



Medical Information Form

To be completed by customer and uploaded using Special Assistance form
<https://www.aerlingus.com/app/support/forms/special-assistance-form>

Mandatory Fields indicated by *

A	CUSTOMER NAME*:						
B	CUSTOMER CONTACT INFORMATION:		Home:				
			Mobile*:				
			Email*:				
C	DATE OF BIRTH*: (dd/mm/yyyy)		D	GENDER*: Male / Female			
E	PROPOSED ITINERARY (transferring from one flight to another often requires LONGER connecting times)						
	AER LINGUS CONFIRMATION NUMBER* (six digit alpha-numeric code, starting with 2):		ITINERARY*				
				DATE	FLIGHT #	FROM	TO
			Departing Flight(s)				
Returning Flight(s)							
F	ATTENDING PHYSICIAN:		Name:				
			Email:				
			Contact Phone:				
			Licensed to Practice In (STATE/PROVINCE/COUNTRY):				
G	NATURE OF CONDITION REQUIRING ADVANCE NOTICE TO AER LINGUS*:						
H	OXYGEN: Do you require supplementary oxygen during the flight, provided by Aer Lingus?		If yes, please select the rate of flow per minute:		Continuous Flow?		
	No <input type="checkbox"/> Yes <input type="checkbox"/>	2 litres <input type="checkbox"/> 4 litres <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
I	MEDICAL EQUIPMENT: Portable Oxygen Concentrator, C-PAP, Nebulizer, Respirator, Ventilator Your device will be accepted by Aer Lingus for travel on the basis provided that it will not interfere with the safe operation of our aircraft. However, Aer Lingus is unable to assess the efficacy of a particular medical device when operated in an aircraft cabin environment. We therefore recommend that you consult the equipment manufacturer and your prescribing physician to confirm that your medical device is suitable for in-flight use. It is your responsibility to ensure you have 150% (one hundred and fifty) scheduled flight's duration in battery life if the device must be used in flight.						
	Are you bringing any essential medical equipment into the cabin? Yes <input type="checkbox"/> No <input type="checkbox"/>		If so, must this equipment be used in flight? Yes <input type="checkbox"/> No, it can be stowed in the overhead bin <input type="checkbox"/>				
	Device Type:		Battery Operated? Yes <input type="checkbox"/>				
	Device Make:		If Lithium Ion, Watt Hour (WH) Rating:				
	Device Model:		Device Stamped FAA Approved? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Serial No.:		Do you have sufficient batteries for 150% scheduled flight duration? Yes <input type="checkbox"/> No, the device is for carriage only <input type="checkbox"/>					

J	Own Wheelchair? Yes <input type="checkbox"/> No <input type="checkbox"/>	Power Driven? No <input type="checkbox"/> Yes <input type="checkbox"/>	Dimensions (in CM):	Weight(in KG):
	Do you require being lifted onto the aircraft? Yes <input type="checkbox"/> No <input type="checkbox"/>	Battery Type? Dry Cell <input type="checkbox"/> Wet Cell <input type="checkbox"/> Lithium <input type="checkbox"/>	Wheelchairs and other mobility aids weighing more than 120kg shall only be accepted where suitable heavy lifting equipment is available at both departure and arrival airports. A list of airports is available on our website under Disability Assistance.	Collapsible? Yes <input type="checkbox"/> No <input type="checkbox"/>
K	You MUST be able to use a normal aircraft seat with seatback placed in the UPRIGHT position when so required. Can you do so? Yes <input type="checkbox"/>			Can you bend your leg at the knee? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Can you take care of your own needs UNASSISTED (including meals, visit to lavatory, etc)? You must travel accompanied if you require this or any dedicated assistance. Cabin crew are trained only in first aid, are not permitted to administer any injection, give medication, etc. Yes <input type="checkbox"/> No, but traveling with carer/safety assistant <input type="checkbox"/>			
	CARER/SAFETY ASSISTANT (name & professional qualification; if untrained state Travel Companion):			
L	Will you be arriving or collected in an ambulance for departure or arrival? Yes <input type="checkbox"/> No <input type="checkbox"/>			
	If so, specify ambulance contact and address			

Customer Statement and Consent

- I have reviewed and understand the requirements for travel on Aer Lingus.
- I understand that processing of my personal data is necessary for the purposes of providing these services and consent to Aer Lingus processing my personal data in relation to this Special Assistance Request, including Contact Information, Flight Information, and details of my disability requirements.
- I consent to Aer Lingus supplying my personal data including Contact Information, Flight Information, and details of my disability requirements to relevant third-party special assistance service providers.

Customer Signature*

Date*:

Physicians Statement

I hereby certify that the above-mentioned individual is a patient under my care and to the accuracy of the information they provided. It is my professional judgment that he/she is physically able to complete an airline flight safely without requiring extraordinary medical assistance, even if the flight is of greater length than scheduled, terminates at a point other than the expected destination, or involves other irregular operations and that any changes to their condition would require an updated statement. I further certify that the above-mentioned does not have a disease or infection that can be transmissible to other persons during the normal course of a flight.

(Physician must sign within 10 days of departure)

Prognosis for Trip

Attending Physician Signature

Date: