

PROFILE FOR TRAVELER WITH A DISABILITY®

Name: _____ Phone: _____ Date: _____

TRANSPORTATION PREFERENCES AND NEEDS

Limited walking _____ No walking _____ Limited stairs _____ No stairs _____
Uses: Walker _____ Cane _____ Crutches _____ Service animal _____ Wheelchair _____

AIR: Seating: Bulkhead _____ Aisle _____ Window _____ Forward _____ Rear _____
Near rest room _____ Moveable aisle armrest _____ On-board wheelchair (WCOB) _____
Can use steps (WCHR) _____ Cannot use steps (WCHS) _____
Full assistance; will use boarding/aisle chair (WCHC) _____ Meet & Assist (MAAS) _____

Manual Chair

Own wheelchair (WCMP) (collapsible) _____ (rigid frame) _____
Stow manual collapsible in cabin closet if one is provided _____ Claim at gate _____

Battery Chair

Wheelchair (3 wheel) _____ (4 wheel) _____ Spillable(WCBW) _____
Non-spillable (WCBD) _____ Chair width _____ Height _____ Stowage: Claim at gate _____

Other Accommodation needs

Blind (BLND) _____ Service Dog _____ Deaf (DEAF) _____ Oxygen (OXYG) _____
Special meal & type (SPML) _____

AGENT: add "See OSI" in the phone field to alert airline personnel of PNR details

CAR: Hand control (right) _____ (left) _____ Size/type _____ # of doors _____

VAN: Hand control (right) _____ (left) _____ Ramp _____ Lift _____

TRAIN: Boarding assistance _____ Ramp _____ Special Bedroom _____ Accessible rest room _____

MOTORCOACH: Type of boarding assistance _____

SHIP: Wheelchair accessible cabin _____ Regular cabin _____ Near elevator _____

continued

LODGING PREFERENCES & NEEDS

Hotel____ Motel____ Resort____ Condo____ B&B____ Budget____ Moderate____ Deluxe____

Near Elevator____ Ground Floor____ Restaurant on site____ TTY at desk____ Refrig.____

Beds: number____ size____ Visual alarm____ Non-Smoking____ Smoking____

Phone/TV controls by bed____ Closed caption TV____ TTY____

Braille/raised letter door signage____

Bathroom

32" door____ 17-19"high toilet seat____ Toilet grab bars____ Roll-in shower w/ seat____

Hand-held shower____ Tub stool____ Shower seat____ Grab bars____ Lever faucets____

OTHER INFO: _____

MOBILITY EQUIPMENT & NEEDS

Limited Walking____ No Walking____ Limited stairs____ No stairs____

Uses: Walker____ Cane____ Crutches____ Service animal____ Other_____

MANUAL Wheelchair (collapsible)____ (rigid frame)____ Chair width_____

BATTERY Wheelchair (3 wheel)____ (4 wheel)____ Chair width____ Chair height____

OTHER INFO: _____

COMMUNICATION EQUIPMENT & NEEDS

HEARING: Personal TTY# (____)_____ Message/relay TTY# (____)_____

Uses Sign Language (type)_____ Hearing aids_____ Service animal_____

VISION: Uses large print____ Braille____ Tapes____ Uses guide dog____

OTHER INFO: _____