



## DISABILITY ACCESS FACILITATION INFORMATION (DAFI)

This form is to be completed and returned to Airnorth Reservations where possible 72 hours prior to the flight

PASSENGER FAMILY NAME:	PASSENGER FIRST NAME:
DATE OF BIRTH:	CONTACT NUMBER:
AGENCY / DOCTOR:	AGENCY / DOCTOR NUMBER:
BOOKING REFERENCE:	

### PROPOSED ITINERARY

DATE	FLIGHT NUMBER	CLASS	FROM	TO

### WHAT REASON DO YOU NEED ASSISTANCE FROM AIRNORTH?

Please briefly describe WHY you need assistance while travelling with Airnorth.

### WHAT ASSISTANCE DO YOU HAVE?

1. Are you travelling with an assistant /carer?  Yes  No

Carer / Assistant Name:

Medical qualifications (if any)

2. Are you travelling with a service dog?  Yes  No

3. Do you use a wheelchair  Yes  No

Powered  Non powered

4. Do you need to use medical equipment during the flight?  Yes  No

If yes: Please list the medical equipment you will use. Please include make, model and serial number.

**PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING YOUR ILLNESS / INJURY OR DISABILITY** (your response may require clearance from a medical practitioner)

5. Do you have a contagious or communicable disease?  Yes  No

If yes, please detail the disease and date of diagnosis.

6. Do you have a physical or mental condition that may cause distress or discomfort during flight?  Yes  No

If yes, please provide details of condition.

7. Does your physical condition prevent you from sitting upright for prolonged periods?  Yes  No

8. Have you had an illness or injury that falls within the guidelines on the next page?  Yes  No specify the illness or injury: .....

(if yes, you should receive a copy of Airnorth's Disability Access Facilitation Plan)

**If yes a medical practitioner must complete the following:**

- Date of diagnosis:
- Date of surgery
- Date of birth of child:
- Is the patient fit to travel?
- Does the patient require ambulance transfer at departure or arrivals port?  
If yes has it been booked? Which port?

I certify that ..... is fit to travel on Airnorth flight ..... on .... / .... / ...

Signed:..... Medical Practitioner Name: .....

(this signature should match the details in the first part of the form)

AIRNORTH USE ONLY:	
Travel Approved by:	Approval Number:
Medical Equipment approved:	Booking Reference annotated:
Is medical clearance required: <input type="checkbox"/> Yes <input type="checkbox"/> No (refer to DAFP appendix)	
Is the passenger a repeat traveller with Airnorth?	
Customer Service / outport advised.	
Assistance available at ports of embarkation and disembarkation.	

**Conditions that usually prevent travel:**

If any one or more of the following conditions apply to you, you will probably be unable to travel if travel is to be undertaken within the time specified below. If your treating doctor believes that special consideration should apply to your circumstances, your doctor should complete question 8 and contact the Reservations Office.

Heart attack	• within 7 days of intended travel
Stroke	• within 3 days of intended travel
Psychiatric disorder	• acute or uncontrolled
Contagious or infectious disease	• if this poses a direct risk of infection to passengers or crew
Angioplasty Angioplasty with stents	• within 3 days of travel • within 2 days of travel
Pregnancy	Refer to Airnorth Disability Access Facilitation Plan

**Conditions that may require travel clearance:**

If any one or more of the following conditions apply to you, you may be unable to travel. If travel is to be undertaken within the time specified below, you should ask your treating doctor to complete the question 8 if your doctor believes it is safe for you to travel.

Asthma	• recent deterioration within 48 hours of travel
Head injury	• within 2 weeks of travel or where there is air in the cranium
Heart attack	• within 21 days of travel
Chest surgery	• within 10 days of travel
Ear and/or sinus pathology	• within 48 hours of travel
Stroke	• within 10 days of travel
Phobias	• if doubt about ability to cope with air travel
Abdominal surgery	• within 10 days of travel
Anaemia	• Hb < 7.5 d L/L
Infants	• within 7 days of birth
Decompression sickness	• requires clearance from a specialist in hyperbaric medicine
Penetrating eye injury	• while there is air in the eye or a vitreous leak
Plaster casts	• plaster cast must be split if the injury is < 48 hours old
Pneumothorax	• within 14 days of resolution
Fractured jaw which has been wired	• must carry wire cutters onboard and with an assistant capable of cutting the wires if necessary – suitable documentation must be carried