TRAVEL CLEARANCE FORM - CPAP

Passenger Details

Surname: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

First Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| **Age:** _____

Phone No: (Country Code) _____(Area Code)_____ (Number) _____**Email:**_____

Itinerary – (Flight details mandatory) **Booking Ref No.** |___|___|___|___|___|___|

Airline: |__|__|__|__|__|__| **Flt No:** |__|__|__|__| **Class:** |__| **Date:** |__|__|__|__|__|__| **From** _____ **To** _____
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Airline: |__|__|__|__|__|__| **Flt No:** |__|__|__|__| **Class:** |__| **Date:** |__|__|__|__|__|__| **From** _____ **To** _____
d d m m y y

Name of Booking Agent _____ **Phone** |__|__|__|__|__|__|__|__|__|__|__|__|
(if applicable)

Please indicate the CPAP, VPAP, BPAP Equipment type you will be travelling with:

Make :	
Model :	
Will you be operating your CPAP with battery power?*	Please circle **YES** **NO**
Will you be carrying spare batteries? (refer below Dangerous Goods requirements)	**YES** **NO**

Do you require Aircraft Medical Power outlet? A specific medical power outlet seat is allocated by Special Handling (International Services only)	Please circle **YES** **NO**

***Dangerous Goods will review the equipment batteries and if required Operator (Airline) Approval will be noted in the booking**

NOTE: *All spare* batteries carried by a passenger must have the terminals protected and be in carry-on baggage only.

Completed form must be returned to Qantas Special Handling:

Email: specialhandling@qantas.com.au
Fax: +61 2 9490 1830

I have read and understand the Travel Clearance Guidelines and I certify that the information is true and correct and is subject to sighting on the day of travel:

Signature _____ ____**Phone No:** _____**Fax:** _____**Date:** __|__|__|__|__|__|
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