JOI
PHYSICIAN'S STATEMENT FOR PREMIUM CLASS ACCOMMODATIONS

Dear Physician:

JOI's Travel Policy on air travel allows the use of premium class (versus coach class) service to accommodate a traveler's disability or other physical impairment. The condition must be confirmed in writing. Please complete the form below as it applies to the following traveler:

NAME OF TRAVELER:

MEETING:

MEETING DATES:

ATTENDING PHYSICIAN'S STATEMENT:

1. Please state your opinion if the traveler's disability or other physical impairment indicates premium class (versus coach class) accommodations for the period of air travel indicated above.

2. Is the use of premium class accommodations justified only for the above specified travel period, or is this condition likely to continue until further notice?

Physician's Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____

Physician's Signature: _____
Date: _____

TRAVEL OFFICE ONLY

Travel Coordinator's Review: _____ (Signature and Date)

Return to Travel Coordinator at: Joint Oceanographic Institutions
1201 New York Ave., NW, Suite 400
Washington, DC 20005
Tel: (202) 232-3900, ext. 1631
Fax: (202) 265-4409
Email: joitravel@joiscience.org