

ILLNESS - REQUEST FOR ASSISTANCE (JAL U.S. / CANADA)

Request dd/mmm/yy _____

Agency _____ Passenger Name _____
 Agent Name _____ IATA/ARC _____ e-address _____ Phone _____
 e-address _____ Phone _____ Physician _____
 Applicable JL Flights _____ JAL PNR# _____ **Forward the completed form → supportdesk.ar@jal.com**

ILLNESS	Check	May require advance notice and/or certificate for air travel fitness
Cardio Vascular		Sever cardiac diseases or failure/attack in the past 6 weeks or unstable condition after cardiac surgery
Vein		Deep Vein Thrombosis or untreated Pulmonary Artery Embolism
Respiratory:		Severe respiratory failure or severe chronic condition.
Cerebral-vascular		A Stroke within the past 4 weeks or in danger of having a stroke
Anemia		Severe Anemia or Sickle Cell Anemia
Gastro-intestinal:		Risk of bleeding/vomiting blood, colon test or Colon Polypsectomy operation within the past 7days
Ear/nose/throat:		Severe condition or severe Sinusitis or severe Motion Sickness or difficulty in opening hi/her mouth
Post surgery:		Not fully recovered from surgery or within 2 weeks for the wounds to close
Mental Illness		Able to care for personal needs
		Unable to care for own personal needs - need an escort
Infectious illness		High risk of transmission from person to person.
Decompression		Acute phase of Decompression sickness
Other describe →		
Condition		Can walk up/down stairs
		Cannot walk up/down stairs
		Unable to make own way, need assistance to walk
		Unable to care personal needs
		Unable to press call button for assistance
		Unable to take meals without assistance
ESCORT		Full name and record locator of escort →
WHEELCHAIR	Check	*** YOU CAN REQUEST FOR WHEELCHAIR THROUGH GDS ***
GDS Request Code	WCHR	Can walk up/down stairs
	WCHS	Cannot walk up/down stairs → Need additional information on passenger condition
	WCHC	Cannot move on their own without wheelchair → Need additional information on passenger condition
Requesting Wheelchair		Do not need it on board
		Need on board
Use Own Wheelchair		Manual collapsible, provide height/width/depth (folded & unfolded) →
		Manual non-collapsible, provide height/width/depth →
		Manual with lift platform with internal gas spring, provide height/width/depth →
		Seeing eye dog, describe →
APPARATUS	Check	May require advance notice and/or physician's note.
Escooter		Provide weight and type of battery →
Oxygen Request		Liters per minute →
Oxygen Concentrator		Allowed under certain conditions
Nebulizer		Allowed to carry on under certain conditions
CPAP		Allowed under certain conditions
Stretcher		Details →
Body Support		Details →
Additional Remarks →		