RYANAIR FIT TO FLY FORM

Thank you for notifying Ryanair of your special medical requirements. In order to facilitate your request you are required to complete the below form and once completed, please fax this form to Special Assistance Department at **353 1 6988202 or email specialassistance@ryanair.com**

Requests are not confirmed until this form has been validated by Ryanair.

Α	PASSENGER NAME			
В	PASSENGER CONTACT DETAILS	Home:		
		Mobile:	Landline:	
		Email:		
С	BOOKING REFERENCE	D	Age: E Sex: Male Female	
F	PROPOSED ITINERARY	Outbound Flight No.	Date: From To	
		Return Flight No.	Date: From To	
G	ATTENDING PHYSICIAN	Name:		
		Address:		
		Contact Number:		
		/		

н	The above named passenger requires the use of the below stated medical equipment for use during the above flight.				
	Type of Medical Equipment	Make	Model		
	Is the passenger fit for travel?		YES NO		

I Please note

- Passengers must be able to use a normal aircraft seat with seatback in the UPRIGHT position.
- All passengers must be able to take care of their own needs onboard UNASSISTED/(Including meals, visit to toilet, etc.)
 Cabin attendants are NOT authorised to give special assistance to particular passengers, to the detriment of their service to other
- passengers. Additionally, they are trained only in first aid and are NOT PERMITTED to administer any injection, or give medication
- It is a passengers responsibility to ensure that their medical device (If authorised for use on board) is fully charged for the duration of the flight and possible delays as they cannot be charged onboard.

J PASSENGER'S DECLARATION

I take note that, if acceptable for carriage, my journey will be subject to Ryanair's General Terms & Conditions of Carriage and that the carrier does not assume any special liability exceeding those conditions.

I am prepared, at my own risk, to bear any consequences which carriage by air may have for my state of health and I release the carrier, its employees, servants and agents from any liability for such consequences. I agree to reimburse the carrier upon demand for any special expenditures or costs in connection with my carriage.

Passenger's signature:	Date:	
Attending Medical Doctor signature:	Date:	

RYANAIR VALIDATION

The above information has been verified and validated by the Ryanair Special Assistance Department. Authorisation is recorded in Booking Ref:

Agent No: Date:

Attending Medical Doctor Stamp:



