



### Reservation Checklist for Travel with a Mobility Aid: Rail

Name: \_\_\_\_\_

Date(s) of travel: \_\_\_\_\_

Reservation no.: \_\_\_\_\_

Address: \_\_\_\_\_

Phone no.: \_\_\_\_\_ E-mail: \_\_\_\_\_

Service provider: \_\_\_\_\_

#### Information to be provided / required

#### Contact person & Date confirmed / carrier notified

Notify carrier, at minimum, 48 hours in advance.

Yes  No

Notify carrier if it is possible (or not possible) to transfer to a regular seat.

Yes  No

#### Mobility aid type

Small (braces, cane, crutches, walker)  Scooter  Wheelchair

If wheelchair or scooter:

Manual  Electric  Rigid  Folding  Collapsible

If electric, is it key operated?

Yes  No

Key location \_\_\_\_\_

#### Dimensions of mobility aid

Stand up position

Width \_\_\_\_\_ Length \_\_\_\_\_ Height \_\_\_\_\_

Folded / collapsed (if applicable)

Width \_\_\_\_\_ Length \_\_\_\_\_ Height \_\_\_\_\_

<b>Dimensions of train car doors</b>	
Type of train: _____ Passenger or baggage car door Width _____ Height _____	
<b>Weight of mobility aid</b>	
Weight: _____ <input type="checkbox"/> lbs <input type="checkbox"/> kg Mobility aid with person: _____ <input type="checkbox"/> lbs <input type="checkbox"/> kg Where should the mobility aid be held to lift and hand-carry it? _____ Is there a picture with arrows that indicate where to lift? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Location of brake release</b>	
<input type="checkbox"/> Rear Left <input type="checkbox"/> Rear Right <input type="checkbox"/> Centre <input type="checkbox"/> Front Left <input type="checkbox"/> Front Right	
<b>Mechanical lift available at</b>	
<input type="checkbox"/> Arrival <input type="checkbox"/> Departure	
<b>Type of battery (if applicable)</b>	
<input type="checkbox"/> Gel Cell (dry) <input type="checkbox"/> Non-spillable <input type="checkbox"/> Spillable	
<b>Instructions provided for:</b>	
Disassembling / reassembling / folding mobility aid <input type="checkbox"/> Yes <input type="checkbox"/> No Disconnecting battery (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered "No" to either of the above, please provide verbal instructions to the responsible staff at the station.	

**Passenger provides special tools required for:**

Disassembling / reassembling mobility aid

Yes  No  N/A

Disconnecting battery

Yes  No  N/A

**Preference of when to transfer to on board wheelchair (if applicable)**

Check-in  Departure gate (if possible)

**Removable parts stay with:**

	Stored mobility aid	Passenger in cabin
Head rest	<input type="checkbox"/>	<input type="checkbox"/>
Leg rests	<input type="checkbox"/>	<input type="checkbox"/>
Seat cushion	<input type="checkbox"/>	<input type="checkbox"/>
Joy stick	<input type="checkbox"/>	<input type="checkbox"/>
Arm rests	<input type="checkbox"/>	<input type="checkbox"/>
Side protectors	<input type="checkbox"/>	<input type="checkbox"/>
Chair back	<input type="checkbox"/>	<input type="checkbox"/>
Tray	<input type="checkbox"/>	<input type="checkbox"/>
Belts / straps	<input type="checkbox"/>	<input type="checkbox"/>
Wheels	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

**Agreement for carrier to retain information on file for future travel**

I agree that the carrier may retain this information for my personal file

Yes  No

Signature: \_\_\_\_\_

Date: \_\_\_\_\_