# French BeeInformation sheet for passengers requiring special assistance

## To be filled by the passenger

### 1. General information

* Last Name:
* First Name:
* Passenger Name Record (PNR):
* Proposed itinerary (round trip):
* Flight number(s):
* Class(es):
* Date(s):

### 2. Handicap

* Nature of disability:

### 3. Stretcher

* Stretcher needed onboard? Yes / No

### 4. Escorts

* Intended escorts : Yes / No
* Last Name:
* Gender: Male / Female
* Date of birth (dd/mm/yyyy):
* PNR if different:
* Medical qualification: Yes / No
* Language spoken:

### 5. Wheelchair

* Wheelchair needed: Yes / No
* Own wheelchair: Yes / No
  + If Yes:
* Wheelchair category:
  + WCHR 1 (From checkin to boarding room)
  + WCHS 2 (From checkin to the aircraft gate)
  + WCHC 3 (From checkin to the cabin seat)
* Collapsible: Yes / No
* Wheelchair type:
  + WCBD 4 (Dry cell batteries)
  + WCBW 5 (Wet cell batteries)
  + WCMP 6 (Manual power batteries)

### 6. Ambulance

* Ambulance needed (to be arranged by the passenger or his/her representative): Yes / No
* Address of destination:
* Name of ambulance company:
* Contact of ambulance (name + phone), of departure:
* Contact of ambulance (name + phone), at arrival:

### 7. Meet & assist

* Meet and assist: Yes / No
* If designated person, specify contact:

### 8. Other arrangements

* Other ground arrangements needed: Yes / No
  + If Yes, specify:
* Departure airport:
* Transit airport:
* Arrival airport:

### 9. Other arrangements

* Other ground arrangements needed: Yes / No
  + If yes, specify type of arrangements (special meal, special seat…):
* Special equipment (respirator, incubator, oxygen…):
* Arranging company:
* Date (dd/mm/yyyy):
* Passenger signature

## Part A – to be completed or obtained from the attending physician

### 1. Patient Identity

* Patient’s name:
* Nationality:
* Date of birth (dd/mm/yyyy):
* Gender: Male / Female
* Height:
* Weight:

### 2. Diagnosis

Diagnosis (including date of onset of current illness, episode or accident and treatment) – Specify if contagious:

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

### 3. Symptoms

* Current symptoms and severity:

### 4. Pressure tolerance

* 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 metres (8000 feet) above sea level) : Yes / No

### 5. Additional clinical information

1. Anemia: Yes / No
   1. If yes, give recent result in grams of hemoglobin :
2. Psychiatric: Yes / No
   1. If Yes, see part B
3. Cardiac condition: Yes / No
   1. If Yes, see part B
4. Normal bladder control: Yes / No
   1. If no, give mode of control:
5. Normal bowel control: Yes / No
6. Respiratory condition: Yes / No
   1. If Yes, see part B
7. Does the patient use oxygen at home? Yes / No
   1. If Yes, specify how much?
8. Oxygen needed in flight? Yes / No
   1. If Yes, specify the flow rate of O² in l/mn …1.2 ….2.0 ….2.8 ….3.6 ….4.4 ….5.2

### 6. Escorts

? Is the patient fit to travel unaccompanied?[[1]](#footnote-1) Yes / No

1. If no, would a meet-and-assist (provided by the airline to embark and disembark) be sufficient? Yes / No
2. If no, will the patient have a private escort to take care of his/her needs onboard? Yes / No
3. If no, who will escort the passenger? Doctor / Nurse / Other
4. If yes, is the escort fully capable to attend to all the above needs? Yes / No

### 7. Mobility

* Able to walk without assistance ? Yes / No
* Wheelchair required for boarding? to aircraft / To seat / No

### 8. Medication

Medication list:

### 9. Other medical information

Other medical information

### 10. Physician identity

* Attending physicien name:
* Address:
* Telephone (mobile preferred):
* Fax:
* E-mail address:

Prognosis to travel: Good / Poor

Date:

Signature of attending physician:

## Part B – to be completed or obtained from the attending physician

Cardiac condition: Yes / No (If not, pass to section 2)

### Angina: Yes / No

* When was last episode?
* Is the condition stable? Yes / No
* Functional class of the patient? No symptoms / Angina with strenuous efforts / Angina with light efforts / Angina at rest
* Can the patient walk 50 meters at a normal pace or climb 10 -12 stairs without symptoms? Yes / No

### Myocardial infarction: Yes / No

* Date:
* Complications? Yes / No
  + If yes, give details:
* Stress EKG done? Yes / No
  + If yes, what was the result? ... Metz
* If angioplasty or coronary bypass, can the patient walk 50 meters at normal pace or climb 10–12 stairs without symptoms? Yes / No

### Cardiac failure : Yes / No

* When was last episode?
* Is the patient controlled with medication? Yes / No
* Functional class of the patient? No symptoms / Shortness of breath with strenuous efforts / Shortness of breath with light efforts / Shortness of breath at rest

### Syncope: Yes / No

* When was last episode?
* Investigations: Yes / No
  + If yes, state results:

### Chronic pulmonary condition: Yes / No

If not, pass to section 3.

* Has the patient had recent arterial gases? Yes / No
* Blood gases were taken on: Room air / Oxygen ... l/mn
  + Results: ... pCO2 ... pO2
  + Saturation
  + Date of exam:
* Does the patient retain CO2? Yes / No
* Has his/her condition deteriorated recently? Yes / No
* Can the patient walk 50 meters at a normal pace or climb 10-12 stairs without symptoms? Yes / No
* Has the patient ever taken a commercial aircraft in these same conditions? Yes / No
  + If Yes, when ?
* Did the patient have any problems?

### Psychiatric Conditions: Yes / No

* Is there a possibility that the patient will become agitated during flight? Yes / No
* Has he/she taken a commercial aircraft before? Yes / No
  + If yes, date of travel?
* Did the patient travel: Alone / Escorted

Note: Cabin crew are not authorized to give special assistance (e.g. lifting) to certain passengers, to the detriment of their service to other passengers. Additionally, they are trained only in first aid and are not permitted to administer any injection, or to give medication.

Important: Fees, if any, relevant to the provision of the above information and for carrier-provided special equipment are to be paid by the passenger concerned.

Prognosis to travel: Good / Poor

Date:

Signature of attending physician:

1. The presence of a companion is compulsory if the passenger: can not buckle his belt himself, can not feed himself alone, can not satisfy the basic physiological rules after being accompanied to the toilet or on the decision of the company doctor , after examination of the medical file. [↑](#footnote-ref-1)