








# DISABILITY ACCESS FACILITATION INFORMATION (DAFI)

AIRNORTH APPROVAL – FOR AIRNORTH USE ONLY:				
Date	Approval Number	Approved by	Approver Signature	
Notes:				
<p><b>Note: The first 2 pages of this form must be completed and returned to <a href="mailto:assistancerequest@airnorth.com.au">assistancerequest@airnorth.com.au</a> 72 hours prior to date of travel. Failure to do so may result in the airline unable to provide the assistance requested.</b></p> <p>If you need assistance completing this form, please speak to one of our Customer Contact Centre Consultants. <i>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.</i></p>				
<b>SECTION 1 – TRAVELLER(S) DETAILS</b>				
	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: _____	

<b>SECTION 2 – FLIGHT DETAILS</b>				
Travel date(s)	Flight No	Departure Port	Arrival Port	Booking Ref.

<b>SECTION 3 – ASSISTANCE / OTHER APPROVAL REQUIRED</b>		
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, see Part B)	
	3. Passenger weight is greater than 124 kg and does require support in an Airline wheelchair:	
	<input type="checkbox"/> Yes (Carer Required, see Part B) <input type="checkbox"/> No	
	4. Is Passenger travelling with any of the following?	
	<input type="checkbox"/> Cane / Crutches <input type="checkbox"/> Wheelie walker / Zimmer frame <input type="checkbox"/> Wheelchair	
	5. 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 <input type="checkbox"/> Other _____	
	<input type="checkbox"/> Removable <input type="checkbox"/> Non-Removable	
	Watt Hours:	
_____ Wh (Watt Hours); or	_____ AH (Amp Hours) + _____ V (Voltage)	

	6. Does your mobility aid weigh more than 32 kg?	
	If so, notate weight _____ kg.	
	Mobility aids weighing more than 32 kg will be subject to approval based on airport equipment & staff availability.	
	7. Does your mobility aid require disassembling for carriage?	
	<input type="checkbox"/> Yes (Passenger responsibility, see Part C)	<input type="checkbox"/> No
	<input type="checkbox"/> Vision Impaired	<input type="checkbox"/> Legally Blind
	<b>Liquid oxygen systems are prohibited</b>	
	<input type="checkbox"/> I am travelling with an oxygen cylinder	
	<input type="checkbox"/> Type A	<input type="checkbox"/> Type B <input type="checkbox"/> Type C
	Gross weight not exceeding 5kg. <i>Spec sheet must be included with DAFI</i>	
	<input type="checkbox"/> I am travelling with a battery powered generator / concentrator.	
	<i>Spec sheet must be included with DAFI</i>	
	<input type="checkbox"/> I am travelling with a service dog.	
	<i>Evidence of registration required.</i>	
	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Deaf
	<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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. Do you have a physical / mental condition that may cause distress or discomfort during flight?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Does your physical condition prevent you from sitting comfortably for prolonged periods	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4. Have you had an illness or injury that falls within the guidelines specified under <b>Part C</b> of this form? If yes, you require medical clearance to fly. A medical practitioner must complete <b>Section 5</b> below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

*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**

1. Date of Diagnosis:		
2. Date of surgery (if applicable):		
3. Is the patient fit to travel by air?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. If infant, is the baby 7 days old or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Does the patient require ambulance transfer at departure / arrival port? If yes, please provide confirmation that organised medical transfer has been arranged. Please note port(s): _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Arrival	<input type="checkbox"/> 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.
- Provide support or push a wheelchair for passengers who are greater than the weight limit 124kg.
- 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 – DISASSEMBLING / ASSEMBLING OF MOBILITY AIDS

The disassembling – departures / assembling – arrivals of mobility aids, is the responsibility of the passenger or Carer if traveling. Airnorth staff are not trained in the mechanical functions of these types of equipment and are not able to provide tools for assistance.

## NOTE – WHAT ASSISTANCE WILL NOT BE PROVIDED DUE TO WORK, HEALTH AND SAFETY REQUIREMENTS

Airnorth Staff:

- Will not provide assistance within the cabin for the administration of medication, consumption of food or toiletry needs.
- Are not permitted to handle urine-draining equipment.
- Cannot complete any manual handling inclusive of checked baggage collection.
- Are not permitted to assist passengers outside of the airport terminal inclusive of car parks/ taxi waiting point.
- Are not permitted to provide support or push a wheelchair for passengers who are greater than the weight limit 124kg.

**NOTE:** *Passengers requiring assistance and fall into one of the above must travel with an Assistant / Carer (See Assistant / Carer responsibilities above).*

#### PART D – 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	Timeframe
Heart attack	<ul style="list-style-type: none"> <li>• Within 7 days of intended travel – passenger not allowed to travel</li> </ul>
Stroke	<ul style="list-style-type: none"> <li>• Within 3 days of intended travel</li> </ul>
Psychiatric disorder	<ul style="list-style-type: none"> <li>• Acute or uncontrolled</li> </ul>
Contagious or infectious disease	<ul style="list-style-type: none"> <li>• If this poses a direct risk of infection to Passengers or crew</li> </ul>
Angioplasty	<ul style="list-style-type: none"> <li>• Within 3 days of travel</li> </ul>
Angioplasty with stents	<ul style="list-style-type: none"> <li>• Within 2 days of travel</li> </ul>

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