

## Attachment form "B" INFORMATION FOR THE PHYSICIAN

### Clinical contra-indications for transportation by Airlines of customer requiring special assistance

In order to determine if the customer can travel by air on the flight indicated in the form A and prior to complete the MEDIF form B part 1 and 2, some of the phenomena connected with the flight should be pointed out:

- a) Pressurization of the cabin may equal the maximum external pressure of 2450 meters (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:
- b) The acceleration, at takeoff, increases to maximum of 0.3 "g". Although this phenomenon is poorly perceived by the passenger, however, the passenger may feel some discomfort related to the type of disease that affects him/her. The acceleration induces, in fact, a shift hemodynamically rather mild. If the acceleration is added to the movement induced by a possible turbulence and psychological factors, you may have the onset of "motion sickness".
- c) The brightness of the atmosphere is intense, and sometimes may induce a state of lacrimation and conjunctival hyperemia in subjects with visual apparatus sensitized. The use of tinted lenses may constitute a means estimate appropriate.
- d) Changes in the time zone for intercontinental air travel may be relevant. For example, a flight from Rome to New York takes about 8 hours and with the changes in time zone the day the passenger is 30 hours instead of 24. On the return trip the day is reduced to 18 hours. Climate change plays a role. Sometimes in a few hours you can go from an equatorial climate with temperate or cold, without which the body has had time to reach a physiological adaptation. Moving elevation sometimes has a special meaning. In the case, for example, of a trip to Nairobi (1800 meters about 5905,512 feet) the portion of arrival can be higher than that of pressurization created on departure from Rome. The speed of change in these factors is believed to have always considered so attentive to the sick.

In view of the above, air travel is contraindicated for passengers who have the clinical conditions specified below:

- 1) have a serious heart condition such as:
  - a. severe heart failure or recent coronary thrombosis,
  - b. myocardial infarction.Passengers in these conditions are not acceptable within four weeks of the acute episode.
- 2) they have undergone injections of gas, such as pneumothorax or introduction of air in the nervous system for ventriculography, pneumomediastinum, pneumoperitoneum, etc.
- 3) are mentally ill and / or nervous system, which require major tranquilizers and that are unaccompanied  
For passengers with cognitive, intellectual or developmental disabilities (identified in air transport by the DPNA code), a specialist in neurology, psychiatry or neuro-psychiatry is required to determine the possibility for the passenger to travel alone or accompanied, any therapy to be carried out pre- and during the flight and the type of escort necessary related to the duration of the trip.
- 4) are affected by otitis media with obstruction of the Eustachian tube
- 5) are suffering from infectious or communicable diseases
- 6) are suffering from contagious skin diseases or repulsive
- 7) have been recently affected by poliomyelitis (less than 30 days after the episode of acute illness). Any stage of bulbar polio
- 8) they are suffering from large tumors in the chest cavity, not sustained serious hernia, intestinal obstruction, diseases resulting in increased intracranial pressure, skull fractures, and those who present a recent fracture of the jaw
- 9) exhibit insufficient resistance of the surgical scar after recent surgery
- 10) passing to have them in the seven days preceding the birth and mothers within 7 days following delivery.
- 11) premature babies or born less than 7 days
- 12) are suffering from diseases caused by hypercoagulability 'blood without being anti-thrombotic therapy (e.g. Ictus)
- 13) Diabetic passengers who were admitted to hospital in the 30 days prior to the flight.  
Note For information about diabetic passengers and general information about passengers for whom special assistance is provided, please review the "Special Assistance" section of the Alitalia.com

If the physician, who compiles the MEDIF and authorizes air travel, deems it appropriate to receive assistance in the preparation of the document, ALITALIA provides a medical advice service in Aeronautical Medicine, which can be reached by e-mail at [INFOMEDIF@alitalia.com](mailto:INFOMEDIF@alitalia.com). This service respects the following times:

- from Monday to Friday, from 9:00 a.m. to 5:00 p.m. GMT Rome, Italy

Note: to allow the correct performance of the advisory service, every communication must be in ITALIAN or ENGLISH language

**MODULO "B 1" INFORMATION SHEET FOR PASSENGER REQUIRING MEDICAL CLEARANCE**

**PMR customers who need Medical clearance to fly** must present, beside this form (part 1 and 2) filled, signed and stamped by customer's attending physician and signed by the customer or representative, form A "Information sheet for customer requiring special assistance" too.

The personal information you provide will be used exclusively to provide transportation and related services to be specific needs you represent. For the processing of your data will be used both electronic and manual means taking all appropriate security measures to ensure confidentiality and data integrity. The data controller is ALITALIA S.p.A. in extraordinary administration with registered office in: Fiumicino Via Nasseti s.n.c. "Alfa" building – 00054 Fiumicino (RM) Italy. To exercise the rights pursuant Reg EU 2016/679 you can also contact the Data Protection Officer – mail: [dpo@alitalia.com](mailto:dpo@alitalia.com) or the data controller in the Legal Head Office.

**MUST BE COMPUTER-FILLED BY THE ATTENDING PHYSICIAN**

**Answer all questions and put a X on the boxes. Return the form to: Alitalia Contac Center**

1. **Patient First name/name** \_\_\_\_\_  
Age \_\_\_\_\_ Sex \_\_\_\_\_ Nationality \_\_\_\_\_ Height cm \_\_\_\_\_ Weight Kg \_\_\_\_\_
2. **Physician (First name/Name)** \_\_\_\_\_  
Address/Hospital: \_\_\_\_\_ Ward phone \_\_\_\_\_  
Phone contact number (+ prefix) preferably mobile phone \_\_\_\_\_ Surgery: \_\_\_\_\_
3. **Diagnosis in details** (including date of onset of current illness, episode or accident and treatment)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Is the illness contagious? Yes  No   
Nature and date of any recent and/or relevant surgery \_\_\_\_\_  
\_\_\_\_\_
4. **Current symptoms and severity** \_\_\_\_\_  
\_\_\_\_\_
5. **Will a 25% to 30% reduction in the ambient partial pressure of oxygen (relative hypoxia) affect the passenger's medical condition?** (Cabin pressure to be equivalent of a fast trip to a mountain elevation of 2400 meters – 8000 feet – above sea level):  
Yes  No  Not sure  Can be equivalent
6. **Additional clinical information**
  - a. Anemia Yes  No  If yes, give recent result of hemoglobin levels \_\_\_\_\_
  - b. Psychiatric and seizure disorder Yes  No  If yes, fill in form B 2 section 3
  - c. Cardiac condition Yes  No  If yes, fill in form B 2 section 1
  - d. Normal bladder control Yes  No  If no, give mode of control \_\_\_\_\_
  - e. Normal bowel control Yes  No
  - f. Respiratory condition Yes  No  If yes, fill in form B 2 section 2
  - g. Does the patient use oxygen therapy at home? Yes  No  If yes, specify how much \_\_\_\_\_
  - h. Does the patient need oxygen in flight? Yes  No  If yes, specify flow per minute l/m \_\_\_\_\_
  - ii. Does the patient use is own POC on board? Yes  No  If yes, specify how much \_\_\_\_\_
7. **Escort:**
  - a. Is the patient fit to travel unaccompanied? Yes  No
  - b. If no, would the assistance of the carrier to embark/disembark be sufficient? Yes  No
  - c. If no, does the patient have a private assistant to take care of his/her needs onboard (medicine, meal, toilette)? Yes  No
  - d. If yes, who should escort the patient?  Doctor  Nurse  Other
  - e. If other, is the assistant fully capable to attend to all the above needs? Yes  No
8. **Mobility**  
Is the patient able to walk without assistance? Yes  No ; Wheelchair required for boarding to aircraft  to seat
9. **Seating** Can patient use normal aircraft seat? Yes  No  If the answer is no, the travel will be on a stretcher
10. **Medication list needed for the flight** \_\_\_\_\_  
\_\_\_\_\_
11. **Other medical information** \_\_\_\_\_  
\_\_\_\_\_

**12. Cardiac condition**

- a. **Angina** Yes  No  When was last episode? \_\_\_\_\_  
 Is the condition stable? Yes  No   
 Functional class of the patients: No symptoms  Angina: with important effort  with light efforts  at rest   
 Can the patient climb 10 – 12 steps without symptoms? Yes  No
- b. **Myocardial infarction** Yes  No  Date \_\_\_\_\_  
 Complications? Yes  No  If yes, give details \_\_\_\_\_  
 Stress EKG done? Yes  No  If yes, what was the result? \_\_\_\_\_  
 If angioplasty or coronary bypass, can the patient climb 10 – 12 steps without symptoms? Yes  No
- c. **Cardiac failure** Yes  No  When was last episode? \_\_\_\_\_  
 Is the patient controlled with medication? Yes  No   
 Functional class of the patient: No symptoms  shortness of breath with: important efforts  light efforts  at rest
- d. **Syncope** Yes  No  When was last episode? \_\_\_\_\_  
 Investigations? Yes  No  If yes, state result \_\_\_\_\_

**13. Patologie polmonari croniche** Yes  No

- a. Has the patient had recent arterial gases? Yes  No
- b. Blood gases were taken on: in ambient air  room air oxygen  other  if other, how? \_\_\_\_\_  
 Result: pCO2: \_\_\_\_\_ pO2 \_\_\_\_\_  
 Does the patient retain CO2? Yes  No   
 Has patient condition deteriorated recently? Yes  No   
 Can the patient walk 10 – 12 steps without symptoms? Yes  No   
 Has the patient ever taken a commercial aircraft in these same conditions? Yes  No

**14. Psychiatric disorder** Yes  No

(If yes also attach the medical opinion, written on one of the following specialist's prescription pad: Neurologist/ Psychiatrist /Neuro-Psychiatrist unless the compiler is such a specialist) I'm a specialist in one of following:  Neurology;  Psychiatric;  Neuro-Psychiatric

Therefore, I declare that the passenger is Eligible  Not eligible  to the air travel in relation with the duration of the flight. Flight length hrs....

- a. Is there a possibility that the patient will become agitated during flight? Yes  No  Has the patient taken a comm. flight before? Yes  No   
 If yes, give date of travel \_\_\_\_\_ Can the patient travel alone? Yes  No  If no, who is the escort? Indicate qualification:  
 Doctor  Nurse  Other \_\_\_\_\_ Name: \_\_\_\_\_ phone \_\_\_\_\_

**15. Seizure** Yes  No

- a. What type of seizures? \_\_\_\_\_  
 b. Frequency of the seizures? \_\_\_\_\_  
 c. When was the last seizure? \_\_\_\_\_  
 d. Are the seizures controlled by medication? \_\_\_\_\_

**16. Prognosis for the trip?** GOOD  UNFAVORABLE  if good:

Is a new MEDIF required for the return flight: Yes  No  Expected return date \_\_\_\_\_

I declare I have taken full view of the form "Information for the physician". I declare under my responsibility to have undergone to medical examination Mr/Mrs \_\_\_\_\_ and at the same time to have seen the medical records, verifying that his/her medical conditions permit him/her to face the flight. I ensure that I will inform Alitalia – well in advance of the day of departure – of any change in MR/MRS \_\_\_\_\_ health which might affect the safe execution of air transport.

**Physician signature and stamp** \_\_\_\_\_ **Place and date** \_\_\_\_\_

Alitalia reserves the possibility, through its Medical Department, to verify the health conditions declared in the MEDIF and to deny booking/boarding if there can be a risk for the safety and regularity of the flight and/or the safety or health of the crew and/or passengers, or if the required assistance cannot be provided.

**Note:** Cabin attendants are not authorized to give special assistance to a passenger, to the detriment of the service offered to other customers. They are trained only in first aid and are not permitted to administer any injection, or to give medication. They can help passengers to open meal packages and accompany them to the restroom door, but cannot assist them with eating or taking medication, nor assist them inside the toilet. To perform such functions, it is highly recommended a personal care attendant.

**Important:** Fees, if any, relevant to the provision of the above information and for carrier-provided special equipment are to be paid by the customer concerned. For customers own equipment inform Alitalia **at least 48 prior to flight departure** in order to verify if they can be boarded and used safely.

**Customer or representative.**

Based on the statements made in this Form (Part B1 and B2), with regard to the reported diseases, I shall bear the risk of possible damage to health caused by the air transport requested, already by relieving the carrier, its employees, operators and agents of any consequential liability.

**I hereby authorize (physician name)** \_\_\_\_\_ **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.

I take note of information received by the information given by the Owner, I hereby give my agreement to process all personal data and /or sensitive information necessary to perform the functions described above.

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.

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).

**Customer or representative signature:** \_\_\_\_\_ **Place and date** \_\_\_\_\_