



**Mango Special Medical needs request form**

Name and surname of guest:

Guest reference number

Flight nr:  Date:

Contact nr:

**Please complete the form and fax it back to us as soon as possible to : 086 522 2951**  
**Please have your medical form and your confirmation( sms/email/fax ) from the medical department**  
**with you at time of check in .**

Please select one of the following options:

- MAAS- Meet and assist- requires assistance to and from the aircraft, but no wheelchair is needed.
- WCHR-Require wheelchair to and from the aircraft but can walk up/down the stairs
- WCHS- Wheelchair to and from aircraft and assistance up/down the stairs
- WCHC- Wheelchair to and from aircraft up/down stairs and in cabin
- BLIND/DEAF- please advise if you have a service animal?

Please specify the reason for the special request? ( elderly,sick,accident, young guest, quadriplegic etc.)

Age of guest(years)

(please tick)

- Are you able to walk up/down the stairs without assistance?
- Are you able to walk long distances?
- Are you able to manage in the cabin unaided?
- Are you able to sit unaided for the duration of the flight?
- Are you able to eat/drink unaided?
- Are you able to control bowels/bladder ?

YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO

Other important information:

I have read the terms and conditions for Mango special needs and disabled passengers  (Tick)

Please be advised that if you have any medical conditions that needs clearance from a doctor as per our terms and conditions you must attach a letter from your attending physician. This letter must clearly state that you are fit to travel.

**For any questions please contact us on 086 111 3818**  
**(Our office hours are Mon - Fri 8:00-16:30**  
**For after hour assistance call 0861 1626 46.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_