

Special Assistance and Support Services

Please register with the Service Center no later than 48 hours before departure: you@leav.com
This form must be presented without being asked at check-in and when boarding the aircraft.

Passenger Data:

Last Name, First Name:

Date of Birth:

Address Line 1:

Identity Card Number/ Passport Number:

Postal Code, City:

Booking Reference:

Flight Number:

Flight Date:

Return Flight Number:

Return Flight Date:

Assistance Requirements:

Mobility:

(Please tick the applicable box(es))

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WCHR: I require assistance for longer distances

☐

WCHS: I require assistance for longer distances and stairs

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WCHC: I am unable to walk independently

Please note that, for safety reasons, all passengers with reduced mobility are assigned a window seat when travelling with LEAV Aviation.

Own wheelchair:
(Please tick the applicable box(es))

☐

Foldable

☐

Electric

Weight and size of wheelchair:

Battery specifications (in Wh or V and Ah)

For transport, I have disconnected the non-spillable dry-cell or gel battery to prevent accidental activation and protected the battery terminals against short circuits. The battery is securely attached to the wheelchair or mobility aid, and the lithium-ion battery does not exceed a rated energy of 300 Wh.

Additional limitations:
(Please tick the applicable box(es))

☐

Blind

☐

Deaf

☐

Cognitive impairment
or learning disability

☐

Mute

If you are travelling as part of a group of five or more passengers with severe visual and/or hearing impairments, one accompanying person is required for every five passengers.

Assistance provided by service dog:
(Please tick the applicable box(es))

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I require assistance by a service dog

LEAV Aviation recommends that you arrive at the airport at least two hours before your scheduled departure. Please also ensure that you have a medical certificate confirming the necessity of travelling with your service dog.

Additional Support:
(Please tick the applicable box(es))

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Restraint System/Seat Cushion:

The restraint system must be a product accepted by LEAV Aviation and certified for use with the RECARO SL3510 aircraft seats installed on board. LEAV Aviation cannot guarantee that the restraint system can be used on every flight. Please refer to the German TÜV website for information on restraint systems approved for use on aircraft. Restraint systems may only be installed in window seats. If the restraint system cannot be securely installed, it must be checked in as baggage.

Medical Devices:
(Please tick the applicable box(es))

Manufacturer/Model

☐ Oxygen Concentrator (POC)

☐ Ventilator

☐ CPAP ☐ Other

Battery-operated?

☐ Yes ☐ No

If "Yes": Liquid oxygen is not permitted.
If "No" (gas cylinder): permitted up to 5 kg per cylinder;
cylinders, valves and regulators must be securely protected.

Battery Capacity (Wh) per battery:

Please attach the device's technical data sheet.

Number of spare batteries

Will the device be used during the flight?

☐ Yes ☐ Only if required ☐ No

If "Yes/Only if required": Planned duration of use:

Is the passenger continuously
dependent on the device?

☐ Yes ☐ No

If either of the two questions above ("Will the device be used during the flight?" or "Is the passenger continuously dependent on the device?") was answered with "Yes" or "Only if required": Please provide medical confirmation - in the form of a medical certificate or an informal document bearing the treating physician's stamp and signature. Recommended wording:

"I hereby confirm that Mr./Ms. [Name], born [Date of Birth], is fit to travel ("Fit to Fly") in accordance with the assessment criteria of IATA Resolution 700, Annex B (MEDIF - Information Sheet for Passengers Requiring Medical Clearance), taking into account the diagnosis known to me and the current treatment."

Will the passenger be accompanied?

☐ Doctor ☐ Nurse/Caregiver ☐ Layperson ☐ No

I hereby confirm that the required conditions have been met and that I have read and accepted the General Terms and Conditions (GTC) and the Conditions of Carriage.

Place, Date

Signature