For Customer with Wheelchair - Check List

SF CALL CENTER

TEL: 0570-07-3200 (8:00~19:00 Open year round)

FAX: 093-512-7752 mail: assistdesk@starflyer.jp

Name				male	male Age Contact info.				
				female					
Do you have any esco	ort to t	ravel with you	u?		<u> </u>				
Yes		Name				male	Age	Resavation No.	
No,travel by my	self					female			
Please be aware cal	oin cre	w are not pe	rmitted to provide	medical se	rvices, to assi	ist with feedir	ng or pers	onal lavatory functions.	
For customers requi	iring su	ıch assistand	ce, it is recommen	ded to trave	el with escort	person.			
<pre><itinerary flight="" info<="" pre=""></itinerary></pre>	>								
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In order to accommodate your needs please let us know your walking condition.									
☐ Able to Up/De	own st	eps but unab	ole to walk along d	listance					
☐ Unable to Up/	/Down	steps but ab	ole to walk from th	ne bording d	oor to the sea	at			
☐ Unable to wal	k by hi	m/herself at	all						
2. Please let us ki	now yo	ur own whee	elchair.						
① Do you hane your own wheelchair?					Yes,I do.		No,I don't.		
② What kind of type is your own wheelchair?					Manual		Electric/Battery-powered		
③ Is your wheelchair foldable?					Yes				
If No, please le	t us kn	ow the size a	nd weight.we may r	not be able t	o accept your	own cheelchai	r due to th	ne cargo door's imitation.	
Electric wheeld	hair ⇒	Please let us	s know the size and	d weight.					
Len	Length: cm				Width:		cm		
Hei	Height: cm				Weight:		kg		
3. Please let us ki	now yo	ur own elect	ric wheelchair.						
① About Battery	,								
☐ Non-Spilla	ble Bat	ttery(Wet-ce	ell,″Seald″)	☐ Spillable	Battery(Wet	-cell"Non sea	ald")		
☐ Dry Battery(Li-ion) ☐ Dry Battery(Ni-CD •Ni-MH)									
Li−ion Bati	tery -	Let us know	the Watt/hour rat	ting. <u>⇒</u>	<u>Wh</u>				
② Can I remove	the ba	itterv?	Yes		No				
③ Do you have a			No		Yes		Piece	, Wh.	
Li-ion Batt	toni – l	المحادة المحاد	the Watt/hour ra	ting →	Wh				
LI-ION BAU	Lery -	Let us know	the watt/nour ra	iurig. <u>→</u>	VVII				
4. Remarks									
☐ Please make	sure th	e manufactu	ire and model num	ber of your	wheelchair if	you're not su	re which k	kind of battery is attached.	
☐ When you che	ck in y	our electric	/battery-powerd v	wheelchair, p	olease bring th	ne operation r	manual esp	pecially	
if the battery type cannot visually be identified to make sure instructions to disconnect/insulate battery.									
☐ Check−in dea	dline fo	or electric wh	heelchair custome	rs is 60 min	utes.				
5. Other notice, S	pecial	instruction/	Precaution applica	able					
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