

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> MALE FEMALE					
	CONTACT: Email <u>INFINITIZES@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</u> <u>HEL-LHR BA 955</u> ; <u>LHR-PHX BA 289</u> or booking reference) <u>8 JUN 17</u> <u>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	<p>WHEELCHAIR NEEDED? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Wheelchair category WCHR</p> <p>Categories are: WCHR – can climb steps/walk cabin WCHS – unable steps/can walk cabin WCHC – immobile</p> <table border="1"> <tr> <td>Own Wheelchair? NO <input type="checkbox"/> YES <input type="checkbox"/></td> <td>Collapsible ? NO <input type="checkbox"/> YES <input type="checkbox"/></td> <td>Power Driven? NO <input type="checkbox"/> YES <input type="checkbox"/></td> <td>Battery Type (spillable) NO <input type="checkbox"/> YES <input type="checkbox"/></td> <td>Weight _____</td> </tr> </table>	Own Wheelchair? NO <input type="checkbox"/> YES <input type="checkbox"/>	Collapsible ? NO <input type="checkbox"/> YES <input type="checkbox"/>	Power Driven? NO <input type="checkbox"/> YES <input type="checkbox"/>	Battery Type (spillable) NO <input type="checkbox"/> YES <input type="checkbox"/>	Weight _____
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F	SPECIAL IN-FLIGHT ARRANGEMENTS: e.g. oxygen, seating, meals <u>OXYGEN NEEDED</u>					
G	<p>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"/></p> <p>Please specify type of equipment (make/model): <u>POC PORTABLE - LIFE CHOICE ACTIVOX</u> e.g. CPAP, ventilator, nebuliser, portable oxygen concentrator, etc. <u>REF: XYZ 100 B - P4L</u> <u>SN: FA001246</u></p> <p>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 _____</p> <p>Can the equipment be switched off during takeoff/landing? NO <input type="checkbox"/> YES <input checked="" type="checkbox"/></p> <p>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></p>					
H	<p>Ambulance transfers required? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> Please specify name of ambulance booked at all airports: _____</p>					
I	<p>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: _____</p> <p>IS HOSPITALISATION REQUIRED UPON ARRIVAL? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> If yes, please specify name of hospital and contact _____</p>					
<p>Passenger's declaration</p> <p>I hereby authorise <u>LAURI TAMMILEHTO - JORVI HOSPITAL</u> (name of nominated physician) <u>ESPOO FINLAND</u></p> <p>to provide the required medical information and I agree to pay any associated fees</p>						
Date: <u>17 MAR 17</u>	Passenger's signature (or representative) <u>Michael D. Robbins</u>					