

INFORMATION FORM FOR CUSTOMERS REQUIRING SPECIAL ASSISTANCE

All passengers with Reduced Mobility (PRM) must present the pages 1 and 3 filled in and signed by the Alitalia Agent, or filled in by the Customer and checked in and signed by the Alitalia Agent.

Please use block letter or typewriter to fill in this form, answer all questions and put X on the boxes that interest.

All PRM Customers who need a medical authorization to fly must present, besides the pages 1 and 3, the pages 2 and 4 too filled in and signed by the Customer's Doctor, or by the Alitalia Physician; the same pages must have the sign of the Customer.

The above requested data will be treated by Alitalia - Compagnia Aerea Italiana S.p.A. in accordance with the Italian law 675/96 concerning privacy protection with the only aim of completing the air transport carriage. Also take into consideration that the use of such data has been authorized by the privacy protector's Guarantor.

N.B.: Inform the Customer of the Company's rules concerning the transportation of passengers with reduced mobility

A	Name, initials, sex of the Customer						
B	Proposed itinerary: Airline/s, flight's number, date/s, class/es, segment/s, reservation/s status of continuous air journey.				Note: advise the Customer that the transfer from one flight to an other may require longer connecting time		
C	Type of required / necessary assistance	WCHR <input type="checkbox"/>	WCHC <input type="checkbox"/>	DEAF <input type="checkbox"/>			OXYG <input type="checkbox"/>
		WCHS <input type="checkbox"/>	BLND <input type="checkbox"/>	BLND/DEAF <input type="checkbox"/>	STCR <input type="checkbox"/>	PREG <input type="checkbox"/>	
D	Needs stretcher on board	NO <input type="checkbox"/>	YES <input type="checkbox"/>	Fill in the Session "E"		Note: inform the Customer of the rate if unknown	
E	Needs Escort	NO <input type="checkbox"/>	YES <input type="checkbox"/>	Name, initials, sex, age of the Escort		Note: ask the blind and/or deaf or WCH Customer if He/She has a trained dog (to/from USA only: emotional support dogs) NO <input type="checkbox"/> YES <input type="checkbox"/>	
	because the Customer is able WITHOUT ANY ASSISTANCE to satisfy all His/Her personal needs during the flight (to eat, to use the toilet, etc)						
F	Needs wheelchair	Has own wheelchair	Collapsible wheelchair	Power driven wheelchair	Spillable battery wheelchair	Note: inform the Customer of the rules concerning the transport of His/Her type of wheelchair fixed by the Airline/s and Countries involved in the whole journey.	
	NO <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> YES <input type="checkbox"/>		
G	Needs ambulance	To be arranged by Airline/s:				Note: inform the Customer of the rate if unknown	
	NO <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> ambulance Company contact YES <input type="checkbox"/> place/address of the Customer at final destination					
H	Needs other ground arrangements		Specify below and indicate for each item: A - the arranging Airline or other Organisation B - at whose expense C - the Contact address/phone where appropriate, or whenever specific persons are designed to meet/assist the Customer				
	NO <input type="checkbox"/> YES <input type="checkbox"/>						
1	At airport of departure						
	NO <input type="checkbox"/> YES <input type="checkbox"/>						
2	At connecting points						
	NO <input type="checkbox"/> YES <input type="checkbox"/>						
3	At airport of arrival						
	NO <input type="checkbox"/> YES <input type="checkbox"/>						
4	Other requirements and/or information						
	NO <input type="checkbox"/> YES <input type="checkbox"/>						
K	Needs special in flight arrangements (special meals, special equipment, etc)		See/fill in the 2 and 4 pages, and describe/indicate for each item: A - segment/s on which required B - Airline-arranged or arranging third party C - at whose expense				
	NO <input type="checkbox"/> YES <input type="checkbox"/>						
L	The Customer holds a FREMEC card (Frequent Traveller's Medical Card) valid for this trip						
	NO <input type="checkbox"/>		His/her Physician must fill in the 2 and 4 pages				
	YES <input type="checkbox"/>		indicate below FREMEC data				
	[]	[]	[]	[]	[]	[]	[]
	FREMEC number	Issued	Valid until	Age			
	Place	Date	Alitalia Agent's signature				

MEDICAL INFORMATION FORM		CONFIDENTIAL
To be filled in by Attending Physician	<p>Answer ALL questions, cross X in YES or NO boxes, use BLOCK letters or TYPEWRITER to fill in this form.</p> <p>This form intend to provide CONFIDENTIAL information to enable the airlines MEDICAL DEPARTMENT to assess the fitness of the Customer to travel as reported at page 1.</p> <p>The above requested data will be treated by Alitalia - Compagnia Aerea Italiana S.p.A. in accordance with the Italian Law 675/96 concerning privacy protection with the only aim of completing the air transport carriage.</p> <p>Also take into consideration that the use of such data has been authorized by the privacy protection's Guarantor.</p> <p>If the Customer is acceptable, this information will permit the issuance of the necessary directives designed to provide for the customer's welfare and comfort.</p>	<p>The form must be returned to:</p> <p>(Alitalia - Compagnia Aerea Italiana S.p.A. designated office)</p>
Airlines Ref. Code MEDA 01	CUSTOMER'S NAME INITIAL(S), SEX; AGE:	
MEDA 02	ATTENDING PHYSICIAN: Name & Address:	
	Telephone Contact: Mobile	Home:
MEDA 03	MEDICAL DATA DIAGNOSIS in details (including vital signs) Day/month/year:	
	of first symptoms:	of operation:
	of diagnosis:	
MEDA 04	PROGNOSIS for the flight(s):	
MEDA 05	Contagious AND communicable disease? NO <input type="checkbox"/> YES <input type="checkbox"/> → Specify:	
MEDA 06	Is Customer requiring special assistance? NO <input type="checkbox"/> YES <input type="checkbox"/> → Specify:	
MEDA 07	Can Customer use normal aircraft seat with seatback placed in the UPRIGHT position when so required? YES <input type="checkbox"/> NO <input type="checkbox"/> → Specify:	
MEDA 08	Can Customer take care of his own needs on board UNASSISTED (including meals, visit to toilet, etc)? (see note x) YES <input type="checkbox"/> NO <input type="checkbox"/> → <input style="width:150px;" type="text"/> <small>Specify type of escort proposed by you</small>	
MEDA 09	If to be ESCORTED, is the arrangement satisfactory to you as indicated at page 1 point E? YES <input type="checkbox"/> NO <input type="checkbox"/> → <input style="width:150px;" type="text"/> <small>Specify type of escort proposed by you</small>	
MEDA 10	Does Customer need EXTRA OXYGEN equipment in flight? (if yes, state rate of flow) (see note xx) NO <input type="checkbox"/> YES <input type="checkbox"/> → Litres per minutes → <input style="width:50px;" type="text"/> Continuous? NO <input type="checkbox"/> SI <input type="checkbox"/>	
MEDA 11	Does Customer need any MEDICATION, (see note x) other than self administered, and/or the use of special apparatus such as respirator, etc.? (see note xx) (A) on the GROUND while at the airport(s) NO <input type="checkbox"/> SI <input type="checkbox"/> Specify: → <input style="width:150px;" type="text"/>	
MEDA 12	(B) on board of the AIRCRAFT: NO <input type="checkbox"/> SI <input type="checkbox"/> Specify: → <input style="width:150px;" type="text"/>	
MEDA 13	Does Customer need HOSPITALIZATION? (If yes, indicate arrangements made or if none were made, indicate "No ACTION TAKEN") (A) during long layover or nightstop a CONNECTING POINTS en route NO <input type="checkbox"/> SI <input type="checkbox"/> Action: → <input style="width:150px;" type="text"/>	
MEDA 14	(B) upon arrival at DESTINATION NO <input type="checkbox"/> SI <input type="checkbox"/> Action: → <input style="width:150px;" type="text"/>	
MEDA 15	Other remarks or information in the interest of your Customer's smooth and comfortable transportation: NO <input type="checkbox"/> SI <input type="checkbox"/> Specify: (see note xx) → <input style="width:150px;" type="text"/>	
MEDA 16	Other arrangements made by the attending Physician:	
<p>NOTA (x) CABIN ATTENDANTS ARE NOT AUTHORIZED TO GIVE SPECIAL ASSISTANCE TO PARTICULAR CUSTOMERS TO THE DETRIMENT OF THEIR SERVICE TO OTHER CUSTOMERS. CARRIER-PROVIDED SPECIAL EQUIPMENT ARE TO BE PAID BY THE CUSTOMER CONCERNED. ADDITIONALLY, THEY ARE TRAINED AND ENTITLED ONLY IN FIRST AID.</p> <p>NOTA (xx) FEES, IF ANY, RELEVANT TO THE PROVISION OF THE ABOVE INFORMATION AND FOR PARTICULAR CUSTOMERS TO THE DETRIMENT OF THEIR SERVICE TO OTHER CUSTOMERS. CARRIER-PROVIDED SPECIAL EQUIPMENT ARE TO BE PAID BY THE CUSTOMER CONCERNED.</p>		
PLACE	DATE	ATTENDING PHYSICIAN'S SIGNATURE
<p>CUSTOMER'S DECLARATION I HEREBY AUTHORIZE..... (name of nominated physician)..... to provide the airlines with the information regarding my health status in view of my air journey, thereof I hereby relieve that physician of his/her professional duty of confidentiality in respect of such information, and agree to meet such physician's fees in connection therewith.</p> <p>I take note that, if accepted for carriage, my journey will be subject to the general conditions of carriage/tariffs of the carrier concerned and that the carrier does not assume any special liability exceeding those conditions/tariffs.</p> <p>I agree to reimburse the carrier upon demand for any special expenditures or costs in connection with my carriage (Where needed, to be read by/to the customer, dated and signed by him/her or on his/her behalf).</p>		
PLACE	DATE	CUSTOMER'S SIGNATURE

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A	Name, initials, sex of the Customer							
B	Proposed itinerary: Airline/s, flight's number, date/s, class/es, segment/s, reservation/s status of continuous air journey.				Note: advise the Customer that the transfer from one flight to an other may require longer connecting time			
C	Type of required / necessary assistance	WCHR <input type="checkbox"/>	WCHC <input type="checkbox"/>	DEAF <input type="checkbox"/>			OXYG <input type="checkbox"/>	MEDA <input type="checkbox"/>
		WCHS <input type="checkbox"/>	BLND <input type="checkbox"/>	BLND/DEAF <input type="checkbox"/>	STCR <input type="checkbox"/>	PREG <input type="checkbox"/>		
D	Needs stretcher on board	NO <input type="checkbox"/>	YES <input type="checkbox"/>	Fill in the Session "E"		Note: inform the Customer of the rate if unknown		
E	Needs Escort	NO <input type="checkbox"/>	YES <input type="checkbox"/>	Name, initials, sex, age of the Escort		Note: ask the blind and/or deaf or WCH Customer if He/She has a trained dog (to/from USA only: emotional support dogs) NO <input type="checkbox"/> YES <input type="checkbox"/>		
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F	Needs wheelchair	Has own wheelchair	Collapsible wheelchair	Power driven wheelchair	Spillable battery wheelchair	Note: inform the Customer of the rules concerning the transport of His/Her type of wheelchair fixed by the Airline/s and Countries involved in the whole journey.		
	NO <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> YES <input type="checkbox"/>			
G	Needs ambulance	To be arranged by Airline/s:				Note: inform the Customer of the rate if unknown		
	NO <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> ambulance Company contact YES <input type="checkbox"/> place/address of the Customer at final destination						
H	Needs other ground arrangements	Specify below and indicate for each item: A - the arranging Airline or other Organisation B - at whose expense C - the Contact address/phone where appropriate, or whenever specific persons are designed to meet/assist the Customer						
1	At airport of departure							NO <input type="checkbox"/> YES <input type="checkbox"/>
2	At connecting points							NO <input type="checkbox"/> YES <input type="checkbox"/>
3	At airport of arrival							NO <input type="checkbox"/> YES <input type="checkbox"/>
4	Other requirements and/or information							NO <input type="checkbox"/> YES <input type="checkbox"/>
K	Needs special in flight arrangements (special meals, special equipment, etc)	See/fill in the 2 and 4 pages, and describe/indicate for each item: A - segment/s on which required B - Airline-arranged or arranging third party C - at whose expense						
	NO <input type="checkbox"/> YES <input type="checkbox"/>							
L	The Customer holds a FREMEC card (Frequent Traveller's Medical Card) valid for this trip							
	NO <input type="checkbox"/>		His/her Physician must fill in the 2 and 4 pages					
	YES <input type="checkbox"/>		indicate below FREMEC data					
	<input style="width: 150px; height: 20px;" type="text"/> FREMEC number	<input style="width: 150px; height: 20px;" type="text"/> Issued	<input style="width: 150px; height: 20px;" type="text"/> Valid until	<input style="width: 50px; height: 20px;" type="text"/> Age				
	Place	Date	Alitalia Agent's signature					

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	of first symptoms:	of operation:
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MEDA 08	Can Customer take care of his own needs on board UNASSISTED (including meals, visit to toilet, etc)? (see note x) YES <input type="checkbox"/> NO <input type="checkbox"/> → <input style="width: 100px; height: 20px;" type="text"/> <small>Specify type of escort proposed by you</small>	
MEDA 09	If to be ESCORTED, is the arrangement satisfactory to you as indicated at page 1 point E? YES <input type="checkbox"/> NO <input type="checkbox"/> → <input style="width: 100px; height: 20px;" type="text"/> <small>Specify type of escort proposed by you</small>	
MEDA 10	Does Customer need EXTRA OXYGEN equipment in flight? (if yes, state rate of flow) (see note xx) NO <input type="checkbox"/> YES <input type="checkbox"/> → Litres per minutes → <input style="width: 40px;" type="text"/> Continuous? NO <input type="checkbox"/> SI <input type="checkbox"/>	
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MEDA 12	(B) on board of the AIRCRAFT: NO <input type="checkbox"/> SI <input type="checkbox"/> Specify: → <input style="width: 100px; height: 20px;" type="text"/>	
MEDA 13	Does Customer need HOSPITALIZATION? (If yes, indicate arrangements made or if none were made, indicate "No ACTION TAKEN") (A) during long layover or nightstop a CONNECTING POINTS en route NO <input type="checkbox"/> SI <input type="checkbox"/> Action: → <input style="width: 100px; height: 20px;" type="text"/>	
MEDA 14	(B) upon arrival at DESTINATION NO <input type="checkbox"/> SI <input type="checkbox"/> Action: → <input style="width: 100px; height: 20px;" type="text"/>	
MEDA 15	Other remarks or information in the interest of your Customer's smooth and comfortable transportation: NO <input type="checkbox"/> SI <input type="checkbox"/> Specify: (see note xx) → <input style="width: 100px; height: 20px;" type="text"/>	
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PLACE	DATE	ATTENDING PHYSICIAN'S SIGNATURE
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PLACE	DATE	CUSTOMER'S SIGNATURE

<p>ATTACHMENT to Pag. 2 to be delivered to the ATTENDING PHYSICIAN</p>	<p>STANDARD MEDICAL INFORMATION FORM FOR AIR TRAVEL</p>
	<p>Clinical contra-indications for transportation by airlines of customers requiring special assistances</p>
<p>In order to determine if the customer can travel by air on the flight indicated in PAGE 1 of this form some of the phenomena connected with the flight should be pointed out.</p> <p>a) Pressurization of the cabin may equal the maximum external pressure of 2450 metres (approx 8000 feet), pressurization occasionally reached by our aircrafts and for very short laps of time, at this altitude the oxygen partial pressure has a decrease about 25-30% (relative hypoxia). However, it may be felt and may cause disturbances to a person whose mechanism for adapting to this change have been impaired. Lowering of the pressure in the cabin causes an expansion of the gas contained in the cavities of the organism. Usually customer do not notice this increase in volume. Customer may be aware of this gas expansion especially for the rapidity of take-off, which is never more than 200 mt. for minute, with which variation of the altitude within the cabin is brought about. On board aircraft the most important physiological factor to be considered is deemed to be the moderate atmospheric depression during the flight.</p> <p>b) Acceleration, at time of take-off, increases at a maximum of 0.3 "g". This phenomenon is also noted only minimally by the customer. Customer may however feel a certain discomfort connected with his type of illness. Acceleration, in fact, causes a rather slight hemodynamic movement. If the acceleration is added to the movement caused by turbulence and to psychological factors, a "motion sickness" may be caused.</p> <p>c) The atmospherical luminosity is intense and may sometimes induce lachrymation and cojunctival hyperaemia in persons with sensitive eyes. The use of eyeglasses with dark lenses may be an appropriate preventive measure in this case.</p> <p>d) The variation in the time zones are considerable for intercontinental flights. For example, an aircraft take approximately 8 hours to fly from Rome to New York and with the variations in time, caused by crossing time zones, the passenger's day is 30 hours instead of 24. For the return trip the day is reduced to 18 hours. The change in climate has its importance.</p> <p>Sometimes in only a few hours' time it is possible to go from an equatorial climate into temperate or cold zones without allowing time for the organism to adapt physiologically the change.</p> <p>A change of altitude sometimes has a particular significance. For example, in case of a trip to Nairobi (1800) mt the altitude on arrival may be higher than that created by the pressurization upon departure from Rome. The rapidity with which these factors vary should always be taken into consideration of the above, in the clinical cases specified below, air travel is generally not advised for customers who:</p> <ol style="list-style-type: none"> 1) are in severe cardiac conditions such as: severe cardiac decompensation or recent coronary thrombosis, myocardical infarction. Customers in these conditions are not usually acceptable within six weeks following a very serious "attack"; 2) have undergone a treatment involving introduction of gas, such as a recent pneumothorax, or introduction of air in the nervous system for ventricularlagraphics, pneumomediastinum, pneumoperitoneum, etc.; 3) are suffering from mental illness and/or nervous disorders which require more intensive tranquillizers and are not accompanied and particular measures are taken; 4) have severe cases of otitis media with occlusion of the Eustachian tube; 5) have severe cases of contagious or infectious disease; 6) are suffering from repulsive or contagious skin disease; 7) are recent cases of poliomyelitis, unless a month has passed since the attack. Any stage of bulbar poliomyelitis; 8) have large tumors in the thoracic cavity, a severe hernia not supported, intestinal occlusion, illnesses with consequent high endocranic pressure, skull fracture, and persons suffering from a recent fracture of the mandibole with a permanent ligament; 9) are recent surgical cases where the wound has not healed sufficiently; 10) pregnant passengers in the 7 days preceding delivery and recent mothers in their 7 days following delivery; 11) premature babies or babies born less than 7 days 	