passenger Name Record (PNR)				
3	Flight No.	from	to	Date	Class
3	Flight No.	from	to	Date	Class
4	Nature of disability				
5	Stretcher needed onboard?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Note: A special service charge applies. Not all types of aircraft can be adapted to stretcher.	
6	Escort for the journey required	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Medical qualification	<input type="checkbox"/> none <input type="checkbox"/> nurse <input type="checkbox"/> physician
		Name		PNR if different	
7	Wheelchair needed	<input type="checkbox"/> NO	<input type="checkbox"/> YES		
	Own wheelchair	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> WCHR - passenger with walking disability	
	Collapsible WCOB	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> WCHS - passenger with severe walking disability	
	Battery driven WCBD	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> WCHC - passenger who is unable to walk	
8	Ambulance needed	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Note: Designated Ambulance to be organized by passenger, insurance or assistance.	
	Specify ambulance company contact				
9	Oxygen needed during flight?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Passenger's own Portable Oxygen Concentrator (POC)	<input type="checkbox"/> NO <input type="checkbox"/> YES
	If YES, specify	<input type="checkbox"/> 2 LPM	<input type="checkbox"/> 4 LPM	Other	If YES, specify type/model of POC
10	Other ground arrangements needed	<input type="checkbox"/> NO	<input type="checkbox"/> YES		
	If YES, specify				
	Departure airport				
	Transit airport				
11	Special inflight arrangements	<input type="checkbox"/> NO	<input type="checkbox"/> YES		
	If YES specify type of arrangements (special meal, extra seat, leg rest, special seating)				
	Specify equipment (respirator, incubator, oxygen etc.)				
Specify arranging company and at whose expense					
12	Date of last diagnosis (Conducted not later than two weeks prior to date of planned departure)				



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Information Sheet for Passengers Requiring Medical Clearance

Attachment B Part One (to be completed or obtained from the attending physician)

IATA Resolution 700 Attachment B

This form is intended to provide **CONFIDENTIAL** information to assess the health of the passenger to travel as indicated. If the passenger is acceptable, this information will permit issuance of the necessary directives designed to provide for the passenger's need and comfort. The incapacitated passenger's ATTENDING PHYSICIAN is requested to answer all questions.

13	Patient's name	Date of birth	Sex	Height	Weight	
14	Attending physician	e-mail				
	Address	Telephone, indicate country and area code				
15	Diagnosis (including date of onset of current illness, episodes or accident and treatment, specify if contagious)					
	Nature and date of any recent and/or relevant surgery					
16	Current symptoms and severity					
17	Will a 25% to 30% reduction in the ambient partial pressure of oxygen (relative hypoxia) affect the passenger's medical condition? (Cabin pressure to be the equivalent of a fast trip to a mountain elevation of 2400 meters (8000 feet) above sea level) YES <input type="checkbox"/> NO <input type="checkbox"/> Not sure <input type="checkbox"/>					
18	Additional clinical information					
	a. Anemia	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES, give recent result in grams of hemoglobin		
	b. Psychiatric and seizure disorder	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES, see Part Two		
	c. Cardiac condition	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES, see Part Two		
	d. Bladder control problem	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES, give mode of control		
	e. Bowel control problem	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
	f. Respiratory condition	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES, see Part Two		
	g. Does the patient use oxygen at home?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES, specify how much		
19	Escort					
	a. Is the patient fit to travel unaccompanied?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	b. If NO, would meet-and-assist (provided by the airline to embark and disembark) be sufficient?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	c. If NO, will the patient have a private escort to take care of his/her needs onboard?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	d. If YES, who should escort the passenger?			Doctor <input type="checkbox"/>	Nurse <input type="checkbox"/>	Other <input type="checkbox"/>
	e. If other, is the escort fully capable to attend to all the above needs?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
20	Mobility					
	a. Able to walk without assistance	YES <input type="checkbox"/>	NO <input type="checkbox"/>	b. Wheelchair required for boarding	<input type="checkbox"/> to aircraft <input type="checkbox"/> to seat	
21	Medication list					
22	Other medical information					



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Information Sheet for Passengers Requiring Medical Clearance

Attachment B Part Two (to be completed or obtained from the attending physician)

IATA Resolution 700 Attachment B

Cardiac condition

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a. Angina YES NO When was last episode? _____

- Is the condition stable? YES NO
- Functional class of the patient? YES NO

No symptoms Angina with important efforts Angina with light efforts Angina at rest

Can the patient walk 100 meters at a normal pace or climb 10 - 12 stairs without symptoms? YES NO

b. Myocardial infraction YES NO Date _____

- Complications? YES NO If YES, give details _____
- Stress EKG done? YES NO If YES, what was the result? _____ Metz
- If angioplasty bypass, _____
- can the patient walk 100 meters at normal place or climb 10 - 12 stairs without symptoms? YES NO

Who was the last episode? _____

c. Cardiac failure YES NO

- Functional class of the patient?

No symptoms Shortness of breath with important efforts Shortness of breath with light efforts

Shortness of breath at rest

d. Syncope YES NO If YES, state results _____

e. Investigations? YES NO

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Chronic pulmonary condition YES NO

a. Has the patient had recent arterial gases? _____

b. Does the patient retain CO₂? YES NO

c. Has his/her condition deteriorated recently? YES NO

d. Can the patient walk 100 meters at a normal pace or climb 10 - 12 stairs without symptoms? YES NO

e. Has the patient ever taken a commercial aircraft in these same conditions? YES NO

If YES, when? _____

Did the patient have any problems? _____

25

Psychiatric Conditions

a. Is there a possibility that the patient will become agitated during flight? YES NO

b. Has He/she taken a commercial aircraft before? YES NO

If YES, date of travel? _____ Did the patient travel alone escorted?

26

Seizure YES NO

a. What type of seizures? _____

b. Frequency of the seizures? _____

c. When was last seizures? _____

d. Are the seizures controlled by medication? YES NO

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Prognosis for trip GOOD POOR

Physician signature _____ Date _____

Note: Cabin attendants are not authorized 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 administrate any injection, or to give medication.

Important: Fees, if any, relevant to the provision of above information and for carrier-provided special equipment are to be paid by the passenger concerned.