

特殊旅客服务需求单 C 类 (正面)

(担架旅客、轮椅旅客 (WCHC)、孕妇旅客 (32 周 ≤ 孕期 < 36 周)、患病或肢体伤残的旅客、需要在飞机上使用便携式呼吸辅助设备的旅客、_____)

尊敬的旅客朋友:

非常感谢您选择海南航空公司航班, 为了给您提供更好的服务, 请您详细填写以下内容, 在您需要选择的服务项目“□”内打“√”。

A	个人信息	姓名		性别		年龄	
		航班日期		航班号		电话	
		始发站		经停站		到达站	
		证件种类		证件号码			
		地址					
B	轮椅服务	(1) 在机场是否需要轮椅服务? 否 <input type="checkbox"/> 是 <input type="checkbox"/>		<input type="checkbox"/> 完全无去行动, 在客舱座位就座或离开时同样需要帮助 (WCHC)			
		(2) 是否携带自有轮椅旅行? 否 <input type="checkbox"/> 是 <input type="checkbox"/>		<input type="checkbox"/> 手动轮椅 <input type="checkbox"/> 机械轴环式 (WCMP)	<input type="checkbox"/> 在值机柜台进行托运 <input type="checkbox"/> 希望使用自有轮椅到达登机门, 在登机门办理托运 * 目前客舱内无去放置旅客自有轮椅, 敬请谅解。		
				<input type="checkbox"/> 电动轮椅	<input type="checkbox"/> 携带可溢出液体电池的轮椅 (WCBW); <input type="checkbox"/> 携带密封式无溢出电池的轮椅 (WCBD); * 电动轮椅装入货舱所需时间较长, 因此请您于航班起飞 90 分钟前到值机柜台进行轮椅托运。		
		(3) 您是否需要客舱轮椅服务? 否 <input type="checkbox"/> 是 <input type="checkbox"/> *海南航空可以在 B787;A330 飞机客舱内提供客舱轮椅服务。					
C	引导服务	(1) 海航在始发地服务人员引导您到达登机口。					
		(2) 如您乘坐中转航班, 海航地面服务人员将引导您到达中转航班登机区。 请告知您中转航班号_____起飞时间_____。					
		(3) 目的地海航地面服务人员迎接您, 协助您领取托运行李, 引导您至到达厅出口。					
D	担架	是否需要机上担架? (需要陪护人员和医疗诊断证明书) 否 <input type="checkbox"/> 是 <input type="checkbox"/>					
E	氧气设备	(1) 是否需要携带便携式呼吸辅助设备并在飞行途中使用? 否 <input type="checkbox"/> 是 <input type="checkbox"/> (2) 便携式制氧机型号: (3) 重量(kg): (4) 尺寸:					
F	救护车	海航目前没有救护车服务, 请旅客自行联系准备救护车, 请告知以下信息: (1) 到达出发地机场。提供救护车的公司名称: _____ 联系电话: _____ (2) 离开目的地机场。提供救护车的公司名称: _____ 联系电话: _____					
G	陪护人员	(1) 姓名: _____ 年龄: _____ 性别: _____ <input type="checkbox"/> 医生 <input type="checkbox"/> 护士 <input type="checkbox"/> 其他 (_____) (2) 姓名: _____ 年龄: _____ 性别: _____ <input type="checkbox"/> 医生 <input type="checkbox"/> 护士 <input type="checkbox"/> 其他 (_____) (3) 姓名: _____ 年龄: _____ 性别: _____ <input type="checkbox"/> 医生 <input type="checkbox"/> 护士 <input type="checkbox"/> 其他 (_____)					

H	备注	
旅客声明: 我即为签字者, 保证以上内容真实、有效。旅客 (监护人/陪护人员) 签字: _____ 日期: _____		
海南航空经办单位: _____ 售票处, 售票处经办人签字: _____ 日期: _____ _____ 始发站地面服务单位, 经办人签字: _____ 日期: _____		
说明: 此单一式四联, 无碳式复写。第一联为出票联, 由售票处留存; 第二联为值机联, 始发站值机单位留存; 第三联服务联, 始发站特殊旅客地面服务人员交至航班乘务长处, 乘务长在航班到达后, 将此服务联交目的站特殊旅客服务人员留存; 第四联为旅客联。		

特殊旅客服务需求单 (C 类) (反面)

航空运输作为病患旅客运输最为快捷方便的方式, 在旅程舒适度和平稳上有着相当的优越性。但是, 病患旅客的身体状况有可能因长时间的航空飞行、海拔高度及客舱环境而恶化。有鉴于此, 并非每位病患旅客都适宜乘机旅行。

民航客机在通常状况下是以每小时 900 公里 (560 英里/小时) 近音速的速度在 9,000-12,000 米 (30,000-40,000 英尺) 的高空中飞行。在大气压强与地面落差极大的高空环境中, 飞机客舱内只能在飞行中进行机械增压。航行过程中, 飞机客舱内气压维持在等同于 1,500-2,100 米 (5,000-7,000 英尺) 高度山顶的气压水平。但是, 客舱气压在起飞和降落的 15-30 分钟内起伏极大。

飞机客舱内的气压: 当气压降低时, 人体内的气体膨胀。在飞行途中, 人体内积聚的气体压力无法释放, 将挤压旅客身体受伤部位及身体器官, 甚至会引起疼痛和呼吸困难。

氧气密度: 高空氧气密度逐渐降低, 患有呼吸系统、心脏、脑血管疾病以及重度贫血的旅客会因此而导致病情恶化。处于临产期的孕妇及出生不久的婴儿亦会受到不良影响。

鉴于以上原因, 有下述(1)–(7)项之一的旅客适用此《特殊旅客服务需求单 (C 类)》, 并在订票时提交《医疗诊断证明书》。此《医疗诊断证明书》将作为航空公司判断病患旅客适用性的依据, 并据此决定旅客是否适宜乘机。

- (1) 在机上需要卧床或使用保育箱的旅客。
- (2) 怀孕期超过 32 周在 36 周以内的孕妇。
- (3) 需要在飞机上使用便携式呼吸辅助设备的旅客。
- (4) 身患严重疾病或可能造成直接威胁的传染病的旅客。
- (5) 飞行途中携带并使用医疗辅助设备以及需要额外医疗服务的旅客。
- (6) 承运人及其授权代理人怀疑在飞机上需要额外医疗服务的情况下, 才能够完成所需航程运输的旅客。
- (7) 因近期身体状况不稳定、患病、接受过治疗或做过外科手术, 从而对自身状况是否适合航空旅行存疑的旅客。

《医疗诊断证明书》由县、市级或者相当于这一级 (如国家二甲级) 以上医疗单位医师签字和医疗单位盖章方为有效。《医疗诊断证明书》格式版本不限, 但必须包含“XX 日前适宜乘机”说明。境外需要有政府部门认可具备行医资格的医生填写。在非州地区也可由中资医疗机构出具证明。对于医疗诊断证明书, 在中国地区为中文或英文, 在境外地区, 可以由其他语言填写, 但需要附有英文翻译版本或中文翻译版本。

对于有以上(1)–(7)项之一的旅客, 请您在订票和旅行之前务必告知海南航空公司, 以便海南航空进行充分准备, 为您提供周到的服务。如果您刻意隐瞒病情或告知海南航空信息不充分, 由此所造成的后果, 海南不承担责任。

以下旅客须有陪护人员同行: ①北美航线: A. 卧床或使用保育箱的旅客; B. 由于精神障碍而无法理解安全指示的旅客; C. 听力或者视力严重损伤旅客; D. 严重受伤 (或损伤) 造成行动不便, 不能够自己单独完成紧急撤离。②国内、其他国际及地区航线: A. 卧床或使用保育箱的旅客; B. 无自理能力吸氧旅客, 不能够自行单独完成紧急撤离。陪护人员必须是成人且有自主能力, 可协助病残旅客如厕、紧急撤离及登机、下机、进餐等, 须熟悉病患病情并提供相关帮助, 不可有其他任务 (如照顾儿童), 能够独立处理病患旅客机上医疗需要。

特别提示: 如您在紧急情况下需要他人帮助到达出口, 在您登机后, 可通过客舱乘务员了解紧急情况下到达出口的通道及获取撤离指令的方式, 同时为降低受伤风险, 请您结合您的实际情况, 告知客舱乘务员在紧急情况下您的随行人员 (如有) 及其他旅客可以协助您到达最近出口

最适宜的方式,如是否需要他人抬送至出口,如何更好为您提供协助等。请您在飞行中务必全程关注客舱广播等提示内容,紧急情况下听从客舱乘务员现场指导。

请填写背面“特殊服务需求单”。然后请通读“旅客声明”并在填完表格后署上您的姓名。

注: 本单建议采用ISO 标准A4 型纸 (尺寸: 210×297mm)。

(Stretcher passengers, wheelchair passengers (WCHC), pregnant passengers (32 weeks ≤ pregnancy < 36 weeks), sick passengers or passengers suffering from disease or injury, passengers requiring Oxygen equipment on board the aircraft,,_____)

Dear passengers:

Thanks for choosing HNA's flights. Please fill out this form in details by ticking items in so that we can provide better services for you.

A	Personal information	Name		Gender		Age	
		Flight date		Flight No.		Tel	
		Starting Airport		Stop-over airport		Destination	
		Certificate		Number of certificate			
		Address					
B	Wheelchair service	(1) Wheelchair service needed in the airport? No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="checkbox"/> Completely unable to move, need assistance when sitting down or getting up in the cabin (WCHC)				
		(2) Availability of passenger's own wheelchair? No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="checkbox"/> Manual wheelchair <input type="checkbox"/> Mechanical axle wheelchair (WCMP)	<input type="checkbox"/> Complete wheelchair check-in at the check-in counter <input type="checkbox"/> Prefer to use my own wheelchair to get to the boarding gate and complete wheelchair check-in at the boarding gate * We regret to inform you that currently there is no space in the cabin to store the passenger's own wheelchair.			
			<input type="checkbox"/> Electric wheelchair	<input type="checkbox"/> Traveling with a wheelchair driven by spillable liquid battery (WCBW) <input type="checkbox"/> Traveling with a wheelchair driven by sealed non-spillable battery (WCBD) * It takes a relatively long time to load the electric wheelchair in the cargo cabin, so please complete wheelchair check-in at the check-in counter 90 minutes before the departure time.			
(3) DO you need on-board wheelchair service (WCON) ?		No <input type="checkbox"/> Yes <input type="checkbox"/>					
		* Hainan airlines can provide you with on-board wheelchair services in B767; B787; A330 aircraft cabin .					
C	Guiding service	(1) Staffs of HNA at the departure airport will guide you to the boarding gate					
		(2) For passengers taking a connecting flight, the ground service personnel's of HNA will guide you to the right boarding area. Please write your connecting flight number _____ and departure time _____.					
		(3) The ground service personnel's of HNA at the destination airport will welcome you upon arrival, assist you to claim baggage and guide you to the departure hall exit.					
D	Stretcher	Stretcher required? (escort and medical information sheet required)					No <input type="checkbox"/> Yes <input type="checkbox"/>
E	Oxygen equipment	(1) Specialized on-board portable oxygen concentrators (POCs) required?					No <input type="checkbox"/> Yes <input type="checkbox"/>
		(2) The Type of portable oxygen concentrators (POCs):					
		(3) Weight:					
		(4) Size:					
F	Ambulance	At present, HNA does not provide ambulance service, passengers should arrange ambulance on their own and provide the following information:					
		(1) Arrival at the departure airport. Name of the ambulance company _____ Telephone: _____					
		(2) Departure from the destination airport. Name of the ambulance company _____ Telephone: _____					
G	Escort personnel	(1) Name: _____ Age: _____ Gender: _____ <input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Other (_____)					
		(2) Name: _____ Age: _____ Gender: _____ <input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Other (_____)					
		(3) Name: _____ Age: _____ Gender: _____ <input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Other (_____)					
H	comment						

Passenger's Declaration: I, the undersigned, hereby guarantee the above information is authentic and valid. Signature of passenger (guardian):
 date: _____

HNA's department handling the application _____ ticket office

Signature of the staff handling the application: _____ Date: _____

_____ ground service department of the departure airport, handled by: _____ Date: _____

Note: this application consists of three forms without carbon copy. The first page is the ticket issuance form to be kept by the ticket office; the second page is the check-in form kept by the check-in counter of the departure airport; the third page is the service form to be delivered by the ground service personnel of the departure airport to the chief steward after confirming transportation condition and all service arrangement, the chief steward will deliver this service form to the ground service personnel of the destination airport for filing purposes; the third form is the passenger form.

Special Passenger Service Demand Sheet (Type C)

As the fastest and most convenient way of transportation for sick passengers, air transportation boasts great superiority in convenience and stability. However, the physical condition of sick passengers may deteriorate due to the long-hour air traveling, altitude and cabin environment. Therefore, not all sick passengers are suitable to travel by air.

Normally, civil aircraft's travel at a near-sonic speed of 900 km/hour (560 feet/hour) at a height of 9,000-12,000 meters (30,000-40,000 feet). Under the condition of the high altitude environment whose air pressure has a huge difference from ground air pressure, the flight cabin shall be engine-driven supercharged at the time of flying only. During the flying, the air pressure in the flight cabin shall be remained at the level equivalent to that at a peak of 1,500 - 2,100 meters (5,000 - 7,000 feet) high. However, the air pressure of the cabin fluctuates greatly at the process of 15- 30 minutes of takeoff and landing.

The air pressure in the flight cabin: When air pressure falls, the gas inside the human body will expand. During the flying, the gas pressure accumulated in the human body cannot be released, therefore, the injured part and body organs of passengers will be extruded and even worse, this may cause pain and /or respiratory difficulty.

Oxygen density: Gradually decreased oxygen density with the increase of height may deteriorate the physical condition of passengers who suffering from respiratory disease, heart disease, cerebrovascular disease or severe anemia. Pregnant passengers at the parturient period and new born infants will also be negatively affected.

Given the above reasons, passengers who meet any of the following seven categories must fill out the Special Passenger Service Demand Sheet (Type C) and provide medical certificate when booking tickets. Medical certificate will serve as the basis for the airline company to judge Whether the sick passenger is suitable to take airplane.

- (1) Passengers who require to use stretcher or incubator during the flight.
- (2) Passenger who have been pregnant for over 32 weeks and less than 36 weeks.
- (3) Passengers who require portable oxygen concentrators (POCs) during the flight.
- (4) Passengers suffering from severe diseases or infectious diseases that may cause direct threatening to other passengers.
- (5) Passengers who need to use their own auxiliary medical equipment and require additional medical treatment during the flight.
- (6) Passengers who are suspect to be needed additional medical treatment during the flight by their carriers or the authorized agents.
- (7) Passengers who have doubts about whether they are fitted to travel by air under the consideration of their discomfort, illness, and other Physical conditions.

A valid Medical Certificate must be signed by the doctor and be stamped by the medical organization at or above the county level, municipal level or equivalent level (e.g., national-level class-2 and grade-A hospital). There is no restriction on the format and edition of the Medical Certificate as long as it bears "fitted to travel by air before the date of XX" with definite issue date. Certificate of overseas passengers should be filled out by qualified doctors approved by government departments. The certificate of

passengers from African areas can also be issued by Chinese medical institutions. The medical certificate should be written in Chinese in China as well as other languages in overseas areas accompanied with English or Chinese translation. Passengers who have any of the above seven symptoms must inform HNA in advance before booking tickets so that HNA can prepare well and provide thoughtful services. HNA is not responsible for any consequences arising from caused by passengers' intentional concealment of disease or in complete information.

Passengers under the following conditions must be accompanied by an escort: ① North American routes: A. Passengers who require to use stretcher or incubator; B. Passengers who cannot understand or respond to safety instructions because of psychological disease; C. Passengers who hurt their sight and hearing; D. passengers who are unable to carry out emergency evacuation due to severe injury (or damage);

② Domestic and other international or regional routes: A. Passengers who require to use stretcher or incubator; B. Passengers who cannot take care of themselves and require POC during the flight. Escorts must be adults and able to take care of their own needs unassisted and able to assist sick/physically or mentally challenged passengers to use the bathroom, carry out emergency evaluation, get on/off the aircraft, have dinner, etc. Escorts must be familiar with the passenger's condition and must not be occupied with other tasks (e.g. taking care of a child). Escorts must be competent at dealing with the medical needs of the sick passengers.

Special Attention: If you need help to reach the exit in case of an emergency, after you board, you can learn the way to reach the exit in case of an emergency and obtain evacuation instructions through the cabin crew. In order to reduce the risk of injury, please take into account your actual situation. Inform the cabin crew of the most appropriate way in which your entourage (if any) and other passengers can assist you to the nearest exit in case of emergency, such as whether you need to be carried to the exit, how best to assist you, etc. Please pay attention to cabin announcements and other prompts throughout the flight, and follow the on-site instructions of cabin crew in case of emergency.

please fill out the Special Service Demand Sheet at the back, and then read the Passenger Declaration and sign your name after complete the form.