



Special Assistance Desk

### **Special Assistance Registration Service**

Thank you for traveling with the JAL Group.

The "Special Assistance Registration Service" allows you to register information on your requirements for wheelchairs, special meals, and other services at airports and within the cabin, by registering with JAL Mileage Bank (JMB). When you make a reservation just tell us the membership number written on your membership card to enable us to complete your reservation quickly and accurately. (See note below.)

If you are a JMB Japan Region member you can be issued with a Priority Guest Card with your special assistance information registered if you wish. (The card functions in the same way as the JAL Mileage Bank membership card.)

#### **Note:**

- If you need medical treatment using medical oxygen inhalation or medical equipment, or if you use a cot (stretcher), you will need a doctor's medical certificate and an attendant each time, so you cannot register with Special Assistance Registration Service. For more information, please contact our special assistance desk (the nearest JAL branch or business office for customers overseas)
- If making a reservation for a Japan domestic flight only, arrangements can be requested, and tickets purchased, on the JAL website by 17:00 the previous day. After this time, arrangements can only be made by contacting the JAL Japan domestic reservation center on 0570-025-022 (open 07:00-20:00 daily).
- Domestic flight Touch & Go, and international flight web check-in services are not available. Please come to the check-in counter at the airport on the day of travel.
- If you travel on codeshare flights operated by other airlines, special assistance service may not be same as JAL Group operated flights. Please consult with our special assistance desk (the nearest JAL branch or business office for customers overseas).
- If you are scheduled to travel within 1 month, please contact the JAL customer contact center.



Special Assistance Desk

### **Handling of Personal Information for the Special Assistance Registration Service**

Thank you for traveling with the JAL Group.

The JAL Group places great importance on the protection of personal information submitted by customers and pays the utmost attention to its handling.

The personal information you provide for the Special Assistance Registration Service will be shared amongst JAL Group Airlines (\*), JALCARD Co., Ltd., JALPAK Co., Ltd., Okura Nikko Hotel Management Co., Ltd., JAL ABC Co., Ltd., and JAL Sales Co., Ltd., in order to provide services closely related to air travel, such as arranging wheelchairs and special meals for the reservation, arrangements at the airport and in the cabin, and regarding tour hotels and baggage home delivery, etc.

\*The JAL Group airlines are Japan Airlines (JAL), Japan Transocean Air (JTA), J-AIR, Japan Air Commuter (JAC), Ryukyu Air Commuter, and Hokkaido Air System (HAC). In total, there are six airlines.

Details that may be shared: information declared by the customer which may include symptoms and name of illness, degree and details of disability, wheelchair and special meal requirements, special arrangements at the airport, details of required traveling companion(s), name, telephone number and other customer information necessary to carry out the requested service.

In the case of using codeshare flight, the above information may be provided to the operating airline company by the customer offering the JAL Mileage Bank customer membership number.

The above information may be provided to a travel agency if a customer offers his or her JAL Mileage Bank loyalty membership number at the time of reservation.

For inquiries, changes, or suspension of the use of personal information from individuals who have registered for Special Assistance please contact the Priority Guest Center (Japan region members) or the nearest customer contact center (members registered outside Japan).

# Special Assistance Registration and JMB New Membership Application Form

Please complete the enclosed "application form" "About special arrangements" and return it to us.

## ■ If you already have a JALCARD or JAL Mileage Bank Card

JMB Membership number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date of Birth	Year	Month	Day
Tel	— —										/	/	

## ■ Admission of new JMB members

Items with an asterisk(\*) are mandatory.

*Name	● FIRST NAME				● LAST NAME			
	● MIDDLE NAME				Please input your name as it appears your passport.			
*Country/region of residence								
*Postal Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Home Address								
*Date of Birth	Year	Month		Day		※Gender	1.Male 2.Female	
*Tel	— —							
	Please write down the number you can contact during the day.							
*E-mail Address	Do you wish to receive information on products and services from JAL and its affiliate companies ? <input type="checkbox"/> Yes (Format : <input type="checkbox"/> HTML <input type="checkbox"/> TEXT) <input type="checkbox"/> No *Important messages containing relevant information will be sent regardless of your subscription status.							

## For admission of new JMB members

■ Please select the kind of card. (If you don't fill out the form, we will send you a JMB card.)

Card type	<input type="checkbox"/> JMB Card (Without IC Function/Without WAON Function) <input type="checkbox"/> JMB WAON Card (With IC Function/With WAON Function)
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For details of the JMB Card (With IC Function) service, please visit the JAL website at ([www.jal.co.jp](http://www.jal.co.jp))  
or please contact to the JAL Mileage Bank Center at 0570-025-039/03-5460-3939 (toll).

## Would you like to issue a Priority Guest Card ?

\*Functions the same as JMB cards. (If you don't fill out the form, we will not send you a priority guest card.)

Card type	<input type="checkbox"/> Without IC Function <input type="checkbox"/> With IC Function *Without WAON Function <input type="checkbox"/> No need to issue *Special assistance information is registered.
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\*Please note that for enrollment in JMB, JMB Rules and Conditions will apply.

\*If you are a minor, your parent or legal guardian must read and accept the JMB Rules and Conditions before you submit your application.

\*Please note that for enrollment in JMB WAON card, the WAON Rules and Conditions, JMB WAON contract stores, JMB Rules and Conditions will apply.

\*The JMB WAON card can use the JALIC service and WAON electric money function, in addition to the regular card service and award.

Please visit JAL's website for further details.

## Special Assistance Registration Service Application (About Special arrangements )

<b>A</b>	Name _____	Age (       )	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female						
<b>B</b>	<p><b>【Nature of disability/illness】</b></p> <p><input type="checkbox"/> Vision impairment    →    <input type="checkbox"/> Low vision    <input type="checkbox"/> Totally blind</p> <p><input type="checkbox"/> Hearing impairment</p> <p><input type="checkbox"/> Intellectual or developmental disability</p> <p><input type="checkbox"/> Sleep apnea syndrome</p> <p>Will you bring a CPAP machine? (e.g. Teijin/Sleepmate S9)</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes    →    Manufacturer: _____</p> <p style="margin-left: 100px;">Model: _____</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p><input type="checkbox"/> Allergy</p> <p><input type="checkbox"/> Peanut allergy</p> <p style="margin-left: 20px;"><input type="checkbox"/> Allergic reaction occurs from eating peanuts.</p> <p style="margin-left: 20px;"><input type="checkbox"/> Allergic reaction occurs from not only eating peanuts, but also inhaling peanut dust.</p> <p style="margin-left: 40px;">*The application deadline is two weeks before departure.</p> <p><input type="checkbox"/> Food allergy    <input type="checkbox"/> Animal allergy    <input type="checkbox"/> Chemical allergy    <input type="checkbox"/> Others</p> <p><input type="checkbox"/> Ill or injured    <b>(wheelchair not required)</b></p> <p><input type="checkbox"/> Use a walking cane</p> <p><input type="checkbox"/> Injury or bone fracture</p> <p><input type="checkbox"/> Use self-injection (e.g. insulin injections)</p> <p><input type="checkbox"/> After-effects of illness or injury</p> <p><input type="checkbox"/> Illness    * If your symptoms are unstable or if you have respiratory or circulatory issues, the submission of a medical certificate may be required.</p> <p style="margin-left: 20px;">For details, please refer to the reference materials for details or get in touch with our customer contact center.</p> <p><input type="checkbox"/> Mental illness    →    If you become unwell and cannot help yourself, you will be required to be accompanied by someone who can assist you.</p> <p style="margin-left: 20px;">If your symptoms are unstable, the submission of a medical certificate may be required.</p> <p style="margin-left: 20px;">→    <input type="checkbox"/> Accept</p> </div> <div style="width: 50%; font-size: small;"> <p>*Some products cannot be used together with humidifiers.</p> <p>*Some aircraft, cabins, and seats may not have in-seat PC power outlets.</p> <p>*The power supply may be cut off without prior notice in the event of system failure or oversupply.</p> <p>*Use of the in-seat PC power source is permitted under the responsibility of the customer.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>※On the Canadian routes operated by our company, in accordance with the "ATPDR" under the Canadian Transportation Agency legislation for persons with disabilities, at the request of customers we are notifying the passengers who are sitting in the same row that a passenger with a severe allergy is present and informing them of the allergen. Please let us know at the time of reservation if you have such a request.</p> <p>You can check the details of these regulations from the website of the Canadian Transportation Agency.</p> <p>ATPDR: <a href="https://otc-cta.gc.ca/eng/accessibility">https://otc-cta.gc.ca/eng/accessibility</a></p> </div> </div> </div>								
	<p><input type="checkbox"/> <b>Use a wheelchair at the airport</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> Cannot walk long distances</p> <p><input type="checkbox"/> Cannot ascend or descend</p> <p><input type="checkbox"/> Unable to walk</p> </div> <div style="width: 50%;"> <p><input type="checkbox"/> Elderly</p> <p><input type="checkbox"/> Congenital disability or paralysis</p> <p><input type="checkbox"/> Injury or bone fracture</p> <p><input type="checkbox"/> After-effects of illness or injury</p> <p><input type="checkbox"/> Illness    *If your symptoms are unstable or if you have respiratory or circulatory issues, the submission of a medical certificate may be required.</p> <p style="margin-left: 20px;">For details, please refer to the reference materials for details or get in touch with our customer contact center.</p> </div> </div> <p style="margin-left: 20px;">↓</p> <p><input type="checkbox"/> Do you need an onboard wheelchair? (For transfer when using lavatory)</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No.    *Please note that some equipment such as small aircraft are not equipped with it.</p> <p>Will you check in your own wheelchair?</p> <p><input type="checkbox"/> Yes    →    <input type="checkbox"/> Manual    <input type="checkbox"/> Foldable</p> <p style="margin-left: 40px;"><input type="checkbox"/> Electric    <input type="checkbox"/> Non-foldable</p> <p style="margin-left: 100px;">} Please advise the dimensions of the wheelchair after it is folded. (external dimensions)</p> <p style="margin-left: 100px;">[Height: _____ cm / Width: _____ cm / Depth: _____ cm / Weight _____ kg]</p> <p style="margin-left: 100px;">*The height of the cargo hold door is limited on some aircraft types, so there are times when the wheelchair may have to be transported on its side.</p> <p style="margin-left: 100px;">→    <input type="checkbox"/> Accept</p> <p style="margin-left: 20px;">↓</p> <div style="display: flex;"> <div style="width: 15%;"> <p>&lt;Battery Type&gt;</p> <p>&lt;Battery removal&gt;</p> <p>&lt;Spare battery&gt;</p> <p>&lt;Place where wheelchair will be checked in &gt;</p> </div> <div style="width: 85%;"> <p><input type="checkbox"/> Lithium-ion (Li-ion)    <input type="checkbox"/> NiCd (NiCd)    <input type="checkbox"/> Nickel-metal hydride (NiMH)</p> <p><input type="checkbox"/> Lead acid    <input type="checkbox"/> Gel    <input type="checkbox"/> Silicon</p> <p>*For lead acid battery/gel/silicon    →    <input type="checkbox"/> Non-spillable    <input type="checkbox"/> Spillable</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    →    But the connection leads can be disconnected to prevent short-circuits.</p> <p style="margin-left: 40px;"><input type="checkbox"/> Yes    <input type="checkbox"/> No (We may not be able to transport the battery in this case.)</p> <p><input type="checkbox"/> No    <input type="checkbox"/> Yes    →    <input type="checkbox"/> 1 item    <input type="checkbox"/> 2 items</p> <p>*Only one lithium ion spare battery of up to 300Wh or two batteries of up to 160Wh each can be brought into the cabin.</p> <p>*Only one spare battery of a type other than lithium ion is permitted.</p> <p>*In the case of a spillable battery, no spare batteries are permitted.</p> <p><input type="checkbox"/> Check in at the check-in counter</p> <p><input type="checkbox"/> Check in at the boarding gate</p> <p>*However, please be aware that some airports do not allow this.</p> <p>*It takes time to load electric wheelchairs onto the aircraft, so we ask for your cooperation at the time of check-in.</p> </div> </div>								
<b>C</b>	<p>Can you take care of your personal needs by yourself?    <input type="checkbox"/> Yes    <input type="checkbox"/> No, but my traveling companion will assist me.</p> <p style="font-size: x-small;">※e.g. eating, using the lavatory, operating the seat</p> <p style="text-align: center;">(Name of traveling companion: _____)</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> <p>Will you be accompanied by an assistance dog?    <input type="checkbox"/> No    <input type="checkbox"/> Yes    →    <input type="checkbox"/> Seeing eye dog    <input type="checkbox"/> Hearing dog    <input type="checkbox"/> Service dog</p> <p style="margin-left: 40px;"><input type="checkbox"/> Therapy dog*</p> <p style="margin-left: 40px;"><input type="checkbox"/> Alert dog*</p> </div> <div style="width: 35%;"> <p><input type="checkbox"/> The same person will accompany me each time</p> <p><input type="checkbox"/> It will depend on the situation</p> </div> </div> <p style="margin-left: 100px;">} *Available only for flights to/from the United States and Canada.</p> <p style="margin-left: 100px;">*A doctor's letter is required if you will be accompanied by therapy dog.</p> <p style="margin-left: 100px;">*Please consult our customer contact center at least 48 hours prior to departure.</p>								
<b>D</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Other, do you need any help? *Please check the necessary items.</td> <td> <input type="checkbox"/> Priority boarding    <input type="checkbox"/> Communication board (for customers with difficulty hearing or speaking)  <input type="checkbox"/> Body support belt (for customers who have difficulty in keeping a seated position)  <small>*This is usually provided in seats against the wall or in the last row of the aircraft.</small> </td> </tr> <tr> <td>Special in-flight meal *International Only</td> <td> <input type="checkbox"/> Minimal Allergen 28 Meal    <input type="checkbox"/> Minimal Allergen 7Meal  <input type="checkbox"/> (For Infants) Minimal Allergen 28 Baby Meal    <input type="checkbox"/> Diabetic Meal  <small>*Please check the special meal types on our website or our international reservations customer contact center.</small> </td> </tr> <tr> <td>Seat Would you like a window or aisle seat?</td> <td> <input type="checkbox"/> Window    <input type="checkbox"/> Aisle    <input type="checkbox"/> Forward(near front of aircraft)    <input type="checkbox"/> Aft(near back of aircraft)    <input type="checkbox"/> With movable armrest  <small>(Note: We cannot guarantee your seat. Some seats may not be available depending on the regulations.)</small>  <small>In such a case, we may have to change your seat.    →    <input type="checkbox"/> Accept</small> </td> </tr> </table>			Other, do you need any help? *Please check the necessary items.	<input type="checkbox"/> Priority boarding <input type="checkbox"/> Communication board (for customers with difficulty hearing or speaking) <input type="checkbox"/> Body support belt (for customers who have difficulty in keeping a seated position) <small>*This is usually provided in seats against the wall or in the last row of the aircraft.</small>	Special in-flight meal *International Only	<input type="checkbox"/> Minimal Allergen 28 Meal <input type="checkbox"/> Minimal Allergen 7Meal <input type="checkbox"/> (For Infants) Minimal Allergen 28 Baby Meal <input type="checkbox"/> Diabetic Meal <small>*Please check the special meal types on our website or our international reservations customer contact center.</small>	Seat Would you like a window or aisle seat?	<input type="checkbox"/> Window <input type="checkbox"/> Aisle <input type="checkbox"/> Forward(near front of aircraft) <input type="checkbox"/> Aft(near back of aircraft) <input type="checkbox"/> With movable armrest <small>(Note: We cannot guarantee your seat. Some seats may not be available depending on the regulations.)</small> <small>In such a case, we may have to change your seat.    →    <input type="checkbox"/> Accept</small>
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<b>E</b>	<p><input type="checkbox"/> I acknowledge that I have read the attached [About the Special Assistance Registration Service] and [Handling of personal information for the Special Assistance Registration Service].</p>								

## Reference materials for medical condition

Customers under the following conditions and need medical treatment using medical oxygen inhalation or medical equipment, or if you use a cot (stretcher) are required to submit a medical certificate for each flight. For this reason, these customers cannot register with Special Assistance Registration Service. For more information, please contact special assistance desk.

- 1, Critical cardiac diseases: severe cardiac failure, unstable angina pectoris, within 6 weeks after acute myocardial infarction, uncontrolled severe arrhythmia; unstable condition after cardiac surgery including catheterization (within 21 days), within 72 hours after angiography, within 4 days after angioplasty, pulmonary edema,
- 2, Thrombophlebitis of legs, deep vein thrombosis which has not been treated, pulmonary embolism.
- 3, Severe respiratory failure, severe COPD, severe bronchial asthma, pneumothorax that lungs are not fully inflated, haemopneumothorax, pneumonia, emphysema, pulmonary fibrosis, within 14 days after chest surgery..
- 4, Acute phase of stroke (cerebral infarction, subarachnoid hemorrhage, intracerebral bleeding, TIA) within 4 weeks, increased intracranial pressure, uncontrolled cramped seizure (epileptic), within 14 days after cranial surgery and air remains in cranium,
- 5, Severe anemia, sickle cell anemia, haemoglobinopathies.
- 6, GIT bleed, gastro-intestinal disease with possible risk of bleeding and melena (acute phase of gastric or duodenal ulcer), ileus, within 1 week after colon polypectomy, colon tested on the day, within 14 days after major abdominal surgery including appendectomy and laparoscopic surgery (keyhole), within 14 days after investigative laparoscopy.
- 7, Acute phase of ENT disease (otitis media, sinusitis), within 14 days after middle ear surgery and tonsillectomy, wired jaw, difficulty opening mouth,
- 8, Within 14 days after surgery and injury that any gas remains in globe (intra-ocular surgery, penetrating eye injury), cataract surgery, corneal laser surgery,
- 9, Postoperative wound does not recover completely, any gas remains in the inside of the body after surgery.
- 10, Acute phase of decompression sickness (dysbarism).
- 11, Within 48 hours after severe fracture with full plaster cast, burns.

- 12, Communicable illness which has a risk of transmission during flight (influenza, whooping cough, measles, mumps, rubella, chickenpox, pharyngoconjunctival fever, tuberculosis, epidemic keratoconjunctivitis, acute hemorrhagic conjunctivitis, meningococcal meningitis).

As a rule of prohibition from attending school in Japan, same rule is applied for air travel. The medical certificate is not required for rubella, chickenpox, meningococcal meningitis, tuberculosis, epidemic keratoconjunctivitis, or acute hemorrhagic conjunctivitis cases after 11 days from onsets.

	Disease	Period when Medical Certificate is necessary
1	Influenza	Within 5 days of onset, and 2 days after temperature has dropped (3 days in case of child)
2	Whooping cough	Until the characteristic cough is suppressed, or until 5 days treatment with antibiotics is ended.
3	Measles	3 days after his/her temperature has dropped
4	Mumps	Within 5 days of onset of the swelling on submandibular, sublingual and parotid gland, and major symptoms general condition recovered
5	Rubella	Until the eruption disappears
6	Chickenpox	Until all eruption become scabs
7	Pharyngoconjunctival	2 days after the main symptom disappears
8	Epidemic keratoconjunctivitis	Until a physician or a pediatrician evaluates that the disease becomes non-contagious.
9	Acute hemorrhagic conjunctivitis	
10	Tuberculosis	
11	Meningococcal meningitis	

- 13, Pregnant woman whose EDD (estimated delivery date) is within 28 days from departing date. Escort by an obstetrician is required if EDD is within 14 days for international flight and 7 days for domestic flight. Escort is not required if EDD is out of the above periods and obstetrician certifies the fitness for travel.
- 14, Newborn baby within the first 7 days after birth.

Customers under the above conditions are generally considered unfit for air travel. However, if the medical conditions or the state of health of the person is considered stable and the physician certifies the person as "Fit to Travel" with the prognosis, passenger may be accepted for air travel after airline assessment, thus please consult with our reservation representative.



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品川局承認

6288

0 2 8

差出有効期間  
令和8年  
3月31日まで

切手を貼らずに  
お出ください。

(受取人)

東京都品川区東品川2-4-11

野村不動産天王洲ビル (株) JALナビア内

日本航空プライオリティ・ゲスト予約センター  
行



Note

- This label can be used only when sending Special Assistance Registration application documents.
- Please do not change the size(do not enlarge or shrink) when printing out.
- Please cut the label according to the dotted line.
- Please prepare an envelope and put the label on the left.
- Please put the label on the top left side of the envelope
- Please make sure to write your name and address on the back of the envelope.
- Please stick it firmly so that it will not peel off.
- Prohibition of the transfer of the label.