

BRITISH AIRWAYS**INFORMATION SHEET FOR PASSENGERS
REQUIRING MEDICAL CLEARANCE**

Answer all questions. Put a cross (X) in 'NO' 'YES' boxes.

PART 1To be completed
by passenger (or
representative)

A	NAME: <u>MICHAEL DAVID ROBBINS</u> <u>MALE</u>/FEMALE															
	CONTACT: Email <u>INFINITIZED@gmail.com</u> Telephone: <u>+358-40-411-4154</u>															
B	PROPOSED ITINERARY <u>HELSINKI - LHR - PHX</u> BOOKING REF: <u>464 HRW</u> (flight number, date <u>27 MAR 17 HEL-LHR BA 985</u> ; <u>LHR-PHX BA 289</u> or booking reference) <u>8 JUN 17 PHX-LHR BA-290</u> ; <u>LHR-HEL BA 794</u>															
C	NATURE OF INCAPACITATION : <u>BREATHING DIFFICULTY; COPD</u>															
D	INTENDED ESCORT (Dr/Nurse) OR TRAVEL COMPANION (specify): <u>NONE</u>															
E	WHEELCHAIR NEEDED? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Wheelchair category <u>WCHR</u> Categories are: WCHR – can climb steps/walk cabin WCHS – unable steps/can walk cabin WCHC – immobile															
<table border="1"> <thead> <tr> <th>Own Wheelchair?</th> <th>Collapsible ?</th> <th>Power Driven?</th> <th>Battery Type (spillable)</th> <th>Weight</th> </tr> </thead> <tbody> <tr> <td>NO <input type="checkbox"/></td> <td>NO <input type="checkbox"/></td> <td>NO <input type="checkbox"/></td> <td>NO <input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>YES <input type="checkbox"/></td> <td>YES <input type="checkbox"/></td> <td>YES <input type="checkbox"/></td> <td>YES <input type="checkbox"/></td> <td>_____</td> </tr> </tbody> </table>	Own Wheelchair?	Collapsible ?	Power Driven?	Battery Type (spillable)	Weight	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	_____	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	_____	
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YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	_____												
F	SPECIAL IN-FLIGHT ARRANGEMENTS: e.g. oxygen, seating, meals <u>OXYGEN NEEDED</u>															
G	MEDICAL EQUIPMENT: Are you carrying any medical equipment into the cabin? NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> If yes, do you need to use during your flight? NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> Please specify type of equipment (make/model): <u>POC PORTABLE - LIFE CHOICE ACTIVE OX</u> e.g. CPAP, ventilator, nebuliser, portable oxygen concentrator, etc. <u>REF: XYZ 100 B - P4L</u> <u>SN: FAP01246</u> Equipment must be battery powered for continuous use inflight Is the equipment battery powered? NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> Battery Type _____ Can the equipment be switched off during takeoff/landing? NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> Do you have sufficient batteries for duration of flight? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> (inseat power cannot be guaranteed) <u>NOT FOR LONG FLIGHT LHR-PHX,</u> <u>+PHX-LHR.</u>															
H	Ambulance transfers required? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> Please specify name of ambulance booked at all airports: _____															
I	HOSPITALISATION Have you been admitted to hospital within last 4 weeks? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> Date of admission: _____ Date of discharge: _____ IS HOSPITALISATION REQUIRED UPON ARRIVAL? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> If yes, please specify name of hospital and contact _____															
Passenger's declaration I hereby authorise <u>LAURI TAMMILEHTO - JORVI HOSPITAL</u> (name of nominated physician) <u>ESPOO FINLAND</u> to provide the required medical information and I agree to pay any associated fees																
Date: <u>17 MAR 17</u>	Passenger's signature (or representative) <u>Michael D. Robbins</u>															