

Accessibility Checklist

Tell us about you, so we can make sure your holiday is amazing!

Your holiday is important to us. If you have a disability or medical condition that requires special transport, accommodation, equipment or medication we strongly recommend that you fill in this form. You only need to share with us what you feel comfortable with, but we can assure you that any information you provide will be treated absolutely confidentially. We will use your answers to ensure that the transport, facilities and services are all in place for you to have a stress free adventure.

Your Details —					
Lead Passenger Name :*	Test Testing				
Enquiry Reference Number:*	OH617731				
Number of passengers that require assistance?*	1 2 3 4 5 6				
Passenger 1 Name:*	Retert				
Passenger 2 Name:*	Dfdfg				
Passenger 3 Name:*	Dfgdfghh				
Passenger 4 Name:*	Dfgdfggfhfgh				
How Can We Help?					
Passenger 3 "Dfgdfghh"					
Will you be answering this form	on behalf of yourself or someone else in your party? *				
Myself	Dfgdfghh				
How would you describe the area(s) in which dfgdfghh may require special assistance? Please tick all that apply*					
Physical	Vision Hearing Cognitive				
Other (please specify)					

Getting Around —						
Can dfgdfghh walk more than 500 metres (0.3 miles) without assistance?* You may not always need assistance, but sometimes the distances at an airport or on a ship can be longer than you think.						
Can dfgdfghh walk or travel on their own in an unfamiliar place without assistance?* For example, you may have visual impairment or become confused in unfamiliar places such as the airport.			Yes	No		
If No, please give details:*	fghfghfgh					
Does dfgdfghh use a wheelcho	Yes V	No				
Would you like us to send you o	Yes	No				
	Travelling on a Plan	ne, Coach or Ship		_		
Is dfgdfghh planning to travel with a companion who will be able to provide all the assistance they need to get around and get in and out of buildings/ planes/coaches?						
	nh do the following without requ re accompanied by someone who c	_				
Breathe without supplementary oxygen:		Yes	No			
Feed Yourself:		Yes	No			
Administer your own medication if needed:		Yes	No			
Use toilet facilities:		Yes	No			
Escape from plane/ship in an emergency:		Yes	No			
Lift yourself in or out of your seat:		Yes	No			
When travelling by plane, is it best for dfgdfghh to sit by a toilet?		Yes	No			
When travelling by plane, is it best for dfgdfghh to sit by an aisle?		Yes	No			
When travelling by plane, is there a section of the plane that is best for dfgdfghh to sit in?		Front	Middle Ba	sk		

Would you like us to inform the airline of your seating preferences?	Yes	No
When travelling by plane, does dfgdfghh have any specific dietary requirements or meal requests?		
Some airlines may, on request, will make reasonable efforts to arrare subject to both the requirements and availability.	ange seating to meet your disability n	needs. These are not guaranteed and
Medicati	on and Oxygen	_
Will dfgdfghh be taking prescribed mediation with them of Some countries restrict the types of medication you can carry doctor and the National Travel Health Network and Centre (. We advise checking with your	Yes No
Does dfgdfghh have any medication that will require refrie.g. Insulin (may require a fridge in the hotel room)	Yes No	
Is dfgdfghh likely to require supplementary oxygen?		Yes No
Accommo	odation Details	_
Accommodation Type Home / Villa	Hotel/Shi	р
How many steps are you able to walk up/down unaided?		
Do you prefer a room on a particular floor?	Yes	No
Do you prefer a room that is close to a lift?	Yes	No
Please tick any special facilities you require in your room:		
Grab Rails	Accessible Telepho	one
Vibrating pads for alarm / alarm clock	Fridge	
Adjustable Bed Height	Level Entry Shower	
TV with Teletext	Washbasin with lev	ver taps
Hoist for the Bed		
Other (please specify):		

Important Notice
The above information will be passed to suppliers responsible for facilitating your travel arrangements. The suppliers will do their best to meet
the requirements requested but as all requirements are different we cannot guarantee they will be met.
*
We hope that this covers all the necessary questions to make sure your holiday goes perfectly. If there is anything you think we
haven't asked you, or any thing else you think you may need, please let us know below:
Once you have filled out all of the relevant field above, click on the button below to submit the form.











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