

Do you use a wheelchair whilst travelling?*

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 :*	Shefali2 Test2				
Enquiry Reference Number:*	OH617871				
Number of passengers that require assistance?*	1 2 3 4	5 6			
Passenger 1 Name:*	Shefali Yaduvanshi				
	How Can	We Help?			
Will you be answering this form o	on behalf of yourself or some	one else in your party? *			
Myself					
How would you describe the area	ı(s) in which you may require	e special assistance? Please tick all t	hat apply*		
Physical	Vision	Hearing	Cognitive		
Other (please specify)					
	Getting	g Around	_		
Can you walk more than 500 me You may not always need assistar be longer than you think.			Yes No		
Can you walk or travel on your own in an unfamiliar place without assistance?* For example, you may have visual impairment or become confused in unfamiliar places such as the airport.					

Would you like us to send you a complimentary Hidden Disabili	ties Sunflower lanyard?*	Yes No						
Travelling on a Plane, Coach or Ship —								
Are you planning to travel with a companion who will be able to provide all the assistance you need to get around and get in and out of buildings/ planes/coaches?								
On a plane or ship can you do the following without requiring a Some airlines may insist that you are accompanied by someone who can any of the following is No.								
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 you to sit by a toilet?	Yes	No						
When travelling by plane, is it best for you to sit by an aisle?	Yes	No						
When travelling by plane, is there a section of the plane that is best for you to sit in?	Front	Middle Back						
Would you like us to inform the airline of your seating preferences?	Yes	No						
When travelling by plane, do you have any specific dietary requirements or meal requests?								
Some airlines may, on request, will make reasonable efforts to arrange seating to meet your disability needs. These are not guaranteed and are subject to both the requirements and availability.								
Medication and Oxygen —								

Some countries restrict the types of medical doctor and the National Travel Health Ne		• ,	Yes	No			
Do you have any medication that will rece.g. Insulin (may require a fridge in the hotel			Yes	No			
Are you likely to require supplementary	oxygen?		Yes	No			
Accommodation Details —							
Accommodation Type	ome / Villa	Hotel/Ship					
We hope that this covers all the necessary haven't asked you, or any thing else you th			anything you	think we			
Once you have filled out all of the relevant	field above, click on the button k	pelow to submit the form.					











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