

Request for Additional Seating for Self for Reasons of Disability (Obesity)

This form is to be completed for requests for additional seating on Porter **domestic** flights for reasons of disability caused by obesity.

Submitting your request

If you require additional seating because of a disability caused by obesity, please complete this form and submit it with any reservation details to Porter as far in advance of the date of intended travel as possible. If submitted within 48 hours, we will make every reasonable effort to accommodate the request.

Email: disabilityassistance@flyporter.com

Approval Process

- Incomplete or illegible documents will not be approved.
- All requests are reviewed based on the medical information provided by the passenger's physician and in accordance with the One Person One Fare decision issued by the Canadian Transportation Agency.
- Medical information shared is kept confidential in accordance with PIPEDA and CTA requirements.
- Before making a final decision to approve or decline your request, Porter may contact your physician to confirm or clarify details provided on the form.
- We will then contact you by either telephone or e-mail to notify you whether your application has been approved or declined, and advise options available to you.

An approved form is deemed valid for one (1) year from date of physician's signature.

SECTION 1 - To be completed by the passenger, guardian or a medical professional

If completing this interactive form manually, please print legibly. All fields are mandatory, unless noted otherwise.

Passenger information

First name: Middle name: Last name:

Date of birth: Gender: Male Female

Address: Unit number:

City: Province/ State: Country: Postal/ ZIP code:

E-mail address: Telephone number:

Is this your first request for additional seating aboard a Porter flight? Yes No

Travel information

** For travel within Canada only **

Porter confirmation number (if available):

Travel date: Flight number: From: To:
PD

Travel date: Flight number: From: To:
PD

Passenger consent and agreement

I hereby authorize my physician to provide and discuss information requested in this document with Porter for the purpose of determining my eligibility for an additional seat free of charge. I acknowledge that any fees incurred for the completion of this document are the responsibility of the passenger. If my request is approved, appropriate seating will be assigned by Porter taking both safety and my needs into consideration.

Passenger or guardian name (please print):

Passenger/guardian signature: Date:

SECTION 2 - To be completed by the physician

If completing this interactive form manually, please print legibly. All fields are mandatory, unless noted otherwise.

Dear Physician,

In accordance with the One Person One Fare decision issued by the Canadian Transportation Agency, please verify your patient's medical needs and confirm that they are capable of completing the flight safely without extraordinary medical assistance. We appreciate your time and assistance!

Patient information

First name:

Middle name:

Last name:

Weight:

 kg

Height:

 cm

Body mass index:

 kg/m²

Measurements when seated:

Waist at the umbilicus:

 cm

Maximum width of hips or buttocks above the gluteal fold:

 cm

Additional comments:

Physician's statement

I hereby certify that the information provided in this document is correct and accurate to the best of my knowledge.

Name of physician (Please print):

Telephone number:

Current registration number:

Province of registration:

Signature of physician:

Date: