



Polskie Linie Lotnicze LOT S.A.  
ul. KOR 43  
02-146 Warszawa  
[kontakt@lot.pl](mailto:kontakt@lot.pl)

Answer ALL questions. Mark the respective boxes with cross (X) on YES or NO. Please use BLOCK LETTERS on grey fields.

## Information Sheet for Passengers Requiring Special Assistance

### Attachment A (Handling advice for Airline Staff)

IATA Resolution 700 Attachment A

1	Passenger's full name	Title	Age	Gender	
2	Passenger Name Record (PNR)				
3	Flight No.	from	to	Date	Class
3	Flight No.	from	to	Date	Class
4	Diagnosis or other 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	Stretcher needed onboard? <input type="checkbox"/> NO <input type="checkbox"/> YES <b>Note:</b> A special service charge applies. Not all types of aircraft can be adapt to stretcher.				
6	Escort for the journey required <input type="checkbox"/> NO <input type="checkbox"/> YES Medical qualification <input type="checkbox"/> none <input type="checkbox"/> nurse <input type="checkbox"/> physician				
7	Wheelchair needed <input type="checkbox"/> NO <input type="checkbox"/> YES Passenger-owned wheelchair: <input type="checkbox"/> NO <input type="checkbox"/> YES with non spillable batteries WCBBD <input type="checkbox"/> NO <input type="checkbox"/> YES with spillable cell batteries WCBW <input type="checkbox"/> NO <input type="checkbox"/> YES with lithium-ion batteries WCLB <input type="checkbox"/> NO <input type="checkbox"/> YES a manually powered wheelchair WCMPT <input type="checkbox"/> NO <input type="checkbox"/> YES on-board WCOB (on B787 only) <input type="checkbox"/> NO <input type="checkbox"/> YES fully collapsible MEQT <input type="checkbox"/> NO <input type="checkbox"/> YES <b>Note:</b> 1) MEQT - fully collapsible passenger-owned wheelchair possible to accommodate on board B787 on routes to/from USA. 2) In case of battery powered wheelchairs, electrical cabling must be protected and isolated by the owner against accidental short circuits.				
8	Ambulance needed <input type="checkbox"/> NO <input type="checkbox"/> YES Specify ambulance company contact <b>Note:</b> Designated Ambulance to be organized by passenger, insurance or assistance.				
9	Passenger's own Portable Oxygen Concentrator (POC) <input type="checkbox"/> NO <input type="checkbox"/> YES Brand and model of POC: _____ Technical specifications of POC size (L/W/H cm): _____ weight (kg): _____ other: _____ number of batteries: _____ battery parameters in watt-hours (Wh) or, _____ in volt (V) and ampere-hour (Ah): _____				
10	Other ground arrangements needed <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, specify: Departure airport Transit airport Arrival airport				
11	Special inflight arrangements <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, specify type of arrangements (special meal, extra seat, leg rest, special seating etc.) Specify equipment (e.g. respirator, incubator, oxygen etc.) and its technical specification (size, weight, battery parameters etc.) Specify arranging company and at whose expense				
12	Date of last medical examination (Conducted not later than two weeks prior to date of planned departure)				



Polskie Linie Lotnicze LOT S.A.  
ul. KOR 43  
02-146 Warszawa  
[lot\\_info@lot.pl](mailto:lot_info@lot.pl)

Answer ALL questions. Mark the respective boxes with cross (X) on YES or NO. Please use BLOCK LETTERS on grey fields.

## Information Sheet for Passengers Requiring Medical Clearance

### Attachment B Part One (to be completed or obtained from the attending physician)

IATA Resolution 700 Attachment B

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

13	Patient's name	Date of birth	Sex	Height	Weight
14	Attending physician		e-mail		
	Address		Telephone, indicate country and area code		
15	Diagnosis (including date of onset of current illness, episodes or accident and treatment, <u>specify if contagious</u> )				
	Nature and date of any recent and/or relevant surgery				
16	Current symptoms and severity				
17	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 <input type="checkbox"/> NO <input type="checkbox"/> Not sure <input type="checkbox"/>				
18	<b>Additional clinical information</b> a. Anemia YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, give recent result in grams of hemoglobin <input type="text"/> b. Psychiatric and seizure disorder YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, see Part Two c. Cardiac condition YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, see Part Two d. Bladder control problem YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, give mode of control <input type="text"/> e. Bowel control problem YES <input type="checkbox"/> NO <input type="checkbox"/> f. Respiratory condition YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, see Part Two g. Does the patient use oxygen at home? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, specify how much <input type="text"/>				
19	<b>Escort</b> a. Is the patient fit to travel unaccompanied? YES <input type="checkbox"/> NO <input type="checkbox"/> b. If NO, would meet-and-assist (provided by the airline to embark and disembark) be sufficient? YES <input type="checkbox"/> NO <input type="checkbox"/> c. If NO, will the patient have a private escort to take care of his/her needs onboard? YES <input type="checkbox"/> NO <input type="checkbox"/> d. If YES, who should escort the passenger? Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Other <input type="checkbox"/> e. If other, is the escort fully capable to attend to all the above needs? YES <input type="checkbox"/> NO <input type="checkbox"/>				
20	<b>Mobility</b> a. Able to walk without assistance YES <input type="checkbox"/> NO <input type="checkbox"/> b. Wheelchair required for boarding <input type="checkbox"/> to aircraft <input type="checkbox"/> to seat				
21	<b>Sitting position</b> a. The patient can use an aircraft seat with the seatback in the upright position when so required YES <input type="checkbox"/> NO <input type="checkbox"/>				
22	Medication list				
23	Other medical information				



Polskie Linie Lotnicze LOT S.A.  
ul. KOR 43  
02-146 Warszawa  
[lot\\_info@lot.pl](mailto:lot_info@lot.pl)

Answer ALL questions. Mark the respective boxes with cross (X) on YES or NO. Please use BLOCK LETTERS on grey fields.

## Information Sheet for Passengers Requiring Medical Clearance

### Attachment B Part Two (to be completed or obtained from the attending physician)

IATA Resolution 700 Attachment B

#### Cardiac condition

- a. Angina YES ☐ NO ☐ When was last episode?  
• Is the condition stable? YES ☐ NO ☐  
• Functional class of the patient? YES ☐ NO ☐  
☐ No symptoms ☐ Angina with important efforts ☐ Angina with light efforts ☐ Angina at rest  
Can the patient walk 100 meters at a normal pace or climb 10 - 12 stairs without symptoms? ☐ YES ☐ NO

- b. Myocardial infraction YES ☐ NO ☐ Date  
• Complications? YES ☐ NO ☐ If YES, give details  
• Stress EKG done? YES ☐ NO ☐ If YES, what was the result? Metz  
• If angioplasty bypass,  
• can the patient walk 100 meters at normal place or climb  
10 - 12 stairs without symptoms? YES ☐ NO ☐

- c. Cardiac failure YES ☐ NO ☐ When was the last episode?  
• Functional class of the patient?  
☐ No symptoms ☐ Shortness of breath with important efforts ☐ Shortness of breath with light efforts  
☐ Shortness of breath at rest

- d. Syncope YES ☐ NO ☐ If YES, state results  
e. Investigations? YES ☐ NO ☐

#### Chronic pulmonary condition YES ☐ NO ☐

- a. Has the patient had recent arterial blood gases? YES ☐ NO ☐  
b. Blood gases were taken on: ☐ Room air ☐ Oxygen Liters per minute (LPM)  
If yes, what were the results? pCO<sub>2</sub>(kPa/mm Hg) pO<sub>2</sub>(kPa/mm Hg)  
% Saturation Date of test  
c. Does the patient retain CO<sub>2</sub>? YES ☐ NO ☐  
d. Has his/her condition deteriorated recently? YES ☐ NO ☐  
e. Can the patient walk 100 meters at a normal pace or climb 10 - 12 stairs without symptoms? YES ☐ NO ☐  
f. Has the patient ever taken a commercial aircraft in the same health conditions? YES ☐ NO ☐  
If YES, when?  
Did the patient have any problems?

#### Psychiatric Conditions

- a. Is there a possibility that the patient will become agitated during flight? YES ☐ NO ☐  
b. Has He/she taken a commercial aircraft before? YES ☐ NO ☐  
If YES, date of travel? Did the patient travel ☐ alone ☐ escorted?

#### Seizure YES ☐ NO ☐

- a. What type of seizures?  
b. Frequency of the seizures?  
c. When was last seizures?  
d. Are the seizures controlled by medication? YES ☐ NO ☐

#### Prognosis for trip GOOD ☐ POOR ☐

Physician signature

Date

**Note:** Cabin attendants are not authorized to give special assistance (e.g. lifting) to particular passengers, to the detriment of their service to other passengers. Additionally, they are trained only in **first aid** and are not permitted to administrate any injection, or to give medication.  
**Important:** Fees, if any, relevant to the provision of above information and for carrier-provided special equipment are to be paid by the passenger concerned.