

## Application form for assistance



On my flight, I would like to obtain assistance free of charge:

Surname, First name

Accompanying person

My e-mail

## Flight Details

Booking reference

Date	Departure airport	Arrival airport	Flight no.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date	Return departure airport	Return arrival airport	Flight no.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- Passenger who can walk up and down stairs with help (Technical term = WCHR) Passenger who cannot walk up or down stairs (Technical term = WCHS)
- Passenger who is completely immobile and who can move about only with the help of a wheelchair or another means requiring assistance at all times (Technical term = WCHC)
- I take my oxygen bottle with me I take my walking frame
- I take my own wheelchair
- hand operated (WCMP)
- battery operated (WCBD)
- dry battery
- with a leak-proof gel-battery.

**Wet batteries are not carried for safety reasons.**

Below I list the weight and dimensions of my wheelchair:

kg  height / cm  width / cm  depth / cm

I want to take medical resources on top of the free baggage allowance:

Type of medical resources

Dimensions / weight

**All assistance are provided free of charge. In addition, we reserve a seat for you and one accompanying person. Transportation of medical resources is free of charge. For this purpose, we need a detailed medical certificate on the scope and nature of the demand and it must be presented at registration.**

**Please note that early registration is necessary to ensure a smooth process at the check in.**

**Please send the form to the e-mail address: [servicecenter@chair.ch](mailto:servicecenter@chair.ch)**