

DISABILITY ACCESS FACILITATION INFORMATION (DAFI)

AIRNORTH APPROVAL – FOR AIRNORTH USE ONLY:			
Date	Approval Number	Approved by	Approver Signature
Notes:			

The first 2 pages of this form must be completed and returned to Airnorth Compliance 72 hours prior to date of travel Failure to do so may result in the airline unable to provide the assistance requested

If you need assistance completing this form, please speak to one of our Reservation Consultants

Before completing this form, please ensure that you read and understand Part A, B, C and D of this form. The full Airnorth Disability Access Facilitation Plan can be downloaded from the Airnorth website.







SECTION 1 – TRAVELLER(S) DETAILS

	First Name	Surname	D.O.B.	Contact #
Passenger				
Assistant/Carer				
Assistant/Carer Declaration: I have read and understand my responsibilities as a carer as stipulated in Part B of this form.			Signature: _____	

SECTION 2 – FLIGHT DETAILS

Travel date(s)	Flight No	Departure Port	Arrival Port	Booking Reference

SECTION 3 – ASSISTANCE / OTHER APPROVAL REQUIRED

Please briefly describe your (or the passenger's) situation:			
Detail			
	1. Mobility Impaired – Indicate passenger's challenges below:		
	<input type="checkbox"/> Cannot walk long distances <input type="checkbox"/> Cannot manage stairs		
	2. Passenger can self-transfer from airline wheelchair to aircraft seat: <input type="checkbox"/> Yes <input type="checkbox"/> No (Carer Required)		
	3. Is Passenger travelling with any of the following?		
<input type="checkbox"/> Cane/Crutches <input type="checkbox"/> Wheelie walker/Zimmer frame <input type="checkbox"/> Wheelchair			
4. If Passenger travels with wheelchair, please indicate: <input type="checkbox"/> Non-powered <input type="checkbox"/> Powered			
Powered wheelchair / scooter:	Battery info:	<input type="checkbox"/> Lithium Ion <input type="checkbox"/> Non-Spillable (SLA, Gel, AGM) <input type="checkbox"/> Removable <input type="checkbox"/> Other: _____ <input type="checkbox"/> Non-removable	
	Watt Hours:	_____ Wh (Watt Hours); or _____ AH (Amp Hours) + _____ V (Voltage)	
	<input type="checkbox"/> Vision Impaired <input type="checkbox"/> Legally Blind		 <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Deaf
	<input type="checkbox"/> I am travelling with a service dog Evidence of registration required		 I am travelling with oxygen cylinder/generator <input type="checkbox"/> C <input type="checkbox"/> D Brand _____ <i>Please attach spec sheet with DAFI</i>
	<input type="checkbox"/> Other assistance/approval required? Please specify: _____		

SECTION 4 – MEDICAL INFORMATION

Please answer the following questions regarding your illness/injury or disability. Your response may require written clearance from a medical practitioner.

Question	Yes/ No	Detail
1. Do you have a contagious/transmittable disease?	Y N <input type="checkbox"/> <input type="checkbox"/>	
2. Do you have a physical/mental condition that may cause distress or discomfort during flight?	Y N <input type="checkbox"/> <input type="checkbox"/>	
3. Does your physical condition prevent you from sitting up comfortably for prolonged periods?	Y N <input type="checkbox"/> <input type="checkbox"/>	
4. Have you had an illness or injury that falls within the guidelines specified under Part C of this form? If yes, you require medical clearance to fly. A medical practitioner must complete Section 5 below.	Y N <input type="checkbox"/> <input type="checkbox"/>	

Please note: For hygiene reasons passengers will not be accepted for travel where open wounds or sores are not covered.

SECTION 5 – MEDICAL CLEARANCE DETAIL

If you answered “Yes” Section 4 question 4, a medical practitioner must complete the following:

Diagnosis

- Date of diagnosis: _____
- Date of surgery (if applicable): _____
- Is the patient fit to travel by air? Yes No
- If infant, is the baby 7 days or older? Yes No
- Does the patient require ambulance transfer at departure/arrival port? Yes No
If yes, please provide confirmation that organised medical transfer has been arranged.
Please note port(s): Arrival Departure

Declaration:

I certify that _____ is fit to travel on dates indicated below:

Date(s)	Flight #

Date of declaration: _____ Signature: _____

Medical Practitioner Name: _____

Medical Centre: _____

Contact Details: _____

PART A – **INDEPENDENT TRAVEL REQUIREMENTS**

For a Passenger to travel independently (without a carer), they must be able to:

- Self-transfer from airline approved wheelchair to aircraft seat
- Manage aircraft stairs if a port does not have a DPL available
- Take themselves to the toilet or travel with suitable substitute
- Feed themselves
- Administer any medication and can self-administer medical oxygen (if applicable)
- Fasten own seat belt
- Reach for oxygen mask if deployed
- Respond independently to in-flight and ground emergencies

If a Passenger is not able to do any of the above independently, he/she is required to travel with an Assistant/Carer.

Refer to Part B for Assistant/Carer responsibilities

PART B – **ASSISTANT/CARER RESPONSIBILITIES**

An Assistant/Carer is a Passenger who is sufficiently able bodied to assist the Passenger with the following:

- Manage aircraft stairs if a port does not have a DPL available
- Toilet and sanitary requirements both on the aircraft and on the ground
- In-flight and ground emergencies
- Carriage of carryon baggage and/or equipment
- Medicating and medical procedures, including administering medical oxygen (if applicable)
- Food and beverage consumption
- Assist Passenger with oxygen mask if deployed
- Seat transfers, boarding and disembarking; and
- Immigration and custom procedures

IMPORTANT: *If you are travelling as an Assistant/Carer, you must sign the Assistant/Carer declaration under Section 1 of this form.*

PART C – CONDITIONS THAT MAY PREVENT TRAVEL

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. If your treating Doctor believes that special consideration should apply to your circumstances, your Doctor should complete section 5 of this form and contact the Airnorth Reservations toll free [1800 627 474](tel:1800627474).

Condition	Time frame
Heart attack	<ul style="list-style-type: none"> • within 7 days of intended travel – passenger not allowed to travel
Stroke	<ul style="list-style-type: none"> • within 3 days of intended travel
Psychiatric disorder	<ul style="list-style-type: none"> • acute or uncontrolled
Contagious or infectious disease	<ul style="list-style-type: none"> • if this poses a direct risk of infection to Passengers or crew
Angioplasty Angioplasty with stents	<ul style="list-style-type: none"> • within 3 days of travel • within 2 days of travel

PART D – CONDITIONS THAT REQUIRE MEDICAL 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 **MUST** ask your treating Doctor to complete section 5 of this form if your Doctor believes it is safe for you to travel.

Condition	Time frame
Asthma	<ul style="list-style-type: none"> • recent deterioration within 48 hours of travel
Head injury	<ul style="list-style-type: none"> • within 2 weeks of travel or where there is air in the cranium
Heart attack	<ul style="list-style-type: none"> • within 21 days of travel
Chest surgery	<ul style="list-style-type: none"> • within 10 days of travel
Ear and/or sinus pathology	<ul style="list-style-type: none"> • within 48 hours of travel
Stroke	<ul style="list-style-type: none"> • within 10 days of travel
Phobias	<ul style="list-style-type: none"> • if doubt about ability to cope with air travel
Abdominal surgery	<ul style="list-style-type: none"> • within 10 days of travel
Anaemia	<ul style="list-style-type: none"> • Hb < 7.5 d L/L
Infants	<ul style="list-style-type: none"> • within 7 days of birth
Decompression sickness	<ul style="list-style-type: none"> • requires clearance from a specialist in hyperbaric medicine
Penetrating eye injury	<ul style="list-style-type: none"> • while there is air in the eye or a vitreous leak
Plaster casts	<ul style="list-style-type: none"> • plaster cast must be split if the injury is < 48 hours old
Pneumothorax	<ul style="list-style-type: none"> • within 14 days of resolution
Pregnancy	<ul style="list-style-type: none"> • Domestic travel ≥ 36 weeks – Requires medical clearance for domestic flights Clearance must state: Expected date of birth, no complications • International travel Not approved after 36 weeks for routine pregnancies or after 32 weeks for multiple births or complicated pregnancies
Psychiatric disorder	<ul style="list-style-type: none"> • Not acute and under control
Fractured jaw which has been wired	<ul style="list-style-type: none"> • must carry wire cutters onboard and with an assistant capable of cutting the wires if necessary – suitable documentation must be carried