For Customer with Wheelchair - Check List

Full Name of Person Sending Form	
Contact Phone Number	

We will call you to confirm the details on your form after receiving it by fax.

Thank you for choosing to fly with ANA. Please let us know your special needs during your travel.

Name		Age	Contact info.				
<pre><itinerary flight="" info=""></itinerary></pre>							
Date: Flight N	o: From -	To:		Reservation N	lo:		
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1. In order to accommodate your needs please let us know your walking condition.							
Able to Up/Down steps but unable to walk a long distance							
Unable to Up/Down steps but able to walk from the boarding door to the seat							
Unable to walk by hi	m/herself at all						
2. Check the item that matcl	hes your condition.						
Can sit upright with s	seat belt fastened (during take-off and la	nding)				
No needs to use med	dical equipments/de	evices on board					
3. Please let us know your o	wn wheelchair.						
1) Do you have your own	wheelchair?	No, I don't.	Yes, ple	ease check in it.			
2) If Yes, What kind of typ	e is your own whee	elchair?					
Mar		Electric/Battery-po	wered				
		•	battery (Wet-cel	·			
		•	lable Battery (We	·			
		=	ery (Ni-CD, Ni-MH ery (Li-ion)	1)			
≪Remarks≫ Power consumption rating (Wh) =	Volts(V) × Ampere hour		• • •	the Watt/hour rating	g. Wh		
		'			5·····		
3) Do you have any extra	battery? (This ques	tion only apply for Ele	ectronic wheelcha	ir user)			
No e	xtra battery	Yes, I have extra.		Piece,	Wh.		
4) Is your wheelchair fold:							
If No, please let us know the size and weight.							
			Yes				
	w the size and weig	ht.		tion.			
If No, please let us know	v the size and weig accept your own w	nt. heelchair due to the c	argo door's limita		kg/LBS		
If No, please let us know We may not be able to	w the size and weig accept your own w	nt. heelchair due to the c cm/in × <u>He</u>	argo door's limita	m/in, Weight			
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