

MEDICAL INFORMATION FORM FORM B part 1- 2– to be filled in by the physician

Attachment form “B”

INFORMATION FOR THE PHYSICIAN

Clinical contraindications for transportation by Airlines of customer requiring special assistances

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.

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 medical advice is required to determine the possibility for the passenger to travel alone or accompanied, about 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 general information about passengers for whom special assistance is provided, please review

[FAQ - Frequent Asked Questions | Aeroitalia](#)

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

FORM "B 1" INFORMATION SHEET FOR PASSENGER REQUIRING MEDICAL CLEARANCE

PRM passengers who require medical clearance on the flight must submit, in addition to this form (part 1 and part 2) completed and signed by the attending physician and signed by the client or his representative/delegate, also form A "Information for customers requiring special assistance".

Information pursuant to art. 13 of Regulation EU 2016/679 - The personal data provided by you will be processed exclusively for the purpose of providing transport and services related to the specific needs you represent. For the processing of your data, both electronic and manual tools will be used, adopting all appropriate security measures to ensure the confidentiality and integrity of the data. The Data Controller is AEROITALIA SRL. For the exercise of rights pursuant to art. 7 may contact the Data Protection Officer.

MUST BE FILLED BY THE ATTENDING PHYSICIAN:

Answer all questions and put a X on the boxes. Return the form to Aeroitalia Contact Center

1. Patient First name/name _____
Age _____ Sex _____ Nationality _____ Height cm _____
Weight Kg _____

2. Physician (First name/Name) _____
Address/Hospital: _____
Phone contact number (+ prefix) preferably mobile phone _____

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 informations

- 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 14 and 15
- c. Cardiac condition Yes ☐ No ☐ If yes, fill in form B 2 section 12
- 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 13
- 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 on board (medicine, meal, toilette)?
Yes ☐ No ☐
- d. If yes, who should escort the patient? ☐ Doctor ☐ Nurse ☐ Other
- e. If other, the assistant MUST be fully capable to attend to all the abov needs.
Who is the escort? _____

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 _____

Aeroitalia S.r.l.

Partita I.V.A: 16340701008 Iscrizione Registro Imprese C.C.I.A.A. n° 16340701008

Capitale Sociale: € 9.063.790 i.v.

Sede Legale: Via Andrea Mantegna,8 -00054 – Fiumicino (RM)

Sede Operativa: Via Andrea Mantegna,8 -00054 - Fiumicino (RM)

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FORM "B 2" INFORMATION SHEET FOR PASSENGERS REQUIRING MEDICAL AUTHORIZATION

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. Chronic lung diseases 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 ☐

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 Aeroitalia in advance of the day of departure about any change in MR/MRS _____ health which might affect the safe execution of air transport.

Physician signature and stamp _____

Place and date _____

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ANNEX TO FORM "B"
DISCLAIMER

Aeroitalia reserves the right to verify the health conditions declared in MEDIF and deny the booking/boarding if due to these it sees dangers for the safety and regularity of air transport, the safety and health of crews and passengers or if the assistance requested cannot be provided.

Note: Flight attendants are not allowed to provide special assistance to a particular customer, to the detriment of the service offered to other customers. Flight attendants are trained and licensed only for first aid operations and are not allowed to administer injections or drugs. They can open food packages, but not feed the patient, they can accompany him to the toilet but not inside, for these functions a personal assistant is strongly recommended.

Important: any fees, both for the above information and for special equipment provided by the carrier, are to be paid by the customer concerned. For customer-owned equipment, inform Aeroitalia at least 48 hours before the flight to check if it can be boarded and used safely.

Statement by the customer or his delegate/representative.

In accordance with the statements made on this form (part B1 and B2) concerning the/and reported/and/or disease, I assume the sole risk of any damage to health caused by the requested air transport, and hereby lift the carrier, its employees, agents and agents from any and all consequent liability.

I authorize (insert name of doctor) _____ to provide the Airline with information regarding health status in view of air travel, for which reason I hereby relieve my attending physician from his professional duty of confidentiality with regard to this information, and I agree to pay your fees.

Having taken note of the information received through the information provided by the Data Controller, I hereby consent to the processing of all personal and/or sensitive data necessary for the performance of the functions described above. I acknowledge that, if accepted for carriage, my trip will be subject to the General Conditions of Carriage and the tariff regulations of the carrier concerned and that the carrier does not assume any responsibilities beyond those provided for by the above mentioned conditions of carriage and tariff regulations. I agree to reimburse the carrier, upon request, for all special expenses or costs in connection with my transport.

Signature of the client or his delegate/representative _____

Place and date _____

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