



## Information Sheet for Passengers Requiring Special Assistance

IATA Resolution 700, Attachment A

1.	Name/First name	Title	Age	Gender	
2.	Passenger Name Record (PNR) or ETKT number				
3.	<b>Itinerary</b>				
	From	To	Airline	Flight No.	
	Date	Class			
4.	Nature of disability				
5.	Stretcher needed onboard (if Yes, fill in Form B also)			Yes    No	
6.	Escort(s) needed on board (If Yes, fill in below)			Yes    No	
	Escort(s) Name/First name	Title	Age	PNR (if different)	
					Medical qualification
					Language spoken
7.	Wheelchair needed (If Yes, tick as appropriate below)			Yes    No	
	WCHR	Needs assistance in the terminal to/from gate and for embarkation/disembarkation on the ramp. <b>Does not need assistance</b> in the aircraft cabin to/from seat, toilets and with meals.			
	WCHS	Cannot use stairs (e.g. on aircraft passenger steps). <b>Does not need assistance</b> in the aircraft cabin to/from seat, toilets and with meals.			
	WCHC	Non-ambulant. <b>Needs</b> assistance in the aircraft to/from seat, toilets and/or with meals. <b>Note:</b> Cabin crew provides meal serving only.			
	Own wheelchair	WCBD (battery driven/non-spillable batteries)	WCMP (manual driven)	Collapsible	
	Yes    No	Size (L/W/H)	Weight (Kg)	Wh rating (battery)	
8.	Ambulance needed (to/from the airport)		Ambulance company name		
	Yes    No	Phone number (embarking station)		Phone number (disembarking station)	
	<b>IMPORTANT!</b> Arrangements for the ambulance and any related expenses are supported by the passenger.				
9.	Special in-flight arrangements/equipment required in-flight/on board (if Yes, specify below)			Yes    No	
	Type of arrangement (e.g. special meal, extra seat, leg rest, special seating, etc.)		Specify equipment (respirator, incubator, oxygen, etc.)		
<b>IMPORTANT!</b> Any additional expenses that might arise shall be supported by the passenger. If respirator, incubator or oxygen is needed, please fill in Form B, also.					
10.	Other ground arrangements needed (if Yes, fill in below)			Yes    No	
	Ground arrangement		Departure airport	Transit/Transfer airport	
				Destination airport	

By signing this document, I declare that I have read and I agree to the general terms and conditions of transport of C.N.T.A.R. TAROM S.A., as well as with the rates related to the services requested and I understand that C.N.T.A.R. TAROM S.A. assumes no additional liability to the general terms and conditions of carriage. I also declare that I agree to bear any consequences that air transport may have on my health and release C.N.T.A.R. TAROM S.A., its employees, as well as its collaborators from any liability for such consequences. I agree to the reimbursement, upon request, to C.N.T.A.R. TAROM S.A. of any special expenses and costs incurred in connection with my carriage.

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