

QUESTIONNAIRE FOR TRAVELLERS WITH SPECIAL NEEDS

Please fill out online. Email: assistance@eurowings.com

Passenger information

Full name of passenger with special needs:* _____

Full name of the first accompanying passenger:* _____ Email:* _____

Description of special needs: _____

Reservation information

Reservation code: _____

Flight number (outbound): _____ Date of outb. flight:* _____

Flight number (return): _____ Date of return flight:* _____

Details on own wheelchair | walking aid

W. chair | walking aid: _____

Registration of airport assistance services, wheelchairs/walking aids and medical baggage for Eurowings flights is handled by the Eurowings Assistance Team. Walking frames and other walking aids are transported free of charge.

Foldable: _____

The **maximum transport height** for **non-foldable** wheelchairs for Eurowings is 115 cm.

Weight in kg: _____

When transporting foldable wheelchairs, the **lithium battery** must be removed and suitably packed and taken into the cabin as hand luggage. 1 spare battery with max. 300 Wh or 2 spare batteries with max. 160 Wh each may only be carried as hand luggage. **Gel batteries** must be securely attached to the wheelchair but not ready for use. For wheelchairs that are designed so that the battery can be removed, the battery must be removed and transported in the hold in sturdy packaging. Please note the general conditions of carriage on: [eurowings.com/en](https://www.eurowings.com/en)

Height in cm: _____

Depth in cm: _____

Width folded in cm: _____

Width not folded in cm:* _____

Kind of battery: _____

Output of lithium battery (Wh): _____

300 Wh is not to be exceeded per lithium battery. Wh = Ah x V. Please send in technical data sheet.

Airport service

Assistance at airport:* _____

Details of medical luggage Transport only in a separate piece of luggage. Medical certificate required, issued latest 2 weeks before outward journey)

Kind + content of med. luggage: _____

Weight in kg: _____ Height: _____ Width: _____ Depth: _____ Transport in: _____

Transport of: sleep apnoea device _____
(please name brand + model above)

Oxygen CPAP: _____
(please send in technical Data-Sheet)

Details of service | assistance | guide dog (SVAN) Submit the official training certificate)

Breed: _____ Weight: _____ Height: _____

Certified tasks the dog fulfills: _____

I confirm that the information is correct and complete:*

The protection of your personal data is important to us. Information on the provisions of the General Data Protection Regulation can be found at [eurowings.com/en](https://www.eurowings.com/en) under 'Privacy policy'.

SUBMIT BY EMAIL

* Required field