



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.

All PRM Customers who need a medical authorisation 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 doctor; the same pages must have the sign of the Customer.

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

The above requested data will be treated by Alitalia 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

Note: 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"/>	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 Section "E"		Note: inform the Customer of the rate if unknown
E	Needs Escort 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)	NO <input type="checkbox"/>	YES <input type="checkbox"/>	Name, initials, sex, age of the Escort		Note: ask the blind and / or deaf Customer if He / She has a trained dog NO <input type="checkbox"/> YES <input type="checkbox"/>
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 hold a FREMEC card (Frequent Traveller's Medical Card) valid for this trip					
	NO <input type="checkbox"/>		His/Her doctor must fill in the 2 and 4 pages			
	YES <input type="checkbox"/>		indicate below FREMEC data			
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	FREMEC number	Issued	Valid until	Age		
	Place	Date	Alitalia Agent's signature			

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<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. The consequent "ipossia" is minimal on a person in good health. 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 per 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 conjunctival 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 takes 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 to 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, obviously for sick passengers. In 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 four 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 ventricular graphics, pneumomediastinum, pneumoperitoneum, etc.; 3) are suffering from mental illness and/or nervous disorders which require more intensive tranquilizers 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