

FITNESS FOR AIR TRAVEL



Additional Seating Request due to Disability including Obesity

Please complete all fields below and email to accessibility@palairlines.ca

The personal and medical details you provide on this form will be used by PAL Airlines to handle your request for medical approval and to arrange the necessary assistance for your travel arrangements on PAL Airlines operated flight(s). Your medical details will not be disclosed to other airlines.

Please return the completed copy of this form to PAL Airlines no less than 96 hours prior to your flight. If submitted within 96 hours, we will make every reasonable effort to accommodate the request.

This document is deemed valid for 3 years from date of approval.

Incomplete or illegible documents will not be approved.

If the request is not approved, a refund or compensation will not be issued.

Do you agree? YES NO

If yes, please note PAL Airlines may require updated documents depending on your medical condition. You should read PAL Airlines's privacy policy for further information.

Is this a first request for additional seating aboard a PAL Airlines flight?

YES NO

PASSENGER INFORMATION

FIRST NAME	LAST NAME
DATE OF BIRTH	PREFIX
TELEPHONE NUMBER	ALT TELEPHONE
MAILING ADDRESS	
EMAIL ADDRESS	

I hereby consent to my personal and/or medical data being processed, used for the purposes set out above.

PASSENGER/LEGAL GUARDIAN SIGNATURE	DATE
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