



## **Application for an Express Expert Report**

Version of 16 May 2008

Applications for the parents / accompanying persons: Pages 2 to 4

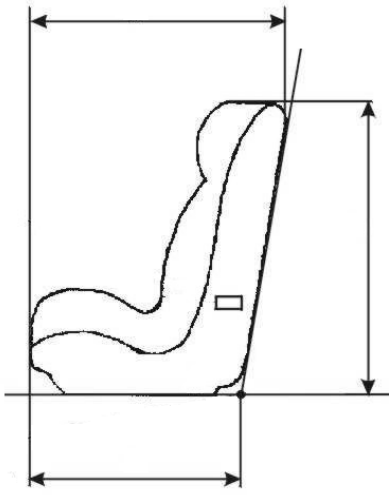
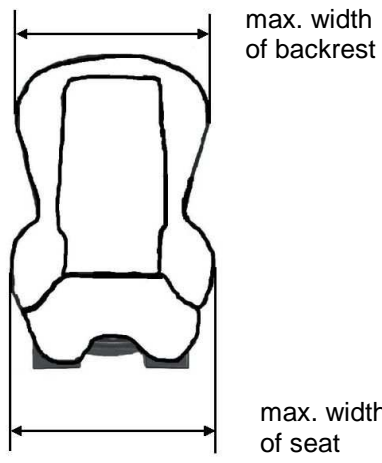
Application for the attending doctor: Page 5

Applications for the airlines: Pages 6 to 7

## Application for an Express Expert Report on seating aids for disabled infants and children

Points 1 to 3 have to be filled in completely by the parents / accompanying person(s)

<b>1. Particulars on the child:</b>	a)	Name:	
	b)	First name:	
	c)	Phone number / e-mail (parents):	
	d)	Age:	
	e)	Weight:	
	f)	Kind of disability:	
	g)	Attendance during the flight necessary:	yes <input type="checkbox"/> no <input type="checkbox"/>
		If yes, how many persons: *	
	h)	Life-preserving measures:	yes <input type="checkbox"/> no <input type="checkbox"/>
		If yes, of what kind:	
	i)	Sitting without assistance possible:	yes <input type="checkbox"/> no <input type="checkbox"/>
		If not, measures:	
	j)	Walking without assistance possible:	yes <input type="checkbox"/> no <input type="checkbox"/>
	k)	Wheelchair in cabin necessary:	yes <input type="checkbox"/> no <input type="checkbox"/>
If yes, is it possible to transport the child alternatively on a carrying aid with three-point-belt for a short period of time?		yes <input type="checkbox"/> no <input type="checkbox"/>	
* <b>NOTES FOR THE ACCOMPANYING PERSON/S:</b>			
<ul style="list-style-type: none"> <li>• The accompanying persons are <b>not</b> provided by the respective airline/s.</li> <li>• Each disabled infant / child must be accompanied by one or more accompanying adults in charge of the infant or child.</li> <li>• The accompanying person/s must occupy the aircraft passenger seat directly next to the disabled infant / child during the entire stay on board.</li> <li>• The accompanying person/s must be able to attend the infant / child during the flight without assistance by the crew and to evacuate the infant / child in case of an emergency landing.</li> <li>• In case of an evacuation of the aircraft the seating aid must be left in the cabin.</li> <li>• In an emergency situation, disabled persons can only demand the same extend of aid that all other passengers are entitled to in such a case.</li> <li>• It is not possible to ensure the safety of the child, especially in case of an emergency landing, in the same way as for other passengers.</li> </ul>			

<b>2. Particulars on the seating aid:</b>	a)	Manufacturer's address:	
	b)	Exact specification:	
	c)	Dimensions in mm (indicate dimensions at the arrows):	 <p>Lateral view of the seating aid, indicate maximum dimensions respectively</p>  <p>max. width of backrest</p> <p>max. width of seat</p> <p>Front view of the seating aid, indicate maximum width</p>
	d)	Type of seat:	backward-facing <input type="checkbox"/> forward-facing <input type="checkbox"/>
	e)	Belt system of the seating aid:	4-point <input type="checkbox"/> 5-point <input type="checkbox"/> others <input type="checkbox"/>
		If others, specify:	
	f)	Type of attachment at the car seat:	2-point belt <input type="checkbox"/> 3-point belt <input type="checkbox"/> Isofix <input type="checkbox"/>
	g)	Support of the seating aid at the floor:	yes <input type="checkbox"/> no <input type="checkbox"/>
	h)	Attach copy of the instructions for use	
	i)	Attach pictures of seating aid: front view, aft view, bottom view and left & right side view	

<b>3. Particulars on the flight</b>	a)	Date:	
	b)	Location:	
	c)	Destination:	
	d)	Booking class:	Business <input type="checkbox"/> Economy <input type="checkbox"/> others <input type="checkbox"/>
		If others, which:	
	e)	Total number of travellers:	
	f)	Airline of the feeder:	
	g)	Flight number of the feeder:	
	h)	Airline for outbound flight:	
	i)	Flight number of the outbound flight:	
	j)	Return flight:	yes <input type="checkbox"/> no <input type="checkbox"/>
		If yes, date of return flight:	
	k)	Airline for the return flight:	
	l)	Flight number of the return flight:	
	m)	Airline of connecting flight	
n)	Flight number of connecting flight:		
o)	<b>If outbound and return flight are planned with different airlines the completed form must be sent to <u>all</u> airlines!</b>		

\_\_\_\_\_  
Date, place

\_\_\_\_\_  
Signature of parents / accompanying person/s

**The following sheet has to be completed by the attending doctor:<sup>1</sup>**

This is to confirm \_\_\_\_\_,  
that my patient \_\_\_\_\_  
needs a specific medical seating aid for the transport in aircraft.

This is to further confirm the air transportability of the above-mentioned patient.

Address of doctor's surgery: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date, place

\_\_\_\_\_  
Signature and stamp of the attending  
doctor

<sup>1</sup> Note: \_\_\_\_\_ The airline may use its own form here if applicable.

Points 4 and / or 5 have to be completed by the airline			
<b>4. Particulars of the airline</b>	TÜV CRS qualification	yes <input type="checkbox"/> no <input type="checkbox"/>	
	If yes, proceed with 4.1; if no, proceed with point 5		
	4.1	FEEDER:	
	a)	Date and time:	
	b)	Flight number:	
	c)	Type of aircraft:	
	d)	Cabin layout number:	
	e)	Preferred seat rows for disabled children:	
	4.2	OUTBOUND FLIGHT:	
	a)	Date and time:	
	b)	Flight number:	
	c)	Type of aircraft:	
	d)	Cabin layout number:	
	e)	Preferred seat rows for disabled children:	
	4.3	RETURN FLIGHT:	
	a)	Date and time:	
	b)	Flight number:	
	c)	Type of aircraft:	
	d)	Cabin layout number:	
	e)	Preferred seat rows for disabled children:	
	4.4	CONNECTING FLIGHT:	
	a)	Date and time:	
	b)	Flight number:	
	c)	Type of aircraft:	
	d)	Cabin layout number:	
	e)	Preferred seat rows for disabled children:	
	4.5	CONTACT PERSON OF THE AIRLINE:	
a)	Name, phone number, e-mail:		
<b>If point 4 was completed, point 5 is not applicable!</b>			

<b>5. Extended particulars of the airline</b>	5.1	<b>FEEDER:</b>	
	a)	Date and time:	
	b)	Flight number:	
	c)	Type of aircraft:	
	d)	Attach cabin layout	
	e)	Attach Component Maintenance Manual of the Seats	
	f)	Preferred seat rows for disabled children:	
	5.2	<b>OUTBOUND FLIGHT</b>	
	a)	Date and time:	
	b)	Flight number:	
	c)	Type of aircraft:	
	d)	Attach cabin layout	
	e)	Attach Component Maintenance Manual of the Seats	
	f)	Preferred seat rows for disabled children	
	5.3	<b>RETURN FLIGHT:</b>	
	a)	Date and time:	
	b)	Flight number:	
	c)	Type of aircraft:	
	d)	Attach cabin layout	
	e)	Attach Component Maintenance Manual of the Seats	
	f)	Preferred seat rows for disabled children:	
	5.4	<b>CONNECTING FLIGHT:</b>	
	a)	Date and time:	
	b)	Flight number:	
	c)	Type of aircraft:	
	d)	Attach cabin layout	
	e)	Attach Component Maintenance Manual of the Seats	
f)	Preferred seat rows for disabled children:		
5.5	<b>CONTACT PERSON OF THE AIRLINE:</b>		
a)	Name, phone number, e-mail:		

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 Date, place

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 Signature of the airline