

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 :*	Shefali Oh_Test				
Enquiry Reference Number:*	OH618211				
Number of passengers that require assistance?*	1 2 3	4 5 6			
Passenger 1 Name:*	AM				
	How C	an We Help?	_		
Passenger 1 "AM"					
Will you be answering this form on behalf of yourself or someone else in your party? *					
Myself	AM				
How would you describe the area(s) in which AM may require special assistance? Please tick all that apply*					
Physical	Vision	Hearing	Cognitive		
Other (please specify)					
	Gett	ing Around	-		
Are AM able to walk approximately 50 metres without assistance?* For example, this would include walking in and out of an airplane, stepping into or out of a transportation vehicle, or boarding/disembarking a cruise ship.					
Does AM use a wheelchair whils	st travelling?*		Yes No		

When OPEN:	Height (cm)	Width (cm)	Depth (cm)
	100	100	100
When FOLDED:	Height (cm)	Width (cm)	Depth (cm)
	50	50	50
If a transfer coach is included assistance other than from a steep steps	Yes No		
Will AM require an adapted	personal vehicle, such as a	car or van in resort?	Yes No

Travelling on a Plane, Coach or Ship

Is AM 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?



Yes

No

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 AM to sit by a toilet?	Yes	No			
When travelling by plane, is it best for AM to sit by an aisle?	Yes	No			
When travelling by plane, is there a section of the plane that is best for AM to sit in?	Front	Middle Back			
Would you like us to inform the airline of your seating preferences?	Yes	No			
When travelling by plane, does AM 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 ar	nd Oxygen	_			
Will AM be taking prescribed medication with them on holiday? Some countries restrict the types of medication you can carry. We advise checking with your doctor and the National Travel Health Network and Centre (NaTHNac) before departure.					
Does AM have any medication that will require refrigeration? e.g. Insulin (may require a fridge in the hotel room) No					
Is AM likely to require supplementary oxygen?		Yes No			
Accommodation Details —					
Accommodati	on Details	_			
Accommodation Type Home / Villa	Hotel/Ship				

Some airlines may insist that they are accompanied by someone who can assist them if the answer to

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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