



Expectant Mother Travel Advice Form

*When completed, please fax this form to Special Assistance Department at +353 1 886 6868
or email to specialassistance@aerlingus.com*

NAME OF PASSENGER				
AGE				
PROPOSED ITINERARY	Date	Flight No	From	To
ATTENDING PHYSICIAN	Name:			
	Address:			
	Contact Number:			
How many weeks pregnant will passenger be at time of travel?	Outbound:			weeks
	Inbound:			weeks
PASSENGER CONTACT NUMBER	Home:			
	Mobile:			
	Work:			
Is passenger fit to fly?	Please circle: Yes / No			
COMMENTS				

- Please note that passengers must be able to use normal aircraft seat with seatback placed in the UPRIGHT position when so required.
- All passengers must be able to take care of their own needs onboard UNASSISTED. (including meals, visit to toilet etc.)
- Cabin attendants are NOT authorised to give special assistance to particular 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 give medication.
- Please note transfer from one flight to another often require LONGER connecting time.

PASSENGER'S DECLARATION

"I HEREBY AUTHORISE.....(Name of nominated physician) to provide the airlines with the information required by those airlines' medical departments for the purpose of determining my fitness for carriage by air and in consideration thereof I hereby relieve that physician of his/her professional duty of confidentiality in respect of such information, and agree to meet such physician's fees in connection therewith.

I take note that, if accepted for carriage, my journey will be subject to the general conditions of carriage/tariffs of the carrier concerned and that the carrier does not assume any special liability exceeding those conditions/tariffs.

I am prepared, at my own risk, to bear any consequences which carriage by air may have for my state of health and I release the carrier, its employees, servants and agents from any liability for such consequences.

I agree to reimburse the carrier upon demand for any special expenditures or costs in connection with my carriage."

(Where needed to be read by/to the passenger, dated and signed by him/her, or on his/her behalf)

Passenger's signature:	Date:
Attending Physicians Signature:	Date: