



SPECIAL SERVICES FORM

Last Name:

First Name(s):

Date: Flight No. Seat No.

From: To:

Date: Flight No. Seat No.

Wheelchair

Able to ascend/descend stairs

Unable to ascend/descend stairs

Aisle chair required

Personal manual wheelchair

Battery-powered—Wet Spillable

Battery-powered—Dry/Gel Battery

Onboard wheelchair assistance needed

Blind

Deaf/Hard of hearing

Meet and Assist for Disabled Customers

Supplemental Oxygen

Liters per minute_____ (Rx required)

Portable Oxygen Concentrator

AirSep Lifestyle

Inogen One

Portable Oxygen Concentrators (POCs):

AirSep LifeStyle

AirSep FreeStyle

Inogen One

Respironics EverGo

SeQual Eclipse