

# Information Sheet for Passengers Requiring Special Assistance DPNA



1	<b>Name/First name / Titel</b>		
2	<b>Passenger name record (PNR)</b> (If a booking already exists)		
3	Proposed itinerary if no PRN exists		
	Airline(s), flight number(s)		
	Datum		
4	Can you cope with the following independently?		
	Unfasten your seat belt	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Retrieve and fit your life vest	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Reach an emergency exit without assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Fit an oxygen mask	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Understand and follow safety instructions given by the cabin crew (either verbally or visually)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<b>“if any of the above questions is answered with no, the customer must travel with assistance/companion”</b>		
5	Nature of disability		
6	Intended escorts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Name	Title	Age
	PNR if different		
	Medical qualification	<input type="checkbox"/> Yes	<input type="checkbox"/> No      Language spoken
7	Wheelchair needed		
	Wheelchair categories	<input type="checkbox"/> WCHR <input type="checkbox"/> WCHS <input type="checkbox"/> WCHC   Own wheelchair <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Collapsible WCOB	<input type="checkbox"/> Yes <input type="checkbox"/> No      Wheelchair type <input type="checkbox"/> WCBD <input type="checkbox"/> WCBW <input type="checkbox"/> WCMP	
8	Meet and assist	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If designated person, specify contact		
9	Other ground arrangements needed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, specify		
	Departure airport		
	Transit airport		
	Arrival airport		
10	Special inflight arrangements needed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	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		