



Medical Information Form

Complete all relevant sections and upload this form via the Special Assistance Form on our website

<https://www.aerlingus.com/support/forms/special-assistance-form/>

or fax to +353 1 886 6868 (Europe) or +1-516-622-4287 (North America)

GUEST INFORMATION					
Name:		Date of Birth:		Gender: Choose One	
Contact Information:	Home Phone:		Mobile Phone:		
	Email:				
PROPOSED ITINERARY (NOTE: transferring from one flight to another often requires LONGER connecting times)					
Aer Lingus Confirmation Number (a six-digit alpha-numeric code, starting with 2):	Itinerary				
		Date	Flight Number	From	To
	Departing Flight(s)		EI		
	Returning Flight(s)		EI		
ATTENDING PHYSICIAN INFORMATION					
Name:		Licensed to Practice In (Country/State/Province):			
Email:		Contact Phone:			
NATURE OF CONDITION REQUIRING ADVANCE NOTICE TO AER LINGUS					
MEDICAL INFORMATION					
OXYGEN	Do you require supplementary oxygen during the flight, provided by Aer Lingus? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, please select the rate of flow per minute: 2 litres <input type="checkbox"/> 4 litres <input type="checkbox"/>		Continuous Flow? Yes <input type="checkbox"/> No <input type="checkbox"/>
	MEDICAL EQUIPMENT: Portable Oxygen Concentrator, C-PAP, Nebulizer, Respirator, Ventilator Your device must be approved by Aer Lingus or labelled by the FAA for travel on the basis 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 the guest's responsibility to ensure they have 150% (one hundred and fifty) scheduled flight's duration in battery life if the device must be used in flight.				
MEDICAL EQUIPMENT	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 <input type="checkbox"/>		
	Device Type:		Dry Cell 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"/>		
	Notes:		Do you have sufficient batteries for 150% schedule flight duration? Yes <input type="checkbox"/> No, I do not require use in flight <input type="checkbox"/>		

ASSISTANCE	<p>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"/></p>					
	<p>Can you take care of your own needs unassisted (including meals, visit to lavatory, etc.)? Yes <input type="checkbox"/> No, answer below <input type="checkbox"/></p> <p>If you require this or any dedicated assistance, you must travel accompanied (cabin crew are trained only in first aid and are not permitted to administer any injection, give medication, physically assist guest from seat, etc.): Carer/Safety Assistant Name: Professional Qualification (if untrained state Travel Companion):</p>					
MOBILITY	<p>Do you require being lifted onto the aircraft? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Own Wheelchair? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>For the purposes of transport, wheelchairs must be capable of disassembly into constituent parts weighing not more than 120kgs each including batteries.</p>	<p>Collapsible? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Power Driven? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Battery Type? Dry Cell <input type="checkbox"/> Lithium <input type="checkbox"/></p>
	<p>Will you be arriving or collected in an ambulance for departure or arrival? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If so, specify ambulance contact and address</p>					
AMBULANCE						

GUEST STATEMENT	
<p>I have reviewed the requirements for travel on Aer Lingus. I authorize Aer Lingus to provide my information to any necessary third parties such as medical professionals or the relevant airport operator solely for the purpose of fulfilling my request.</p>	
<p>Guest Signature:</p>	<p>Date:</p>

ATTENDING PHYSICIAN STATEMENT <i>(Physician must sign within 10 days of departure)</i>	
<p>I hereby certify that the above-mentioned individual is a patient under my care and to the accuracy of the information 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.</p>	
<p>Prognosis for Trip:</p>	
<p>Attending Physician Signature:</p>	<p>Date:</p>