

Information Sheet - Request for special seating for a guest with a disability

Fax completed forms to confidential fax: 1-866-737-1202

This form is for use when a guest with a physical or mental disability requires special seating for himself or herself, and/or an additional seat for a personal attendant to provide care over and above the care provided by the carriers' personnel with regards to meals, medication, using the toilet, or to assist during an emergency evacuation or decompression. The two programs included in this application are:

- **The One Person One Fare program which applies only to domestic flights within Canada.**
- **The Medical Seating Program which applies to all WestJet flights.**

This entitlement does not apply to guests who:

- are not disabled as a result of their obesity/medical condition
- may want a travel companion for reasons other than a disability
- only require a personal attendant at their destination but not in-flight

WestJet approves or denies applications based on the medical information provided by the guest's treating physician in accordance with the WestJet Medical Desk's interpretation of the rulings issued by the Canadian Transportation Agency.

If you are unsatisfied with some aspect of the service you received from the Medical Desk, please submit a letter to WestJet Guest Relations outlining your concerns. If you are unsatisfied with the outcome of your application for the One Person One Fare program or Medical Seating due to supplementary medical information you feel was not presented or considered, please submit this information by fax to the Medical Desk confidential fax: 1-866-737-1202. If you remain unsatisfied with the outcome of your application, please feel free to contact the Canadian Transportation Agency (<http://www.cta-otc.gc.ca>) to discuss the options available to you.

WestJet provides the following accessibility assistance services

Pre-boarding assistance: to and from the aircraft with a wheelchair, and carry-on/off service using a Washington wheelchair.

Toileting assistance: the on-board wheelchair (OBW) is available for self-reliant guests for transport to and from the toilet once on board (guests must be able to attend to their personal needs, stand/pivot and/or bear weight and move within the 1.5 feet of space in the toilet). The toilet's doorframe prohibits the OBW from entering. Flight attendants are not expected or permitted to assist with personal hygiene. Privacy necessitates that flight attendants will only assist the guest with getting to and from the toilet (except by carrying) and will refrain from assisting inside the toilet, other than to offer stability as the guest enters and exits the toilet. The guest will lock and unlock the door him or herself, unless they request the flight attendant to lock the door from the outside.

Wheelchair seating: will be assigned where pull-up armrests are present for better accessibility. Please note: the armrests do not rise in the bulkhead rows. The bulkhead aisle seats (C & D) and emergency exit rows are restricted by Transport Canada to able-bodied guests.

Special safety briefings: If required due to a guest's physical, sensory or comprehension limitation, individual safety demonstrations/briefings will be given on:

1. Operation of seat belts
2. Placement of any service animals
3. Use of fixed oxygen system
4. Seat backs and chair table
5. Stowage of cabin baggage
6. Life vest (if carried)
7. Description of preferred, alternate exits
8. English / French Braille safety briefing cards

Approval types

WestJet has three levels of approvals for guests with a functional limitation caused by a physical or mental impairment that restricts their ability to travel safely and successfully on WestJet. The level of approval is based on the expected duration of the disability. The levels and durations are:

1. **Permanent approval:** for those guests whose disability is expected to remain with them for their expected natural life. This will be valid for the life of the guest.
2. **One year approval:** for those guests whose disability is expected to improve over the course of an extended period of time. This will be valid for one year from the date of approval.
3. **Less than one year approval:** the nurse from WestJet or Medisys Health Group reserves the right to grant an approval for a period of less than 1 year based upon careful review and consideration of the medical information received with respect to disabilities of a more short-term nature.

Approval process

WestJet or Medisys Health Group will review all guest applications and may contact the guest's physician to confirm or clarify the information provided on the form.

Applicants will be contacted via telephone or email to advise them if they have been approved or declined, and options available to them.

Personal attendants must be:

- at least 18 years of age
- fully mentally and physically capable of caring for themselves
- appropriately qualified and capable of assisting with the mental and physical needs of the guest

Personal attendants may not be:

- responsible for the needs of any other guest on the flight

NOTE: If the application for a personal attendant is approved, the guest will be required to always travel with a personal attendant on all domestic flights for the duration of their approval, unless otherwise advised by WestJet.

Additional information

If additional supporting information is required and there is not enough available space, please include on a separate sheet.

Guest Portion

Fax completed forms to confidential fax: 1-866-737-1202

Please complete and submit this form prior to booking your flights. The WestJet Medical Form should be submitted as soon as possible, and a minimum of five days prior to flight departure to allow for adequate time for review. Although we will do our best to review submissions received with less than five-day's notice, WestJet cannot confirm the form will be reviewed prior to your travel. Please note: If you choose to purchase additional or special seating and are not subsequently approved prior to your travel, you will not be given a refund, credit or other compensation. Pre-approval is required under both aforementioned programs.

Please note: Fees incurred for the completion of this form are the responsibility of the guest.

Incomplete forms will not be reviewed or processed. Be sure to print all information legibly.

Section A: Name of the guest with the disability	
Guest name:	Birthdate:
Email*:	Guest phone:
*approval letters will be sent to this email address	
Section B: Person to contact (Guardian or decision make if it is not suitable to contact the guest directly)	
Name:	Relationship:
Phone number for contact:	Alternate phone:
Section C: Mailing address	
Name:	Date of travel:
In care of (if applicable):	
Address:	
City:	Province/State:
Postal/ZIP Code:	Country:
Section D: Functional abilities of the guest (specific to air travel only)	
Do you require a wheelchair?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, will you be using your own wheelchair?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to put on the emergency oxygen mask yourself?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to take required prescription medication unaided while on board the aircraft?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to evacuate the aircraft in the event of an emergency situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to feed yourself while on board the aircraft?	<input type="checkbox"/> Yes <input type="checkbox"/> No
When inside the on-board lavatory, are you able to use the toilet unaided?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section E: Personal attendant information (if attendant is required)	
Attendant name:	Age:
Relationship to the guest:	
Section F: Consent and agreement	
<p>Consent: I consent and authorize Dr. _____ (treating physician) to provide and discuss the information requested on this form to WestJet or Medisys and provide any further health information required to facilitate safe air travel. Medical information received will be kept confidential in accordance with WestJet's Privacy Policy.</p> <p>Agreement: If I am deemed eligible by WestJet under this program, I agree to immediately inform the WestJet Medical Desk of any significant changes to my health or requirements as it pertains to the information provided.</p> <p>I further agree that if the application for a personal attendant is approved, that the guest will be required to ALWAYS travel with a personal attendant on all domestic flights for the duration of their approval, unless otherwise advised by WestJet.</p> <p>I acknowledge that the attendant must be:</p> <ul style="list-style-type: none"> • at least 18 years of age and • fully mentally and physically capable of caring for him or herself and • appropriately qualified and capable of assisting with the mental and physical needs of the guest • <p>I acknowledge that the attendant may not be responsible for the needs of any other guest on the flight.</p>	
Guest/guardian name (print)	
Guest/guardian signature:	Date:

Physician Portion

Fax completed forms to confidential fax: 1-866-737-1202

Physicians are required to PRINT LEGIBLY when completing this form. Forms must be submitted a minimum of 48 hours in advance of the guest's intended date of travel. Incomplete forms will not be reviewed or processed. Flights booked before the forms are submitted may not qualify if the application is approved.

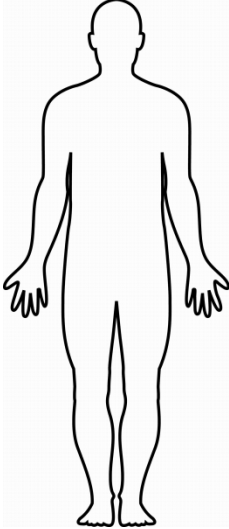
Please note: Fees incurred for the completion of this form are the responsibility of the patient.

Section G: Patient information and requirements		
Patient name:		
Birthdate:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Date of <u>first</u> visit:	Date of <u>last</u> visit:	
Diagnosis:		
Has the patient taken a commercial aircraft before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, did they travel	<input type="checkbox"/> Alone	<input type="checkbox"/> With an attendant
Is the patient's disability considered to be:	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary
Does the patient have a psychiatric condition or cognitive impairment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify symptoms and developmental level:		
Please list all prescribed medications and their frequency:		
Does the patient require a wheelchair for distance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the patient require a wheelchair at all times?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will the patient use any medical equipment on board (other than a wheelchair)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:		
****Is the patient fit for air travel?****	<input type="checkbox"/> Yes (Fit for travel)	<input type="checkbox"/> No (Not fit for travel)

Section H: Guest seating requirements

Does the patient require special seating for himself/herself?	<input type="checkbox"/> Yes	<input type="checkbox"/> No Go to Section I
--	-------------------------------------	---

Why does the patient require special seating for himself/herself?

<p>Obesity?</p> <p>Height _____ cm Weight _____ kg</p> <p>Measure</p> <p>A) Waist at the umbilicus A _____ cm</p> <p>B) Maximal girth of hip, or buttocks above the gluteal fold. B _____ cm</p>		<p>Other reason? Please explain</p>
---	--	--

Section I: Assistance required from attendant

Type of attendant you recommend to guest:	Non-medically qualified <input type="checkbox"/>	Medically qualified <input type="checkbox"/>
--	--	--

*** It is the responsibility of the guest to use an attendant appropriately qualified for their care.***

What type of assistance, if any, will your patient require with the following:

Medicine administration:
Feeding:
Toileting:
Emergency oxygen mask:
Emergency evacuation:

Section J: Certification by Physician

By signing this form, I understand that I am providing information which WestJet will use for the allocation of a second seat free of charge to my patient. I understand these services would not be available but for my certification. I accordingly certify that the information provided in sections G, H and I of this form are true and accurate to the best of my knowledge.

Physician name (please print clearly):	
Physician signature:	Date:
Phone:	Fax :