

## Travel Safety Document

Date:

Name:

To Whom This Concerns:

The person named above has Parkinson's disease. Due to movement difficulties the following precautions are necessary for safety reasons:

\_\_\_ Pre-boarding is required due to movement problems.

\_\_\_ Aisle seat located close to bathroom is requested.

\_\_\_ This person has a brain pacemaker. They cannot be exposed to security screening devices- hand held or otherwise.

Sincerely,

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