

Please fill out this form and send by email to [medicalrequest@klm.com](mailto:medicalrequest@klm.com)

## INFORMATION SHEET FOR PASSENGERS REQUIRING SPECIAL ASSISTANCE

### PART 1 (TO BE FILLED IN BY PASSENGER OR LEGAL GUARDIAN)

**1. Patient's name** \_\_\_\_\_

Date of birth (dd/mm/yyyy) \_\_\_\_\_ Gender \_\_\_\_\_ Nationality \_\_\_\_\_

Height (meters) \_\_\_\_\_ Weight (KG) \_\_\_\_\_

**2. Booking reference (PNR)** \_\_\_\_\_

**3. Flight details** \_\_\_\_\_ Date \_\_\_\_\_

(dd/mm/yyyy)

Airline(s), flight number(s) \_\_\_\_\_

**4. Will the passenger be escorted**  Yes  No

Medical qualification  Yes  No If yes, what qualification? \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

(dd/mm/yyyy)

PNR if different \_\_\_\_\_ Nationality \_\_\_\_\_

**5. Medical condition** \_\_\_\_\_

**6. Wheelchair needed**  Yes  No

Wheelchair categories\*  WCHR  WCHS  WCHC Own wheelchair  Yes  No

\* WCHR = passenger cannot walk well, but can use stairs

WCHS = passenger cannot walk up- and down stairs

WCHC = passenger cannot walk at all

**7. Stretcher needed on board**  Yes  No

**8. Ambulance needed on embarking and disembarking station**  Yes  No

Name ambulance company embarking station \_\_\_\_\_

Phonenumber ambulance company embarking station \_\_\_\_\_

Name ambulance company transit station (if applicable) \_\_\_\_\_

Phonenumber ambulance company transit station (if applicable) \_\_\_\_\_

Name ambulance company disembarking station \_\_\_\_\_

Phonenumber ambulance company disembarking station \_\_\_\_\_

**9. Special inflight arrangements needed**  Yes  No

If yes, specify type of arrangements (e.g. extra seat, legrest) \_\_\_\_\_

Specify equipment (respirator, incubator, oxygen, etc) \_\_\_\_\_

**10. FREMEC (Frequent traveler Medical Card)**

**or Saphir Card**  Yes  No

Nr. \_\_\_\_\_

Expiry date \_\_\_\_\_

(dd/mm/yyyy)

## 12. Data protection and Privacy Consent Declaration

The personal and medical details you provide on this form will be used by Air France/KLM 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, it may be necessary for Air France/KLM to process and/or disclose your personal and/or medical information to other airlines in your itinerary and to third parties, such as medical professionals, airport and airline staff, service providers, government bodies and border control authorities.

You should read Air France/KLM's privacy policy for further information and for the contact details of the data protection officer.

[https://www.klm.com/travel/nl\\_nl/customer\\_support/privacy\\_policy/privacy\\_policy.htm](https://www.klm.com/travel/nl_nl/customer_support/privacy_policy/privacy_policy.htm)

[https://www.airfrance.fr/FR/en/common/transverse/footer/edito\\_psc.htm](https://www.airfrance.fr/FR/en/common/transverse/footer/edito_psc.htm)

You can withdraw your consent at any time by contacting [medicalrequest@klm.com](mailto:medicalrequest@klm.com)

I hereby consent to my personal and/or medical data being processed, used and/or disclosed for the purposes set out above.

[Date and place] (dd/mm/yyyy)

[Passenger name/signature or Legal guardian name/signature]

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**PART 2 (TO BE COMPLETED OR OBTAINED IN ENGLISH FROM THE ATTENDING PHYSICIAN),  
PLEASE GO TO THE NEXT PAGE**

## INFORMATION SHEET FOR PASSENGERS REQUIRING SPECIAL MEDICAL CLEARANCE

### 1. Diagnosis (including date of onset of current illness, episode or accident and treatment, specify if contagious):

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Nature and date of any recent and/or relevant surgery \_\_\_\_\_

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### 2. Current symptoms and severity

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### 3. Additional clinical information

- a. Normal bladder control  Yes  No If no, give mode of control \_\_\_\_\_
- b. Normal bowel control  Yes  No If no, give mode of control \_\_\_\_\_
- c. Anemia  Yes  No If yes, give recent result \_\_\_\_\_ mmol/l or \_\_\_\_\_ g/100ml of hemoglobin

### 4. 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

### 5. Oxygen needed in flight

- a. Oxygen needed in flight?  Yes  No If yes, complete O<sub>2</sub> rate l/min (on-demand)
- 1,2  2,0  2,8  3,6  4,4  5,2
- b.  For whole flight  For stand-by
- c. Is the patient familiar with the Air France-KLM oxygen system (Wenoll WS120)  Yes  No

(Please note on-demand system not possible for children under 8 years/patients with tracheotomy and very weak passengers. If applicable please contact Air France-KLM directly)

- d. Does the patient use oxygen at home?  Yes  No If yes, specify how much L/min \_\_\_\_\_
- e. Has the patient an own O<sub>2</sub> concentrator on board or CPAP  Yes  No If yes, specify brand name \_\_\_\_\_
- f. Will the patient use this own O<sub>2</sub> concentrator or CPAP on board  Yes  No
- g. Please specify Saturation on room air \_\_\_\_\_ Date of exam (dd/mm/yyyy) \_\_\_\_\_
- h. Please specify saturation with oxygen supplies \_\_\_\_\_ on \_\_\_\_\_ l/min

### 6. Cardiac condition

- Yes  No If no, please go to question 7
- a. Angina  Yes  No When was last episode? \_\_\_\_\_ (dd/mm/yyyy)
- Is the condition stable?  Yes  No
  - Functional class of the patient?  No symptoms  Angina on heavy exertion/activities  Angina on light exertion/activities  Angina even at rest
  - Can the patient walk 100 meters at a normal pace or climb 10 -12 stairs without symptoms?  Yes  No

- b. Myocardial infarction  Yes  No Date (dd/mm/yyyy) \_\_\_\_\_
- 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 100 meters at normal pace or climb 10–12 stairs without symptoms?  Yes  No

- c. Cardiac failure  Yes  No When was last episode? \_\_\_\_\_
- Is the patient controlled with medication?  Yes  No
  - Functional class of the patient (NYHA classification)
    - No symptoms and no limitations
    - Mild symptoms and slight limitations
    - Extreme symptoms and marked limitations
    - Symptoms even at rest and severe limitations
  - Is there a known heart ejection fraction?  Yes  No If yes, give percentage \_\_\_\_\_ %

- d. Syncope  Yes  No When was last episode? \_\_\_\_\_
- Investigations  Yes  No If yes, state results \_\_\_\_\_

**7. Pulmonary condition**  Yes  No If no, please go to question 8

- a. Does the patient retain CO<sub>2</sub>?  Yes  No
- b. Has the patient's condition deteriorated recently?  Yes  No
- c. Can the patient walk 100 meters at a normal pace or climb 10 -12 stairs without symptoms?  Yes  No
- d. Has the patient ever taken a commercial aircraft in these same conditions?  Yes  No
- If yes when? \_\_\_\_\_
  - Did the patient have any problems? \_\_\_\_\_

**8. Psychiatric or seizure disorder**  Yes  No If no, please go to question 9

- a. Is there a possibility that the patient will become agitated during a flight?  Yes  No
- b. Has he/she taken a commercial flight before?  Yes  No
- If yes, date of travel? (dd/mm/yyyy) \_\_\_\_\_
  - Did the patient travel alone or escorted?  Alone  Escorted
- c. Seizure  Yes  No
1. What type of seizures? \_\_\_\_\_
  2. Frequency of the seizures? \_\_\_\_\_
  3. When was the last seizure? \_\_\_\_\_
  4. Are the seizures controlled by medication?  Yes  No

### 9. Escort

- a. Is the patient fit to travel unaccompanied?  Yes  No
- b. If no, will the patient have a private escort to take care of his/her needs onboard?  Yes  No
- c. If yes, who should escort the passenger?  Doctor  Nurse  Other \_\_\_\_\_
- d. If other, is the escort fully capable to attend to all needs on board?  Yes  No

### 10. Mobility

- a. Able to walk without assistance?  Yes  No
- b. Wheelchair required for boarding to aircraft?  Yes  No
- c. Can the patient sit upright in a normal aircraft seat?  
(if the answer is NO a stretcher will be required)  Yes  No

### 11. Medication list

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### 12. Other medical information

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### 13. Prognosis for the trip Good Poor

**Note:** Cabin attendants are not authorized to give special assistance to particular passengers, they are trained only in first aid and are not permitted to administer any injection, to give medication, or to feed and toilet patient.

**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.

### Filled and signed

Physician name \_\_\_\_\_ Date (dd/mm/yyyy) \_\_\_\_\_

Address / Hospital \_\_\_\_\_

Phone number \_\_\_\_\_

Email address \_\_\_\_\_

Stamp doctor/hospital (optional)

(Digital) signature

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