

**WestJet Medical Desk**

Phone: 1-888-937-8538

Fax: 1-866-737-1202

Monday to Friday 8 a.m. to 4 p.m.

## Information Sheet - Request for special seating for a guest with a disability

**Fax completed forms to confidential fax: 1-866-737-1202**

WestJet provides special or additional seating without charge to qualifying guests with a physical or mental disability. Guests may qualify under one of the following two programs.

**Program one:**

**The One Person One Fare program** provides additional seating for WestJet flights **within Canada only** to guests who require additional seating:

- because they are disabled or disabled by obesity.
- for a personal attendant required to provide care over and above the care provided by WestJet's personnel onboard the aircraft with regards to medication or using the toilet.

The One Person One Fare program is **not** for guests who:

- are not disabled as a result of their obesity/medical condition.
- may want a travel companion for reasons other than a disability.
- only require a personal attendant at their destination but not in-flight.
- are travelling on a flight operated by a code-share or interline partner.

We approve or deny applications for the One Person One Fare program based on the medical information provided by the guest's treating physician and in accordance with the One Person One Fare decision issued by the Canadian Transportation Agency.

**Program two:**

The Medical Seating program provides additional legroom in specific seating areas and applies to all WestJet flights for:

- guests who cannot safely travel without special seating accommodation due to a medical disability.

The Medical Seating program is **not** for use by:

- guests who require additional legroom due to height (which is not considered to be a disability).
- the companion of a guest approved for the Medical Seating Program.

If you are unsatisfied with some aspect of the service you received from WestJet, please submit a letter to WestJet Guest Relations outlining your concerns. Any additional medical information you feel was not presented or considered, can be submitted to WestJet by fax at: 1-866-737-1202. If you remain unsatisfied with the outcome of your application, please feel free to contact the Canadian Transportation Agency (<http://www.cta-otc.gc.ca>).

## Accessibility

WestJet provides the following accessibility assistance services free of charge upon request at check in.

**Priority medical seating:** WestJet blocks seating near the front of the aircraft for guests who self-identify that they have a special need.

**Gate passes:** available at certain airports, a gate pass allows someone to accompany a guest to the gate, or meet a guest at the gate upon arrival.

**Pre-boarding assistance:** to and from the aircraft with a wheelchair, and carry-on/off service using a Washington wheelchair.

**Eagle transfer device:** this device is used to transfer guests with limited or reduced mobility. The devices have a maximum lift capacity of 200 kg (440 lbs). Guests who exceed the device's maximum lift capacity of 200 kg (440 lbs) cannot be transferred by WestJet. Please contact WestJet's Medical Desk as we may be able to assist in making alternative arrangements.

**Lavatory assistance:** the on-board wheelchair (OBW) is available for self-reliant guests for transport to and from the lavatory once on board (guests must be able to attend to their personal needs, stand/pivot and/or bear weight and move within the 1.5 feet of space in the lavatory). The lavatory's doorframe prohibits the OBW from entering. Flight attendants are not expected or permitted to assist with personal hygiene. Privacy necessitates that flight attendants will only assist the guest with getting to and from the lavatory (except by carrying) and will refrain from assisting inside the lavatory, other than to offer stability as the guest enters and exits the lavatory. The guest will lock and unlock the door themselves, unless they request the flight attendant to lock the door from the outside.

**Wheelchair seating:** will be assigned where pull-up armrests are present for better accessibility.

**Special safety briefings:** If required due to a guest's physical, sensory or comprehension limitation, individual safety demonstrations/briefings will be given on:

- |                                     |   |
|-------------------------------------|---|
| 1. Operation of seat belts          | 5. Stowage of carry-on baggage                    |
| 2. Placement of any service animals | 6. Life vest (if required)                        |
| 3. Use of fixed oxygen system       | 7. Description of preferred, alternate exits      |
| 4. Seat backs and chair table       | 8. English / French Braille safety briefing cards |

**Medical equipment and devices:** WestJet accepts certain medical equipment and medical devices for transport with some restrictions.

Please be sure to review and prepare your equipment and devices for transport by reviewing the [assistive devices](#) information.

### Approval types

**WestJet has three levels of approvals** for guests with a functional limitation caused by a physical or mental impairment that restricts their ability to travel safely and successfully. The level of approval is based on the expected duration of the disability. The levels and durations are:

1. **Permanent approval:** for those guests whose disability is expected to remain with them for their expected natural life. This will be valid for the life of the guest.
2. **One year approval:** for those guests whose disability is expected to improve over the course of an extended period of time. This will be valid for one year from the date of approval. All travel reserved during the approval period must be completed before the end of the one year approval period.
3. **Less than one year approval:** WestJet reserves the right to grant an approval for a period of less than one year based upon careful review and consideration of the medical information received with respect to disabilities of a more short-term nature. All travel reserved during the approved period must be completed before the expiry of the approval period.

### Approval process

WestJet will review all guest applications and may contact the guest or the certifying physician to confirm or clarify the information provided on the form.

Applicants will be contacted via telephone or email to advise them if they have been approved or declined, and options available to them.

## Guest Portion – Medical seating for a guest with a disability

### Fax completed forms to confidential fax: 1-866-737-1202

Please complete this form and fax prior to booking your flights. This form should be submitted as soon as possible and no later than five business days before flight departure to allow for adequate time for review. Although we will do our best to review submissions received with less than five businessday's notice, WestJet cannot confirm the form will be reviewed before your travel. Please note: all programs require pre-approval. If you choose to purchase additional or special seating and are not subsequently approved before travel, you will not be given a refund, credit or other compensation.

**Please note:** Fees incurred for the completion of this form are the responsibility of the **guest**.

Incomplete forms will not be reviewed or processed. This form is interactive, however if you are completing manually, please be sure to print all information legibly.

Section A: Name of the guest with the disability	
Guest name:	Birthdate:
Email* :	Guest phone:
*notification of the decision will be sent to this email address	

Section B: Person to contact (Guardian or decision maker if it is not suitable to contact the guest directly)	
Name:	Relationship:
Phone number for contact:	Alternate phone:

Section C: Mailing address	
Name:	Date of travel:
In care of (if applicable):	
Address:	
City:	Province/State:
Postal/ZIP Code:	Country:

Section D: Functional abilities specific to air travel only (required to support assessment)		
Do you require a wheelchair?	Yes	No
If yes, will you be using your own wheelchair?	Yes	No
Do you require a wheelchair for stairs?	Yes	No
Do you require a wheelchair for distance?	Yes	No
Do you require a transfer?	Yes	No
The Eagle lifting device is used for all guest transfers (where available). This device can lift a maximum of 200 kg (440lbs). Guests who exceed the device's maximum lift capacity of 200 kg (440 pounds) cannot be transferred by WestJet. Please contact WestJet's Medical Desk as we may be able to assist in making alternative arrangements.	Yes	No
Are you able to put on the emergency oxygen mask yourself?	Yes	No
Are you able to take required prescription medication unaided while on board the aircraft?	Yes	No
Are you able to feed yourself while on board the aircraft?	Yes	No
When inside the on-board lavatory, are you able to use the toilet unaided?	Yes	No

Section E: Personal attendant information	
Personal attendants must be: <ul style="list-style-type: none"> <li>at least 18 years of age;</li> <li>fully mentally and physically capable of caring for themselves;</li> <li>appropriately qualified and capable of assisting with the mental and physical needs of the guest (with the exception of transfers).</li> </ul>	
Personal attendants may not be: <ul style="list-style-type: none"> <li>responsible for the needs of any other guest on the flight.</li> </ul>	
<b>NOTE:</b> If the application for a personal attendant is approved, the guest will be required to always travel with a personal attendant on all domestic flights for the duration of their approval, unless otherwise advised by WestJet.	
Attendant name:	Age:
Relationship to the guest	

## Section F: Guest/guardian consent and agreements

### Consent

I consent and authorize Dr. \_\_\_\_\_ (treating physician) to provide and discuss the information requested on this form to WestJet and provide any further health information required to facilitate safe air travel. Medical information received will be kept confidential in accordance with WestJet's [Privacy Policy](#).

### General agreement

If I am deemed eligible by WestJet under either the One Person One Fare program, or the Medical Seating program, I agree to immediately inform WestJet of any changes to my health or requirements as it pertains to the information provided.

### Agreement for travelling with a personal attendant

I agree that if the application for a personal attendant is approved, that the guest will be required to ALWAYS travel with a personal attendant on all flights for the duration of their approval, unless otherwise advised by WestJet. Failure to comply with this restriction may result in the guest's removal from the program.

I acknowledge that the attendant must:

- be at least 18 years of age and
- be fully mentally and physically capable of caring for himself or herself and
- be appropriately qualified and capable of assisting with the mental and physical needs of the guest and
- not be responsible for the needs of any other guest on the flight.

### Agreement for travelling in medical seating

I acknowledge and agree that if I am approved under the Medical Seating program WestJet will seat me at no additional charge within the area most suited to my needs. Further, I understand and agree that if I am travelling with a companion (not a personal attendant) and they request to be seated beside me, they will be responsible for any applicable difference in fare, taxes and fees.

Guest/guardian name (please print):

Guest/guardian signature:

Date:

### Physician Portion– Medical seating for a guest with a disability

**Fax completed forms to confidential fax: 1-866-737-1202**

Physicians are required to PRINT LEGIBLY when completing this form. This form should be submitted as soon as possible and no later than five days before flight departure to allow for adequate time for review. Although we will do our best to review submissions received with less than five-day's notice, WestJet cannot confirm the form will be reviewed prior to your travel. Flights booked before the forms are submitted may not qualify if the application is approved.

Incomplete forms will not be reviewed or processed. This form is interactive, however if you are completing manually, please be sure to print all information legibly.

**Please note:** Fees incurred for the completion of this form are the responsibility of the patient.

#### Additional information

If additional supporting information is required and there is not enough available space, please include on a separate sheet.

<b>Section G: Patient information</b>		
Patient name:		
Birthdate:	Male	Female
<b>Is the patient fit for air travel?</b>	Yes (Fit for travel)	No (Not fit for travel)
Please select the type of accommodation your patient needs:		
An attendant	An additional seat for himself/herself	An additional seat with more room due to a disability
Date of <b>first</b> visit:	Date of <b>last</b> visit:	
Diagnosis:	Date of onset:	
Is the patient's disability considered to be:	Permanent	Temporary
Present symptoms and severity:		
Treatment:		
Please list all prescribed medications:		
Please list any other relevant diagnosis:		



Section G: Patient information (continued)		
Nature and date of any surgery:		
Does the patient have a psychiatric condition or cognitive impairment?	Yes	No
If yes, please specify symptoms and developmental level:		
Does the patient suffer from seizures?	Yes	No
If yes, what is the cause/type?		
When was their last seizure?		
Are the seizures controlled by medication?	Yes	No
Does the patient have bowel control?	Yes	No
Does the patient have bladder control?	Yes	No
Will the patient use any medical equipment on board (other than mobility aids)?	Yes	No
If yes, please specify:		
Has the patient recently taken a commercial aircraft in the same conditions indicated above?	Yes	No
If yes, did they travel	Alone	With an attendant
If yes, were there any medical problems/complications?	Yes	No



Section H: Guest functional limitations		
Can the patient climb 10-12 stairs without symptoms?	Yes	No
Does the patient require a wheelchair for distance?	Yes	No
Does the patient require a wheelchair at all times?	Yes	No
Can the patient transfer himself/herself into the aircraft seat?	Yes	No
If no, what type of assistance is required?		
If no, does your patient's weight exceed 200kg or 440lbs? The Eagle lifting device is used for all guest transfers where available. This device can lift a maximum of 200 kg (440lbs). Guests who exceed the device's maximum lift capacity of 200 kg (440 pounds) cannot be transferred by WestJet. Please contact WestJet's Medical Desk as we may be able to assist in making alternative arrangements.	Yes	No
Will the patient use any medical equipment on board (other than a wheelchair)?	Yes	No
If yes, please specify:		

Section I : Additional seating for the patient	
Complete only if your patient requires an additional seat for himself/herself	
Does the patient require special seating for himself/herself due to:	
<p><b>Obesity?</b> Please provide the following measurements: Height: _____cm Weight: _____kg Waist (at the umbilicus): _____cm Maximal girth of hips or buttocks (above the gluteal fold): _____cm</p>	<p><b>Other reason?</b> Please explain</p>

<b>Section J: Assistance required from an attendant</b> Complete only if your patient needs an additional seat for an attendant		
What type of attendant do you recommend for the patient?	Non-medically qualified	Medically qualified
*** It is the responsibility of the patient to provide an attendant appropriately qualified for their care.***		
<b>What type of assistance, if any, will your patient require with the following:</b>		
Medicine administration:		
Feeding:		
Toileting:		
Emergency oxygen mask:		
Emergency evacuation:		

<b>Section K: Medical seating requirement</b> Complete only for additional legroom due to physical disability. Not all aircraft have the same seat dimensions. Please note that height does not qualify as a disability.
Please explain why a regular seat does not meet your patient's needs for travel.

<b>Section L: Certification by Physician</b>	
By signing this form, I understand that I am providing information which WestJet will use for the allocation of additional or special seating free of charge to my patient. I understand this accommodation would not be available but for my certification. I accordingly certify that the information provided in sections G-L of this form are true and accurate to the best of my knowledge.	
Physician name (please print clearly):	
Phone:	Fax:
Physician signature:	Date:

**Additional information**

If additional supporting information is required and there is not enough available space, please include on a separate sheet.