


# PRM TRANSPORTATION REQUEST FORM

To be completed by SALES OFFICE/AGENT	<b>INFORMATION SHEET FOR PASSENGERS REQUIRING SPECIAL ASSISTANCE</b>  Answer ALL questions – put a cross (x) in “YES” or “NO” boxes. Use BLOCK LETTERS or TYPEWRITER when completing this form													
<b>A</b>	NAME/INITIALS/TITLE													
<b>B</b>	PROPOSED ITINERARY (airline(s), flight number(s), class(es), date(s), segment(s), reservation status of continuous air journey).	Transfer from one flight to another often requires LONGER connecting time.												
<b>C</b>	NATURE OF INCAPACITATION:													
<b>D</b>	IS STRETCHER NEEDED ON BOARD? (all stretcher cases MUST be escorted) <span style="margin-left: 100px;">No <input type="checkbox"/></span> <span style="margin-left: 100px;">Yes <input type="checkbox"/></span>	Request rate if unknown.												
<b>E</b>	INTENDED ESCORT (name, sex, age, professional qualification, segments If different from passenger). If untrained, state “TRAVEL COMPANION”	For blind and/or deaf, state if escorted by trained dog.												
<b>F</b>	WHEELCHAIR NEEDED? No <input type="checkbox"/> Yes <input type="checkbox"/> Categories are: WCHR WCHS WCHC Wheelchair category: <input style="width: 80px;" type="text"/> <table border="1" style="margin-left: 20px; border-collapse: collapse; text-align: center;"> <tr> <td style="padding: 2px;">OWN wheelchair</td> <td style="padding: 2px;">Collapsible</td> <td style="padding: 2px;">Power driven?</td> <td style="padding: 2px;">Battery type (spillable?)</td> </tr> <tr> <td>No <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>Yes <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> </tr> </table>	OWN wheelchair	Collapsible	Power driven?	Battery type (spillable?)	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Wheelchairs with spillable batteries are “dangerous goods” and are permitted on passenger aircraft only under certain conditions, which can be obtained from the Ground Operations Department of Air Moldova.
OWN wheelchair	Collapsible	Power driven?	Battery type (spillable?)											
No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>											
Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>											
<b>G</b>	AMBULANCE NEEDED? No <input type="checkbox"/> Yes <input type="checkbox"/>	To be arranged by AIRLINE No <input type="checkbox"/> Specify ambulance company contact: _____ Yes <input type="checkbox"/> Specify destination address: _____	Request rate(s) if unknown											
<b>H</b>	OTHER GROUND ARRANGEMENTS NEEDED No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, SPECIFY below and indicate for each item: (a) the ARRANGING airline or other organization, (b) at whose EXPENSE, and (c) CONTACT addresses/telephone numbers where appropriate, or whenever specific persons are designated to meet/assist the passenger.												
<b>1</b>	Arrangements for delivery at airport of DEPARTURE No <input type="checkbox"/> Yes <input type="checkbox"/> Specify: _____													
<b>2</b>	Arrangements for assistance at CONNECTING POINTS No <input type="checkbox"/> Yes <input type="checkbox"/> Specify: _____													
<b>3</b>	Arrangements for meeting at airport of ARRIVAL No <input type="checkbox"/> Yes <input type="checkbox"/> Specify: _____													
<b>4</b>	Other requirements or relevant information No <input type="checkbox"/> Yes <input type="checkbox"/> Specify: _____													
<b>K</b>	SPECIAL IN-FLIGHT ARRANGEMENTS NEEDED, such as: special meals, special seating, leg-rest, extra seat(s), special equipment etc. No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, DESCRIBE and indicate for each item: (a) SEGMENT(s) on which required, (b) airline-ARRANGED or arranging third party, and (c) at whose expense. Provision of SPECIAL EQUIPMENT, such as oxygen, etc always requires completion of the MEDIF.												

To be completed by <b>ATTENDING PHYSICIAN</b>	<p>This form is intended to provide CONFIDENTIAL information to enable Air Moldova to assess the fitness of the passenger to travel. If the passenger is acceptable, this information will permit the issuance of the necessary directives designed to provide for the passenger's welfare and comfort.</p> <p>The PHYSICIAN ATTENDING the incapacitated passenger is requested to ANSWER ALL QUESTIONS. Enter a cross "x" in the appropriate "yes" or "no" boxes, and/or give precise concise answers.</p> <p>COMPLETING OF THE FORM IN BLOCK LETTERS OR BY TYPEWRITER WILL BE APPRECIATED.</p>	<p>-The form must be returned to:</p> <p><b>GROUND OPERATIONS DEPARTMENT, AIR MOLDOVA HEAD OFFICE</b></p>
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Ref. Code MEDA 01	PATIENT'S NAME, INITIAL(S), SEX, AGE:		
MEDA 02	ATTENDING PHYSICIAN - Name & Address		
	- Telephone Contact	Business:	Home:
MEDA 03	MEDICAL DATA: - DIAGNOSIS in details (including vital signs)		
	- Day/month/year of first symptoms:	Date of operation:	Date of diagnosis:
MEDA 04	- PROGNOSIS for the flight(s):		
MEDA 05	- Contagious AND communicable disease? No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:		
MEDA 06	- Would the physical and/or mental condition of the patient be likely to cause distress or discomfort to other passengers? No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:		
MEDA 07	- Can patient use normal aircraft seat with seatback placed in the UPRIGHT position when so required? Yes <input type="checkbox"/> No <input type="checkbox"/>		
MEDA 08	- Can patient take care of his own needs on board UNASSISTED* (including meals, visit to toilet, etc.)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If not, type of help needed:
MEDA 09	- If to be ESCORTED, is the arrangement satisfactory to you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If not, type of escort proposed by YOU:
MEDA 10	- Does patient need OXYGEN** equipment in flight? (If yes, state rate of flow)	No <input type="checkbox"/> Yes <input type="checkbox"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Continuous?
		Litres per Minute	
MEDA 11	- Does patient need any MEDICATION*, (a) on the GROUND while at the airport(s): other than self-administered, and/or the use of special apparatus such as respirator, incubator, etc.**?		
		No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:	
MEDA 12	(b) on board of the AIRCRAFT:		
		No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:	
MEDA 13	- Does patient need HOSPITALISATION? (a) during long layover or nightstop at CONNECTING POINTS en route: (if yes, indicate arrangements made or, if none were made, indicate "NO ACTION TAKEN")		
		No <input type="checkbox"/> Yes <input type="checkbox"/> Action:	
MEDA 14	(b) upon arrival at DESTINATION:		
		No <input type="checkbox"/> Yes <input type="checkbox"/> Action:	
MEDA 15	- Other remarks or information in the interest of your patient's smooth and comfortable transportation: None: <input type="checkbox"/> Specify if any**:		
MEDA 16	- Other arrangements made by the attending physician:		

NOTE(*): Cabin attendants are NOT authorized to give special assistance (e.g. lifting) 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 to give medication.	IMPORTANT: FEES, IF ANY, RELEVANT TO PROVISION OF THE ABOVE INFORMATION AND FOR CARRIER-PROVIDED SPECIAL EQUIPMENT(**) ARE TO BE PAID BY THE PASSENGER CONCERNED.
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Date:	Place:	Attending Physician's Stamp and Signature:
PASSENGER'S DECLARATION		
"I HEREBY AUTHORISE .....		
(Name of nominated physician)		
to provide required information with the purpose of determining my fitness for carriage by air.		
I agree to reimburse Air Moldova for any special expenditures or costs in connection with my carriage."		

Date:	Place:	Passenger's Signature:
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