APPLICATION FOR STRETCHER TRAVEL

Application must be completed in full and the information provided to Reservations, at least 48 hours prior to each flight before the passenger will be allowed to travel on a stretcher. Completed application must be presented at the time of check in.

The following information relates to_____, for whom I am arranging stretcher travel.
(Passenger Name)

Departure City: _____ Arrival City: _____
Flight Number: _____ 6 Letter Confirmation Code: ___ ___ ___ ___ ___ ___Departure Date: _____
Physician's Name:_____
Place of Business:_____
Address:_____
Telephone: _____ Fax :_____
Departure Ambulance Company Name/Phone : _____
Arrival Ambulance Company Name/Phone: _____
Emergency Contact: _____

CONDITIONS FOR TRAVEL
Passenger will travel on a ❒ **Ferno** 71 or a ❒ **Stokes** stretcher (check **one** only).
Please note: Alaska Airlines does not permit travel with any other type of stretcher.

Passenger will be using a stretcher for the duration of this flight. Passenger weight shall not exceed 275lbs. Additional information can be found at www.Alaskaair.com, "Know Before You Go".

Medical stretchers may be arranged for use only on Alaska Airlines flights within the State of Alaska and between the State of Alaska and Seattle, WA. Information within this form must be called in to Alaska Airlines Reservations no later than 48 hours before the date of travel. A copy of this form must accompany the stretcher passenger at all times.

The passenger must provide four individuals capable of lifting at least 150 lbs each for the enplaning, deplaning and ground connection where the stretchers will be used. The patient or hospital must provide the stretcher. The stretcher must be tagged with the name and address of the hospital or other organization/service to which it belongs. Alaska Airlines employees and vendors are not permitted to physically assist with these processes.

_____ _____
Passenger or Passenger's Travel Arranger (Date)

TO BE COMPLETED BY PHYSICIAN

Patient (Passenger) is considered healthy enough for air travel between _____ and _____
Departure City Arrival City

_____ _____ _____ _____
Physician's Name (Date) Physician's Signature (Date)

Certify that the patient is under 275 lbs: ❒ Yes ❒ No

Please call Alaska Airlines Reservations (800) 252-7522