



Attendant Fare Medical Form

Sunwing considers providing a discount on a case to case basis, after a booking is completed. The discount may vary. In order to confirm eligibility, the following medical form must be completed by the passenger's attending physician and submitted to the Sunwing Special Services Department. Upon receipt of the required documentation, the Special Services Department will advise if the discounted rate is applicable.

This form is intended to provide confidential information, to enable Sunwing Airlines to assess the fitness of the passenger for travel, and to consider eligibility for a reduced rate for passengers with disabilities traveling with an attendant. If the passenger is accepted for travel, this information will allow Sunwing Airlines to provide for the passenger's safety and comfort. There are four (4) pages to this medical form. All the information requested herein must be completed and received by Sunwing Special Services – Toronto, no later than one week prior to the date of intended travel.

Please note the following:

- Sunwing staff are only permitted to provide limited assistance to passengers with respect to meals. This does not include assistance in the actual feeding of any meal or beverage.
- Sunwing staff are only permitted to provide limited assistance to passengers with respect to the use of the onboard lavatory.
- Sunwing staff are not permitted to assist passengers with respect to the administration of medication.
- Sunwing staff are not permitted to assist passengers in keeping their head and neck upright.
- Any fees relating to the carriage of the aforementioned passenger, their equipment and/or any special equipment provided by Sunwing are to be paid by the passenger concerned.
- Sunwing will only accept for carriage non-spillable batteries (only dry or gel cell batteries are permitted)
- Sunwing will not accept for carriage containerized oxygen (all oxygen must be bled off to zero) If passengers require oxygen during flight, a separate request must be made to Special Services one week prior to departure.
- Passengers with medical requests should allow themselves extra time when booking ongoing flights and pickup for ground transport.

Conditions for consideration of a reduced rate attendant fare include, but are not limited to:

- Space availability on the date the completed request is received
- All other conditions listed in the passenger's ticket
- The attendant must accompany the passenger on all segments
- Eligibility based on conditions as noted below

For further information, please contact:

Sunwing Special Services
27 Fasken Drive
Toronto, Ontario Canada
M9W 1K6
Phone: 416-620-4955 x 4278 / Fax: 416-798-8550



Attendant Fare Medical Form

To be completed by Attending Physician – The attending physician is requested to answer all questions in full, being as specific as possible. Please complete the form using a ball point pen or typewriter, with block letters.

Check any or all boxes that apply to the passenger:

Is the passenger not able to independently:

- Feed themselves any meal or beverage?
- Self administer any medication if required?
- Use onboard lavatory?
- Support their head and neck in upright position during take off and landing?
- Or, is the passenger both deaf and blind?

If any of the above apply, the passenger’s attendant must be able to meet these needs. If the passenger can perform all of these functions independently, they are not required to travel with an attendant nor will the attendant discount apply. The attendant must be able bodied and is expected to assist the passenger. Any inflight safety briefing given by the cabin crew will be directed to the attendant, who will be responsible to pass the information to the passenger. In the event of an inflight emergency, the attendant will assist the passenger, if necessary, up to and including, carrying them off the aircraft.

Passenger Information

Name _____ Sex _____ Age _____

Address _____

Phone _____

Flight Details (include airline, flight #, date, and return if applicable)

Medical Data

Nature of incapacitation _____

Is medical clearance required? Yes No

Diagnosis, in detail, including vital signs _____

Prognosis for the trip _____ Date of diagnosis _____

Prognosis for the trip _____

Is the passengers condition expected to deteriorate before their return flight? Explain _____



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Can the passenger:

Feed themselves? Yes No

Use the onboard lavatory independently? Yes No

If required, self-administer medication. If no, please specify type of assistance required Yes No

Is a Wheelchair required? Yes No

Is Carry on/Carry off assistance required? Yes No

Travelling with personal wheelchair? Yes No

Power Driven? Yes No

Battery Type: Wet Dry Gel

Note: Sunwing will not transport any wet cell battery

Does passenger require any medication? If yes, state type Yes No

Is it self administered? If no, state how administered Yes No

Will standard aircraft seat accommodate the passenger? Please describe: Yes No

Any contagious and/or communicable diseases? If yes, please specify: Yes No

Any allergies, (food or other)? If yes, describe: Yes No

Is an ambulance required? Specify arrangements made Yes No

Have any other ground arrangements been made? Yes No

Is the passenger fit for travel under these conditions? _____

Does the passenger require any other type of medical equipment? Please describe: _____

Do you have any other remarks or information that will assist in a safe and comfortable flight? Please specify: _____



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Attending Physicians Declaration:

As the passengers attending physician, I hereby certify that this information is current, complete and correct.

Signature _____ Date _____

Name of physician (please print): _____

Office Address: _____

Business phone: _____ Attending physician for how long? _____

Physicians stamp: _____

Passengers Declaration:

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

I, the undersigned, will authorize my physician to deliver to the Special Services Department of Sunwing Airlines in Toronto, an up-to-date personal medical information form containing such details as may reasonably be required by Sunwing Airlines. The medical information form will be used by Sunwing Airlines as the basis for its determination as to whether I require an attendant for air travel. The determination once made will be final. The medical information form, and any physician's fee, will be delivered at least seven (7) days prior to proposed departure date and may be disclosed to all other air carriers participating in the proposed air carriage. Sunwing Airlines reserves the right to require the passenger to be seen by a Sunwing Airlines company doctor. I understand that this agreement, once accepted by both parties, is for air only travel on Sunwing Airlines, and does not include package deals, hotels, car rentals or any other costs. I understand that Sunwing Airlines and any participating air carriers will not be obligated in any way to accept me for any subsequent or return air carriage and that separate medical care may be required hereafter. I also understand that the air carriage provided by Sunwing Airlines, and other participating air carriers, will be subject to the terms and conditions of carriage either contained in or referred to by reference on my passenger ticket and that such carriers do not assume any special liability exceeding those terms and conditions of carriage.

(please print)

Place _____ Date _____

Name of passenger _____

Name of witness _____

Signature of passenger _____

Signature of witness _____ Phone _____

Name of attendant _____