

WHEELCHAIR REQUEST FOR WALKING DISABILITY PASSENGERS

Passenger	Name	Age	Sex
Flight number:		Date:	From: To:
Wheelchair category: <input type="checkbox"/> WCHC- Passenger cannot walk at all <input type="checkbox"/> WCHS- Passenger cannot ascend/descend stairs <input type="checkbox"/> WCHR- Passenger cannot walk well, but can use stairs Passenger own wheelchairs: <input type="checkbox"/> WCBD (Dry cell battery) <input type="checkbox"/> WCBW (Wet cell battery) <input type="checkbox"/> WCMP (Manual power)		Nature of disability: <input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Aftereffects of injury/ illness <input type="checkbox"/> Advanced age Others, specify:	
Those who are currently hospitalized, under medical treatment, and medical equipment, stretcher, oxygen users are required to submit Medical Information Form (MEDIF) to fly.			
Request airline wheelchair, not carrying own wheelchair <input type="checkbox"/> Request carrying own wheelchair <input type="checkbox"/> Wheelchair type of passenger own: Your personal wheelchair needs to be checked at the check-in counter and you able to use airline wheelchair to the airplane. Size: length_____ width_____ height_____/cm/ weight_____/kg/ Manual <input type="checkbox"/> Foldable <input type="checkbox"/> Unfoldable Electric <input type="checkbox"/> Spillable battery <input type="checkbox"/> Non spillable battery <div style="text-align: right;">*Personal wheelchair</div> needs to be checked at the check-in counter and passenger will use airline wheelchair at the departure airport. *Please remind that electric (power driven) wheelchair with battery will be transported without battery.			
Passenger travelling with escort? Escort Name: Age: Sex:			
Write any other concerns.			
Filled office/Agent name:			
Date:			