

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 Ohtest						
Enquiry Reference Number:*	OH618316						
Number of passengers that require assistance?*	1 2 3 4 5 6						
Passenger 1 Name:*	Shefali8						
How Can We Help?							
Passenger 1 "Shefali8"							
Will you be answering this form on behalf of yourself or someone else in your party? *							
Myself	Shefali8						
How would you describe the area(s) in which Shefali8 may require special assistance? Please tick all that apply*							
Physical	Vision Hearing	Cognitive					
Other (please specify)							
Getting Around —							
Are Shefali8 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 Shefali8 use a wheelchair	Yes No						

Shefali8?*		Yes No
Travelling on a Plan	ne, Coach or Ship	_
Is Shefali8 planning to travel with a companion who will be able they need to get around and get in and out of buildings/ planes/c		Yes No
On a plane or ship can Shefali8 do the following without requi Some airlines may insist that they are accompanied by someone who cany 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 Shefali8 to sit by a toilet?	Yes	No
When travelling by plane, is it best for Shefali8 to sit by an aisle?	Yes	No
When travelling by plane, is there a section of the plane that is best for Shefali8 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 Shefali8 have any specific dietary requirements or meal requests?		
Some airlines may, on request, will make reasonable efforts to arrange are subject to both the requirements and availability.	e seating to meet your disability ned	eds. These are not guaranteed and
Medication a	and Oxygen	-
Will Shefali8 be taking prescribed medication with them on he Some countries restrict the types of medication you can carry. We doctor and the National Travel Health Network and Centre (NaT	advise checking with your	Yes No

e.g. Insulin (may require a fridg	Yes	INO INO		
Is Shefali8 likely to require supplementary oxygen?			Yes	No
	Accommoda	tion Details		_
Accommodation Type	Home / Villa	Hotel/Sk	iip	
•	he necessary questions to make sure ng else you think you may need, plea		there is anything you t	hink we
Once you have filled out all c	of the relevant field above, click on th	ne button below to submit the	form.	











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