

	To be completed by	PAS	INFORMATION SHEET FOR PASSENGERS' REQUIRING SPECIAL ASSISTANCE					
SALES OFFICE/AGENT			ANSWER ALL QUESTIONS- put a cross (x) in "YES" or "NO" boxes use BLOCK LETTERS or TYPEWRITER when completing this form					
Α	NAME/ INITIALS/ TITLE:							
В	PROPOSED ITINERARY (airline(s), flight number (s), class (es), date (s), segments (s), reservation status of continuos air journey).						Transfer from one flight to another often requires LONGER connecting time.	
С	NATURE OF INCAPACITATION:							
D	IS STRETCHER NEEDED (all stretcher cases MU		No		Yes	,	Request rate if unknown.	
E	INTENDED ESCORT (na professional qualifiacti different from passeng state "TRAVEL COMPAN					For blind and/or deaf, state if escorted by trained dog.		
F	WHEELCHAIR NEEDED: Categories are WCHR WCHS WCHC Wheelchair category:	? No Yes	OWN wheelchair No Yes	Collapsible No Yes	Power driven? No Yes	Battery type (spillable?) No Yes	Wheelchairs with spillable bat- teries are "dangerous goods" and are permitted on passenger aircraft only under certain condi- tions, which can be obtained from the airline(s). In addition, certain countries may impose specific restrictions.	
G	AMBULANCE NEEDED?	NO		LINE Decify ambulance concepts destination a			Request rate(s) if unknown.	
Н	OTHER GROUND ARRANGEMENTS NEED	ARRANGEMENTS NEEDED whose EXPENSE, and (c) CONTACT address/felephones numbers where appropriate or wherever						
1	Arrangements for delivery at airport of DEPARTURE	Yes Yes	specific persons a	are designated to n	neet/assist the pa	ssenger.	appropriate, or whenever	
2	Arrangements for assistance at CONNECTING POINTS	No Yes	Specify					
3	Arrangements for meeting at airport of ARRIVAL	No Yes	Specify					
4	Other requirements of relevant information	No Yes	Specify					
1	SPECIAL IN-FLIGHT ARRANGEMENTS NEED such as : special meals, special se leg-rest, extra seat(s), sp equipment etc.	eating	Yes	(b) airline ARF	RANGED or arrang	ing third party, ar	EGMENT(s) on which required, and (c) at whose expense. In etc. always requires completion	
J	DOES PASSENGER HOLD A "FREQUENT TRAVELLER'S MEDICAL CARD (FREMEC)" VALID FOR THIS TRIP? If yes, add below FREMEC data to your reservation requests. If no (or if additional data needed by carrying airline(s). have physician in attendence complete the MEDIF.							
¥	FREMEC / (FREMEC number)	(Issued by)	(Valid Until)	(Sex)	(Age)	(Inca	pacitation)	
	(Incapacitation	continued) (L	imitations)					
K	Passenger's Signature			61		page	nan Bangladesh Airlines	