

# Special Medical Needs Request Form



flymango.com | Why not today?

Name and Surname of Guest

Guest's Reference Number

Flight Nr.

JE

Date

Cell Phone Nr:

JE

Date

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

**Please have your medical form and your confirmation (sms/email/fax) from the Medical Department with you at the time of check in.**

**Medical Guests may not make use of the Self Service Checkin Kiosk.**

Please select one of the following options:

- MAAS- Meet and Assist- requires assistance to and from the aircraft, but no wheelchair 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
- Please indicate whether you have a visual or hearing impediment    Yes     No
- BLIND/DEAF- please advise if you have a service animal?    Yes     No

Please specify the reason for the special request? (Elderly, sick, accident, young Guest, quadriplegic, etc.)

Age of Guest (Years)

(Please tick)

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| Are you able to walk up/down the stairs without assistance? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Are you able to walk long distances?                        | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Are you able to manage in the cabin unaided?                | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Are you able to sit unaided for the duration of the flight? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Are you able to eat/drink unaided?                          | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Are you able to control bowels/bladder?                     | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

**NOTE: 1) GUESTS REQUIRING OXYGEN MUST CONTACT THE MANGO MEDICAL DEPARTMENT FOR A QUOTE AT LEAST 48 HOURS PRIOR TO TRAVEL. NO OXYGEN BOTTLES ARE ALLOWED ON ANY MANGO FLIGHT.**

**2) NO BATTERY OPERATED MOBILITY AIDS WEIGHING MORE THAN 32 KG (INCLUSIVE OF BATTERY) WILL BE ACCEPTED**

**Other important information:**

I have read the terms and conditions for MANGO special needs and disabled Guests (Tick)

**Please be advised that if you have any medical condition that needs clearance from a doctor as per our Terms and Conditions you must attach a letter from your attending physician, this letter must clearly state that you are fit to travel.**

**For any questions please contact us on 086 101 0214**

**Our office hours are Mon – Fri 08:00 – 16:30. For after hours assistance call 086 100 1234.**

Date: .....

Signature: .....