

Request for Additional Seating for Attendant for Reasons of Disability

This form is to be completed for requests for additional seating without charge on Porter domestic flights for an attendant to accompany a passenger who is non self-reliant due to physical or mental disability. It is not intended for passengers who wish to travel with a companion for personal reasons or where an attendant is needed only at destination.

You may qualify if:

- You are travelling wholly within Canada
- You require a personal attendant to provide care over and above the care offered by Porter on board the aircraft.
- You require an attendant for your safety, as required by Porter's [Domestic Tariff](#).

Please visit our [Disability Assistance](#) pages on flyporter.com for the details of services available to passengers with disabilities. While Porter is pleased to offer the services described, we are not able to provide attendants for travel.

Approval Process

To make a request for additional seating for an attendant for reasons of disability, please complete this document and submit it with any reservation details to Porter as far in advance of the date of intended travel as possible to allow for adequate time to review. If submitted within 48 hours, we will make every reasonable effort to accommodate the request. Medical information shared will be kept confidential in accordance with PIPEDA and CTA requirements.

Email: disabilityassistance@flyporter.com

All requests are reviewed based on the medical information provided by the passenger's treating physician or other medical practitioner and in accordance with the One Person One Fare decision issued by the Canadian Transportation Agency.

Before making a final decision to approve or decline the request, Porter may contact your physician or medical practitioner to confirm or clarify details provided on the form. We will then contact you by either telephone or e-mail to notify you whether your application has been approved or declined, and advise options available to you. Incomplete and illegible documents will not be approved.

An approved form is deemed valid for five (5) years from date of the physician's or medical practitioner's signature.

SECTION 1 - To be completed by the passenger, guardian or a medical professional

If completing this interactive form manually, please print legibly. All fields are mandatory, unless noted otherwise.

Passenger information

First name: Middle name: Last name:

Date of birth: Gender:

Address: Unit number:

City: Province/ State: Country: Postal/ ZIP code:

E-mail address: Telephone number:

Alternate contact information

If it is not suitable to contact the passenger directly, please provide the name of alternate contact.

Contact name: Relationship:

E-mail address: Telephone number:

Is this your first request for additional seating aboard a Porter flight?

Functional ability information

Do you require a wheelchair for distance?

Do you require a wheelchair for stairs?

Can you transfer yourself into the aircraft seat?

Are you travelling with your own wheelchair?

Note: Porter accepts mobility aids and other assistive devices for personal use with some restrictions. Please be sure to review the assistive device information on flyporter.com and prepare your equipment and devices for transport.

Travel information

**** For travel within Canada only ****

Porter confirmation number (if available):

Travel date:

Flight number:

PD

From:

To:

Travel date:

Flight number:

PD

From:

To:

Passenger consent and agreement

I hereby authorize my physician or medical practitioner to provide and discuss information requested in this document with Porter for the purpose of determining my eligibility for an additional passenger seat for an attendant free of charge. Fees incurred for the completion of this document are the responsibility of the passenger.

I acknowledge and agree that if my application for a personal attendant is approved, that I will be required to always travel with a personal attendant on all domestic flights for the duration of the approval, unless otherwise advised by Porter. Failure to comply with this restriction may result in my removal from the program.

I acknowledge that my personal attendant must be:

- a self-reliant, able-bodied person and at least 18 years of age
- appropriately qualified and mentally and physically capable of fully attending to all your personal and physical needs during all aspects of travel with Porter, if required.

Passenger/guardian signature:

Date:

Personal attendant information

Name of attendant:

Relation to the passenger:

Attendant's date of birth:

IMPORTANT: When accompanying a passenger for the purpose of providing disability assistance, a personal attendant may not travel with an infant, a child less than 12 years of age or with a pet in cabin or be responsible for the needs of any other passenger on the flight.

SECTION 2 - To be completed by the physician or medical practitioner

If completing this interactive form manually, please print legibly. All fields are mandatory, unless noted otherwise.

Dear physician or medical practitioner,

In accordance with the One Person One Fare decision issued by the Canadian Transportation Agency, please verify your patient's medical needs and confirm that they are capable of completing the flight safely without extraordinary medical assistance. We appreciate your time and assistance!

Patient information

First name:

Middle name:

Last name:

Does this patient have a disability?

Yes

No

Is this patient fit for air travel?

Yes

No

Is the patient able to:

Feed him/herself without assistance?

Yes

No

When inside the onboard lavatory, use the lavatory unaided?

Yes

No

Take prescription medication without assistance?

Yes

No

Please specify why a travel attendant is needed and describe the duties they would be required to perform during the flight:

If additional supporting information is required and there is not enough available space, please include on a separate sheet.

Physician's or medical practitioner's statement

By signing this document, I understand that I am providing information which will be used to determine the allocation of a second aircraft seat to an attendant required by my patient. I hereby certify that the information provided in this document is correct and accurate to the best of my knowledge.

Name of physician or medical practitioner (Please print):

Telephone number:

Current registration number:

Province of registration:

Signature of physician or medical practitioner:

Date: