POLISH AIRLINES LOT

LOT Polish Airlines S.A.
43, Komitetu Obrony Robotników St.
02-146 Warszawa
meda@lot.pl

Please read the information on the website carefully before completing.
Answer **all** questions.
For **YES** or **NO** questions, mark the correct box with an 'X'.
Complete the grey fields only.
Write in **capital letters**.

Information Sheet for Passengers Requiring Special Assistance

Attachment A - to be completed by the passenger (handling advice for airlines staff)

IATA Resolution 700 Attachment A

1 Passenger's full name | Title | Age | Gender

2 Booking Number

3

Flight No.	From	To	Date	Class
Flight No.	From	To	Date	Class

4 Reason for assistance required (e.g.: woman over 32 week of pregnancy; infant up to 7 days of age; passenger requiring additional oxygen etc.)

5 Do you require an assistance during the journey? ☐ YES ☐ NO

A. If YES, specify the full name of the assisting person
B. Specify booking number (if different)
C. Specify his/her medical qualifications (physician, nurse)?

6 Do you require a special assistance at the airport?

- ☐ WCHR – You are able to walk up/down stairs
- ☐ WCHS – You are unable to walk up/down stairs
- ☐ WCHC – You are unable to walk
- ☐ I do not need

7

A. Do you need to transport a wheelchair? ☐ YES ☐ NO

If YES, specify the type of wheelchair:

- ☐ manually powered wheelchair WCMP
- ☐ with non-spillable batteries WCBD
- ☐ with spillable cell batteries WCBW
- ☐ with lithium-ion batteries WCLB

B. Is the wheelchair collapsible? ☐ YES ☐ NO

Please provide the size of wheelchair (if possible, when folded):
Length (cm): _____ **Width** (cm): _____ **Height** (cm): _____ **Weight** (kg): _____

For battery powered wheelchair, please provide:
Number of batteries: _____ **Battery parameters in watt-hours** (Wh): _____

In case of battery powered wheelchairs, electrical cabling must be protected and isolated by the owner against accidental short circuits.

8 Do you need on-board wheelchair WCOB to assist with getting to/from the toilet? ☐ YES ☐ NO

9 Do you need an ambulance? ☐ YES ☐ NO

Provide contact details of the company providing the ambulance

Ambulance arrangements must be made by the passenger, their insurance provider, or an assistance service.

10 Do you need additional oxygen during flight? YES ☐ NO ☐

If YES, remember that you must use your own portable oxygen concentrator (POC) during the flight.

Specify brand and model of POC: _____
Length (cm): _____ **Width** (cm): _____ **Height** (cm): _____ **Weight** (kg): _____
Number of batteries: _____ **Battery parameters in watt-hours** (Wh): _____

It is not possible to power the POC from the on-board socket, so POC must be able to operate on battery power for 150% of the flight time, e.g. if the flight is 8 hours long, you must bring enough battery power to last 12 hours of flying.
Please note that the service of carrying or providing an oxygen cylinder on board is not available.

11 Other forms of assistance ☐ YES ☐ NO

If YES, specify:	Departure airport	Transit airport	Arrival airport

Data Protection and Privacy Consent Declaration:

The personal and medical details you provide on this form, or attached to this form, will be used by Polskie Linie Lotnicze LOT S.A. to handle your request for medical clearance and to arrange the necessary assistance for your travel arrangements.
In order to assess and manage your request, and in order to arrange for the appropriate assistance, care and equipment, LOT Polish Airlines S.A. will be processing your personal details. It may also be necessary to disclose these details to other airlines in your itinerary and to third parties, such as medical professionals, airport and airline staff, government bodies and border control authorities. In cases where you also request mobility assistance we may need to provide your information to relevant service providers.
Detailed information can be found in the privacy policy of LOT Polish Airlines S.A.
I hereby consent to my personal and/or medical data being processed, used and/or disclosed for the purposes set out above.

Passenger's signature **Place and Date**

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Information Sheet for Passengers Requiring Medical Clearance

Attachment B Part One - to be completed by the attending physician

IATA Resolution 700 Attachment B

This form is intended to provide **confidental** 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.

12 **Passenger's full name** | Age | Gender

13 **Attending physician's full name** e-mail

Address Telephone (+ country code)

14 **Diagnosis** (dates of last treatment and onset of illness or information concerning pregnancy)

Nature and date of any recent and/or relevant surgery:

15 **Current symptoms and their severity. Is there an infectious disease present? If so, please provide details**

16 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 ☐ NO ☐ Not sure ☐

17 **Does the passenger have:**

A. Anemia YES ☐ NO ☐ If YES, please provide recent result in grams of hemoglobin
B. Cardiovascular problems YES ☐ NO ☐ If YES, please complete points 22-24.
C. Respiratory problems YES ☐ NO ☐ If YES, please complete point 25.
D. Psychiatric disorder YES ☐ NO ☐ If YES, please complete point 26.
E. Seizures YES ☐ NO ☐ If YES, please complete point 27.
F. Does the passenger use oxygen at home? YES ☐ NO ☐ If YES, please specify how much
G. Controlled urination YES ☐ NO ☐
H. Controlled defecation YES ☐ NO ☐

If NO is indicated under G and/or H, the passenger must travel with an accompanying person.

18 **Is the passenger fit to travel unaccompanied?** YES ☐ NO ☐

A. If NO, is the assistance provided by the airline sufficient? YES ☐ NO ☐
B. If NO, who should escort the passenger (medical qualifications: physician, nurse)?
C. If the accompanying person is not medically qualified, is he or she fully capable of providing all necessary support? YES ☐ NO ☐

19 **Sitting position**
Is the passenger able to remain seated for the duration of the journey, if required? YES ☐ NO ☐

20 **Does the passenger need medication other than those taken independently?** YES ☐ NO ☐

A. At the airport YES ☐ NO ☐
B. On board YES ☐ NO ☐

If YES is indicated under A and/or B, the passenger must travel with an accompanying person.

21 **Does the passenger need to use other medical equipment, eg. a ventilator?**

A. At the airport YES ☐ NO ☐
B. On board YES ☐ NO ☐

If YES is indicated under A and/or B, please provide:
Type of device _____
Length (cm): _____ **Width** (cm): _____ **Heigth** (cm): _____ **Weight** (kg): _____
Number of batteries: _____ **Battery parameters in watt-hours** (Wh): _____

If a passenger needs to use a medical device during a flight, the device must be able to operate on battery power for at least 150% of the flight time, e.g. if the flight is 8 hours long, you must bring enough battery power to last 12 hours of flying.

22 **Cardiac condition**

A. Symptoms of angina? YES ☐ NO ☐
If YES, when was the last episode?
Is the condition stable? YES ☐ NO ☐
B. Functional class of the passenger?
☐ No symptoms ☐ Angina with important efforts ☐ Angina with light efforts ☐ Angina at rest
Can the passenger walk 100 meters at a normal pace or climb 10 - 12 stairs without symptoms? YES ☐ NO ☐

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Information Sheet for Passengers Requiring Medical Clearance

Attachment B Part Two - to be completed by the attending physician

IATA Resolution 700 Attachment B

20

Myocardial infraction YES ☐ NO ☐ Date:

A. Complications? YES ☐ NO ☐ If YES, please provide details:

B. Stress EKG done? YES ☐ NO ☐ If YES, what was the result?

C. If angioplasty (bypass):
Can the passenger walk 100 meters at normal place or climb 10 - 12 stairs without symptoms? YES ☐ NO ☐

Metz

24

Cardiac failure? YES ☐ NO ☐

A. If YES, when was the last episode?

B. Functional class of the passenger?

☐ No symptoms ☐ Shortness of breath with important efforts ☐ Shortness of breath with light efforts ☐ Shortness of breath at rest

Can the passenger walk 100 meters at normal place or climb 10 - 12 stairs without symptoms? YES ☐ NO ☐

25

Chronic pulmonary condition YES ☐ NO ☐

If YES, please complete the following sections:

A. Has the passenger had recent arterial blood gases? YES ☐ NO ☐ If YES, please provide date of test

B. Blood gases results were taken on ☐ room air ☐ oxygen Liters per minute (LPM)

What were the results? Saturation pCO_2 pO_2

C. Does the passenger retain CO_2? YES ☐ NO ☐

D. Has the passenger condition deteriorated recently? YES ☐ NO ☐

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

F. Has the passenger ever taken a commercial aircraft in the same health conditions? YES ☐ NO ☐

If YES, when?

Did the passenger have any problems?

26

Psychiatric Conditions

A. Is there a possibility that the flight will adversely affect the passenger's psychiatric condition? YES ☐ NO ☐

B. Is there a possibility that the passenger's psychiatric conditions during the flight will cause stress or discomfort to other passengers? YES ☐ NO ☐

C. Has the passenger taken a commercial aircraft before? YES ☐ NO ☐

If YES, please provide date of travel:

Has the passenger travelled alone? YES ☐ NO ☐

27

Seizures? YES ☐ NO ☐

A. What type of seizures?

B. Frequency of the seizures?

C. When was the last seizure?

D. Are the seizures controlled by medication? YES ☐ NO ☐

28

Syncope? YES ☐ NO ☐

If YES, when was the last episode?

29

What is the passenger's health condition before the journey? **GOOD** ☐ **POOR** ☐

30

To be completed only if the passenger is pregnant

Please specify:

A. Single pregnancy ☐ Multiple pregnancy ☐

Pregnancy week:

B. ☐ I confirm that the passenger or child does not have any known complications contraindicating the flight.

31

Physician's signature and stamp

A. Date of completion

B. Date of recent test (if different)

In a medical situation, cabin crew is trained solely to provide first aid. They are not authorized to administer injections, give medication, or lift or carry passengers.

PASSENGER'S DECLARATION:

I hereby authorize: _____
(name of nominated physician)

to provide the airlines with the information required by those airlines' medical departments for the purpose of determining my fitness for carriage by air and in consideration thereof I hereby relieve that physician of his/her professional duty of confidentiality in respect of such information, and agree to meet such physician's fees in connection therewith. I take note that, if accepted for carriage, my journey will be subject to the general conditions of carriage/tariffs of the carrier concerned and that the carrier does not assume any special liability exceedings those conditions/tariffs. I agree to reimburse the carrier upon demand for any special expenditures or costs in connection with my carriage.

Passenger's signature **Place and Date**