



SPECIAL SERVICES REQUEST FORM - PLEASE PRINT. PLEASE COMPLETE IN FULL- *MANDATORY INFORMATION

For detailed information on airline policies and procedures please visit the airline's website

*PASSENGER NAME: _____ *BOOKING NUMBER: _____

*TRAVEL DATES: _____ *TELEPHONE NUMBER: _____

*EMAIL if applicable – Print: _____

*DESCRIPTION OF MEDICAL CONDITION: _____
POC Supplementary Oxygen Allergy(s): _____ Is the allergy severe? YES NO

Please note additional forms/waivers will be sent for Allergy. POC and Oxygen requests

Sleep Apnea machine :

Will the passenger take their CPAP machine in the cabin ? YES NO * Quantity of distilled water: _____

OBESE PASSENGERS:

If you are a person who is unable to sit in the aircraft seat without raising the armrest, we would like to hear from you.

Do you require the use of an additional seat? YES NO

Do you require the use of an additional seat belt(s)? YES NO

If we are not informed in advance we will not be able to accommodate you at the time of check-in.

SERVICES REQUESTED FOR THE AIRPORT:

Airport assistance – please specify Meet and Assist Briefing Wheelchair at the airport

Additional comments: _____

Is the passenger able to walk up/down stairs? (30 steps or more) YES NO

Does the passenger require the assistance of Sunwing personnel to be carried to/from their seat? YES NO

Is the passenger traveling with their mobility aid ? YES NO

If YES, please specify: Manual Electric Electric Scooter Walker

Please provide us with the dimensions and weight of the wheelchair/scooter (**must be no larger than 46" width x 34" height**) _____

If the wheelchair is electric please specify the type of battery (**wet cell not accepted**) _____

Please note that any mobility item may be required to be tilted or placed on its side.

Local government regulations at some Sunwing destinations may not permit your mobility item to be brought to the jet-bridge and it may be returned to you in the terminal instead. If this is the case, alternate assistance will be provided to you that will enable you to reach the terminal area.

GROUND REQUESTS (TRANSFERS & HOTEL

Does the passenger require a wheelchair accessible room? YES NO

If a wheelchair accessible room is declined, will the passenger accept a regular room? YES NO

Does the passenger require a shower that is wheelchair accessible? YES NO

If it is declined, will the passenger accept a room with a regular shower? YES NO

Does the passenger require a handicap accessible room? YES NO

If a handicap accessible room is declined, will the passenger accept a regular room? YES NO

Will the passenger require a private transfer in destination? YES NO

(Please note, private transfers are at an additional cost)

Please note that any mobility item may be required to be tilted or placed on its side.

Once completed please fax to 416-798-8760 or email to specialservices@sunwing.ca at least 48 hours prior to departure.

Passenger Signature _____ Date _____