

SPECIAL MEDICAL NEEDS REQUEST FORM



Please specify the reason for the special service request. Further medical details may be requested from a treating physician.

Name and Surname of Guest:

Guest's Reference Number:

Flight No: Date: Cell Phone No:

Flight No: Date:

Please complete the form and fax it back to us as soon as possible to: **086 522 2951** or Email: medicals@flymango.com.

Please have your Special Medical Needs Request Form and your confirmation from the Medical Department with you at the time of Check- In. Kindly note, Guests may not make use of the Self Service Check-in Kiosk.

Please select one of the following options:

- MAAS – Meet and Assist – requires to and from the aircraft, but no wheelchairs is needed.
- WHCR – Require Wheelchair to and from the aircraft but can walk up/down stairs.
- WHCS – Wheelchair to and from aircraft and assistance up/down stairs.
- WCHC – Wheelchair to and from aircraft up/down stairs and in cabin.
- BLIND/DEAF – Please advise, if you have a service animal. Yes: No:

Age of Guest (Years):

Are you able to walk up/down the stairs without assistance? Yes: No:

Are you able to walk long distances? Yes: No:

Are you able to manage in the cabin unaided? Yes: No:

Can you assist yourself in the event of an emergency evacuation? Yes: No:

Other Important Information:

PLEASE NOTE: Mango Cabin staff are not authorised to provide individual assistance during the flight. However, they will provide individual safety related instruction and assistance.

I have read the Terms and Conditions for the Mango Special Needs and Disable Guests (Tick)

Please be advised, if you have any medical condition that needs clearance from a doctor as per our MangoTerms and Conditions of Carriage, then you will be required to attach a letter from the attending physician, which must clearly state that you are fit to travel.

For any queries, please contact us on 086 101 0214.

Our office hours are Mon – Fri 07:00 – 16:30. For after-hours assistance, please call 086 100 123.

Full Name & Surname:..... Date Submitted:.....