

## **PHYSICIAN'S STATEMENT INSTRUCTIONS**

The individual identified on the next page is requesting medical documentation that will be evaluated in connection with his or her request for an upgrade in air travel to premium- class (business-class) as a reasonable accommodation. Please specify in your report the physical and environmental requirements connecting the identified disability or other special need and the requested accommodation.

The applicant is responsible for any cost incurred in connection with providing this documentation.

Please provide the medical documentation requested under "MEDICAL DOCUMENTATION REQUIREMENT FORM." It is important that you respond to every item. If there is not sufficient space for your response, please provide a continuation sheet that indicates the corresponding item number for the information you are responding to. If an item is not applicable to the applicant's condition, enter "Not Applicable." After completing the form, please date it and provide your medical stamp on the form along with your signature, telephone number and e-mail address.

**NOTE: The attached form must be signed by a licensed physician. The signature of a physical therapist or other similar medical-related personnel is not acceptable.**

**MEDICAL DOCUMENTATION REQUIREMENT FORMAT**

The following information is provided on \_\_\_\_\_  
(Full name of traveler)

1. Diagnosis of Disability or Special Need Associated with Premium-Class Accommodations:

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2. Clinical findings that relate to the reasons for travel upgrade from the most recent medical evaluation including any of the following which have been obtained: findings of physical examination, results of laboratory tests, X-rays, EKGs and other special evaluations or diagnostic procedures and, in the case of psychiatric diseases, the findings of mental status examinations and the results of psychological tests.

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3. Assessment of current clinical status, relevant medications prescribed and plans for future treatment.

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4. What is the expected duration of the disability or special need?

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5. Is the disability or special need permanent? Yes \_\_\_\_\_ No \_\_\_\_\_

6. What is the probability that the individual will suffer injury or harm if he or she is not accommodated? Explain the medical basis for your conclusion.

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7. Explain the relationship between the traveler's request for premium-class travel and the traveler's condition. Can the condition be accommodated by any means other than travel in premium-class? If the answer to any of the following questions is no, please fully explain the reasons for your response and the relation to the traveler's condition.

a. Can the traveler's condition be accommodated by travel in bulkhead seating? Yes or No.

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b. Can the traveler's condition be accommodated by travel in aisle seating? Yes or No.

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c. Is the traveler able to tolerate seating in coach-class for any period of time? Yes \_\_\_\_\_ or No \_\_\_\_\_

If the answer to this question is yes, please state the maximum duration.

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d. Can seating in coach-class with periodic movement around the cabin accommodate the traveler's condition? Yes or No.

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e. Can the traveler's condition be accommodated by periodic in-flight exercises designed to minimize the physical impacts of the flight? Yes or No.

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f. Can the traveler's condition be accommodated by purchase of two adjoining coach seats? Yes or No.

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8. Does the traveler require an attendant for medical services during travel? If so, is it necessary for the attendant to be constantly with the traveler while en route? Yes\_\_No\_\_  
If yes, explain the duties of the attendant during the time of travel.

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Physician's stamp:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail Address