

Name of medical practitioner: _____

Address: _____

_____ Postal Code: _____

Tel No: _____

Signature: _____

Date: _____

Thank you for completing the application.

SAA will make every attempt to accommodate your special needs, and make your travel more comfortable.

Note: This application form must be accompanied by a recommendation from your medical practitioner also stating the period your disability is expected to remain stable.

In case of a renewal a recommendation from your medical practitioner must still be submitted even though your disability may remain stable / unchanged.

Should any further details be required please contact SAA Special Bookings on:
(011) 978 1331 / 5716 / 3837 / 3184

The completed application form may be faxed or forwarded to:
(011) 978 2764 – Attention Special Bookings

E-mail: SpecialHandling@Flysaa.com

Mail: Chief Medical Officer
FREMEC Renewal/Application
Medical Services
Airways Park, Jones Road
Private Bag X13
O.R. Tambo International Airport
1627