

SPECIAL MEDICAL NEEDS REQUEST FORM



Please specify the reason for the special service request. Further medical details may be requested from a treating physician.

Name and Surname of Guest:

Guest's Reference Number:

Flight No: Date: Cell Phone No:

Flight No: Date:

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

Please have your Special Medical Needs Request Form and your confirmation from the Medical Department with you at the time of checkin. Kindly note, Guests may not make use of the Self Service Check-in 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.
- BLIND/DEAF – Please advise, if you have a service animal Yes: No:

Age of Guest (Years):

- Are you able to walk up/down the stairs without assistance? Yes: No:
- Are you able to walk long distances? Yes: No:
- Are you able to manage in the cabin unaided? Yes: No:
- Can you assist yourself in the event of an emergency evacuation? Yes: No:

Other Important Information:

PLEASE NOTE: Mango Cabin staff are not authorised to provide individual assistance during the flight. However, they will provide individual safety related instruction and assistance.

I have read the Terms and Conditions for the Mango Special Needs and Disabled Guests (Tick)

Please be advised, if you have any medical condition that needs clearance from a doctor as per our Mango Terms and Conditions of Carriage, then you will be required to attach a letter from the attending physician, which must clearly state that you are fit to travel.

For any queries, please contact us on **086 101 0214**.

Our office hours are **Mon – Fri 07:00 - 16:30**. For after-hours assistance, please call **086 100 123**.

Full Name & Surname: Date Submitted: