porter

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REQUEST FOR ADDITIONAL SEATING FOR AN ATTENDANT FOR REASONS OF DISABILITY

This form is to be completed for requests for additional seating on Porter domestic flights for an attendant to accompany a passenger who is non self-reliant due to physical or mental disability. It is not intended for passengers who wish to travel with a companion for personal reasons or where an attendant is needed only at destination. Attendants must be 18 years of age, appropriately qualified and physically capable of assisting the passenger with all their personal and physical needs during travel. For this reason, an attendant cannot travel with both a passenger requiring an attendant and a child less than 12 years of age.

To make this request, please submit this document with any reservation details to Porter by fax at **416 203 6422** as far in advance of the date of intended travel as possible.

Requests for additional seating for an attendant for reasons of disability will be reviewed and confirmation of approval or denial communicated to the passenger. If submitted within 48 hours, you may be required to pay for two seats in advance and submit a request for refund. This request for refund must be submitted within 30 days of the date of initial travel with Porter. If the request is not approved, a refund or compensation will not be issued.

This document must also be presented at the time of check-in.

Fees incurred for the completion of this document are the responsibility of the passenger.

This document is deemed valid for one year from date of physician signature. Porter reserves the right to contact the passenger's physician to confirm or clarify details contained within.

Incomplete or illegible documents will not be approved. Medical information shared will be kept confidential in accordance with PIPEDA and CTA requirements.

Please visit www.flyporter.com for details of services available to passengers with disabilities. While Porter is pleased to offer the services described, we are not able to provide attendants for travel.

Passenger Name: _____

Address: _____

Telephone: _____ **Email Address:** _____

Birthdate dd/mm/yyyy**:** _____ **Gender:** **Male** ☐ **Female** ☐

Date of Travel dd/mm/yyyy**:** _____ **To/From:** _____

Proposed Flight(s): _____ **Reservation Number:** _____

Nature of Disability: _____

Name of Attendant: _____ **Age:** _____

Is this a first request for additional seating aboard a Porter flight?: Yes ☐ **No** ☐

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Passenger Consent

I hereby authorize Dr. _____ to provide and discuss information requested in this document with Porter for the purpose of determining my eligibility for an additional passenger seat for an attendant free of charge.

Signature: _____ *Name:* _____
(Please print)

To be completed by Physician

Does this patient have a disability	**Yes** ☐	**No** ☐
Is the patient able to feed him/herself without assistance?	**Yes** ☐	**No** ☐
Is the patient able to use the lavatory without assistance?	**Yes** ☐	**No** ☐
Is the patient able to take prescription medication without assistance?:	**Yes** ☐	**No** ☐

Please explain:

1) ***why an attendant is needed; and***
2) ***the duties the attendant is required to perform during flight.***

By signing this document, I understand that I am providing information which will be used to determine the allocation of a second aircraft seat to an attendant required by my patient. I thereby certify that the information provided in this document is correct and accurate to the best of my knowledge.

Name of Physician (print) _____ **Date:** _____

Signature of Physician _____ **Province of Registration:** _____

Current Registration Number _____**Telephone Number:** _____