

DISABILITY ASSISTANCE FORM

This form must be produced at check-in and at each embarkation by any passenger who has a requirement for assistance to transfer between wheelchairs and aircraft seats. Only one form is required to be completed which will cover all travel by the passenger, however, it must be produced by the passenger on each occasion.

Name of Passenger:

Emergency Contact Name
(e.g. family member or doctor):

Contact No.:

I have examined the passenger and have made the following assessment of the medical condition:

- ☐ This passenger does not have any upper body strength or mobility and requires a companion to support the full body weight while moving the passenger between a wheel chair and an aircraft seat.
- ☐ This disability is permanent (state condition):
- ☐ This disability is temporary and is expected to cease by (date):

Further observations:

Further medical information/comments:

- ☐ Except for the above, I hereby declare that the passenger is fit to travel by air with Regional Express.

Medical Practitioner Name:

ID or Provider No.:

Signature / Date / Stamp:

Contact No.:

- The passenger is to retain this form at all times during travel.
- For guaranteed free travel for the passenger's carer, this form is to be faxed to the Rex Customer Contact Centre at least 48hrs prior to your flight's scheduled time of departure. Please fax the completed form to (02) 6393 5598 before calling 13 17 13 to make a booking.
- This form must be shown to Rex staff at check-in.