

PART I To be completed by PASSENGER		- Answer ALL questions. - Put a cross "X" in "YES" or "NO" boxes. - Use BLOCK LETTERS when completing this form.	
A	Passenger 's full name: _____		<input type="checkbox"/> Male <input type="checkbox"/> Female Age:.....
B	Itinerary: Flight No.....Class.....Date.....Origin.....Destination..... Flight No.....Class.....Date.....Origin.....Destination..... Flight No.....Class.....Date.....Origin.....Destination.....		
C	Nature of Medical Condition/Incapacitation: _____		MEDIF II needed? <input type="checkbox"/> No <input type="checkbox"/> Yes
D	Is stretcher needed on board? _____		<input type="checkbox"/> No <input type="checkbox"/> Yes
E	Intended Escort 's full name:..... <input type="checkbox"/> Male <input type="checkbox"/> Female Age:..... Professional qualification:.....(If untrained, state: "TRAVEL COMPANION"). Telephone/Mobile phone:..... If passenger with vision/hearing impairment, please state if escorted by trained dog? <input type="checkbox"/> No <input type="checkbox"/> Yes		
F	Wheelchair services by Vietnam Airlines needed? <input type="checkbox"/> No <input type="checkbox"/> Yes If YES, service type: <input type="checkbox"/> To boarding gate/ to aircraft step <input type="checkbox"/> To aircraft door <input type="checkbox"/> To seat and inflight	Own wheelchair? <input type="checkbox"/> No <input type="checkbox"/> Yes If YES, wheelchair type: 1. Collapsible <input type="checkbox"/> No <input type="checkbox"/> Yes 2. Power driven <input type="checkbox"/> No <input type="checkbox"/> Yes 3. Spillable battery <input type="checkbox"/> No <input type="checkbox"/> Yes 4. Other type, specify:.....	
G	Ambulance needed? <input type="checkbox"/> No <input type="checkbox"/> Yes (Passenger/Escort is responsible for making all ambulance arrangements) Ambulance company contact: _____ Origin contact:..... Telephone/Mobile phone:..... Destination contact:..... Telephone/Mobile phone:.....		
H	Other ground arrangement needed? <input type="checkbox"/> No <input type="checkbox"/> Yes		If YES, specify below and indicate for each item: (a) The ARRANGING airlines or other organization (b) At WHOSE expense, and (c) CONTACT addresses/phones where appropriate or whenever specific persons are designated to meet/assist passenger.
	1. Arrangements for drop-off delivery at DEPARTURE airport. <input type="checkbox"/> No <input type="checkbox"/> Yes		Details:
	2. Arrangements for assistance at CONNECTION point. <input type="checkbox"/> No <input type="checkbox"/> Yes		Details:
	3. Arrangements for pick up at ARRIVAL point. <input type="checkbox"/> No <input type="checkbox"/> Yes		Details:
I	4. Other requirement or relevant information. <input type="checkbox"/> No <input type="checkbox"/> Yes		Details:
	Special In-flight arrangements needed? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(e.g: special meal, special seating, extra seat, medical equipments(*), assistances with medications, special baggage...)</i> Details:..... <i>(*) Provision of special equipment such as oxygen etc. always require completion of Part II. See NOTE at the end of Part II.</i>		If YES, describe and indicate for each item: (a) Special service type and segment(s) on which required. (b) Airline – arranged or arranging third party. (c) At whose expense
J	PASSENGER 'S DECLARATION I take note that, if accepted for carriage, my journey will be subject to the general conditions of carriage/tariffs of Vietnam Airlines and that Vietnam Airlines does not assume any special liability exceeding those conditions/tariffs. I am prepared, at my own risk to bear any consequences which carriage by air may have for my state of health and I release Vietnam Airlines, its employees, servants and agents from any liability for such consequences.		
Address		Date	Passenger or authorized person 's signature and full name