

FORM FOR HEALT INFORMATION FOR AIR TRAVEL

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 "information sheet for customer requiring special assistance" and prior to complete the MEDIF, sheet "B" part B1 and B2 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 , on the occasion of the flight , increases to maximum of 0.3 "g ". Although this phenomenon is poorly perceived by the passenger. The passenger may feel , however , some discomfort related to the type of disease that affects .
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 mt) 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, for the clinical conditions specified below, air travel is generally contraindicated for passengers:

- 1) have a serious heart condition such as:
 - severe heart failure or recent coronary thrombosis
 - myocardial infarction. Passengers in these conditions are generally not acceptable within four weeks of acute episode.
- 2) they have undergone injections of gas, such as pneumothorax or introduction of air in the nervous system for ventric urography, pneumomediastinum, pneumoperitoneum, etc.
- 3) are mentally ill and / or nervous system, which require major tranquilizers and that are not accompanied.
- 4) are affected by otitis media with obstruction of the Eustachian tube.
- 5) are suffering from an infectious or communicable.
- 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) or premature babies born less than 7 regions
- 12) are suffering from diseases caused by hypercoagulability 'blood without being anti-thrombotic therapy.

MODULO "B 2" INFORMATION SHEET FOR PASSENGERS 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. with registered office in: Fiumicino Via Nasseti s.n.c. "Alfa" building – 00054 Fiumicino (RM). To exercise the rights pursuant art. 7 you can also contact the owner at the following e-mail: privacy@alitalia.it

TO BE COMPLETED IN BLOCK LETTERS OR COMPUTER (on: www.alitalia.com) BY THE ATTENDING PHYSICIAN

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

1. 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 _____

2. 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

3. Psychiatric disorder Yes No

- a. Is there a possibility that the patient will become agitated during flight? Yes No
- b. Has the patient taken a commercial flight before? Yes No
If yes, give date of travel _____ Did the patient travel Alone? Accompanied?

4. 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? _____

5. Prognosis for the trip? Good Poor

Physician signature and stamp _____ **Place and date** _____

Note: Cabin attendants are not authorized to give special assistance to particular passengers, they are trained only in first aid and are not permitted to administer any injection, or to give medication. Possono aprire le confezioni di cibo, ma non alimentare il paziente, possono accompagnarlo fino alla toilette ma non all'interno, per queste funzioni è fortemente raccomandato un assistente personale.

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 equipments inform Alitalia in order to verify if they can be boarded and used safely.

Customer or representative. 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.

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** _____