

HEALTH INFORMATION FORM FOR AIR TRAVEL

Clinical Contraindications in the case of scheduled flights for passengers requiring special assistance

In order to determine whether the customer is fit for air travel and before completing the INCAD form (always) and/or MEDIF form (only in case of temporary disabilities), some phenomena relating to flying need to be taken into consideration :

- A) The external altitude of the plane can exceed 2450 metres (about 8000 feet), an altitude that is however only occasionally reached by our aircraft for very short periods of time and at which the partial pressure of oxygen is reduced by 25-30% (relative hypoxia). This situation can be perceived by and cause discomfort to a passenger who has compromised adaptation mechanisms. Depression in the cabin induces a dilation of gas in the cavity of the body. Passengers are not normally affected by this increase in volume. It is nonetheless possible that a passenger, especially as a result of rapid take-off which in any case never exceeds 200 m/minute, experiences the phenomenon of gas expansion caused by the sudden variation in altitude in the cabin.

On a scheduled flight, the main physiological factor to consider is the slight atmospheric pressure inside:

- B) Acceleration, when flying, increases to a maximum of 0.3 "g". This phenomenon is also barely perceived by the passenger. The passenger may, however, feel a certain discomfort should he or she have a certain type of illness. Acceleration, in fact, induces mild emodynamic displacement. If acceleration is combined with the movement induced by possible turbulence and psychological factors, the passenger may experience "motion sickness".
- C) The brightness of the atmosphere is intense, and can sometimes induce a state of tearing and conjunctival hyperemia in subjects with a sensitised visual system. The use of dark lenses can be an appropriate preventative measure.
- D) Variations in time zone in the case of intercontinental air travel can be significant. For example, a plane from Rome to Havana takes about 10 hours and, due to changes in the time zone, a day for the passenger is 30 hours instead of 24. On the return journey, the day is reduced to 18 hours. A change in climate also plays a part. Sometimes a flight can take you, in just a few hours, from an equatorial climate to a temperate or cold climate without the body having time to adapt physiologically. Altitude displacement can similarly have a particular effect. In the case, for example, of a trip to Nairobi (1800 m), the altitude upon arrival may be higher than that of pressurisation created upon departure from Rome. The rapidity of variation of these factors should always be considered with care in the case of those who are sick.

In view of the above and with regard to the following clinical situations, air travel is generally not advised for passengers who:

- 1) have experienced severe cardiac conditions such as:
 - severe heart failure or recent coronary thrombosis
 - heart attacks. Passengers in these conditions are generally not allowed to travel within four weeks of the acute episode.
- 2) have undergone gas ingestion, such as pneumothorax, or introduction of air into the nervous system for ventriculography, pneumomediastin, pneumoperitoneum, etc.
- 3) are affected by mental illness and/or diseases of the nervous system, which require major tranquilisers and travel unaccompanied.
- 4) are affected by otitis media with occlusion of the Eustachian tube.
- 5) have infectious or transmissible diseases.
- 6) are affected by repulsive or contagious diseases of the skin.
- 7) have recently been affected by poliomyelitis (less than 30 days after the acute episode of the disease). Any stage of bulbar polio.
- 8) are affected by large tumors in the chest cavity, a severe non-sustained hernia, intestinal occlusion, diseases resulting in increased endocranial pressure, or skull fractures, or have sustained recent fracture of the mandible.
- 9) have a surgical scar of insufficient resistance due to recent surgical interventions.
- 10) are likely to give birth within 7 days or have given birth 7 days previously.
- 11) are prematurely born or were born less than 7 days previously and are affected by blood-coagulatory disorders and are not currently receiving anti-thrombotic therapy.

FORM A: INCAD / always to be completed by customers who require assistance at the airport

This form must be completed in BLOCK CAPITALS.

Information pursuant to Article 13 of Legislative Decree 196/2003 - The personal data you provide will only be processed in order to provide transportation and services related to your specific needs. The personal data will be processed using both electronic and manual tools, in compliance with all security measures required to guarantee confidentiality and integrity. The data controller is BLUE PANORAMA AIRLINES SPA with registered office at Via delle Arti, 123 - 00054 Fiumicino (RM).

A Name and surname:

Address:

Telephone:

B Flight number:

Flight route:

PNR:

C Do you require a wheelchair?

Yes No

Wheelchair categories:

Own wheelchair

Folding

Electric

Sealed battery*

WCHR – Passenger capable of ascending/descending the stairs independently

Yes No

WHCS – Passenger capable of ascending/descending the stairs independently

Yes No

WCHC – Fully immobile passenger**

Yes No

* For wheelchairs with sealed batteries, special restrictions are applied by airlines and countries.

** Assistance on board essential

D Passenger's autonomy:

Does the passenger require additional oxygen supply?

Yes* No

Is the passenger able to feed him or herself?

Yes No

Is the passenger able to move independently from the seat to the on-board wheelchair?

Yes No

Is the passenger able to communicate with the cabin crew and understand their warnings/instructions? Yes No

Is the passenger able to use the toilet facilities by him or herself?

Yes No

Is the passenger able to administer his or her own medication without assistance?

Yes No

If the passenger is unable to meet all of the above mentioned requirements, he or she automatically falls into the WCHC category and the company therefore requires an accompanying person on board who can provide the necessary assistance.

* It is only permitted to bring on board -POC- devices authorised by ENAC (as per LG-2013/3 ED. 1, November 26, 2013)

E Necessity of special services during the flight:

- special meals

Yes No

- special seats

Yes No

- extra seat(s)

Yes No

- special equipment

Yes No

- other services to be specified below

Yes No

F Other requests and/or relevant information:

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Passenger declaration (to be completed for a trip involving different airlines or at the request of Blue Panorama AirLines SPA)

I, the undersigned, hereby authorise _____ (name of the appointed doctor) to provide the airline companies with the information required by their medical divisions in order to determine my fitness for air travel, and in that regard I, the undersigned, relieve the doctor from the professional obligation of confidentiality with regard to such information and agree to pay the doctor the corresponding fees.

I understand that, if I am deemed fit for travel, my trip will be subject to the general terms of carriage/fares of the carrier and that the carrier does not assume any special liability outside of these conditions/fares.

I am prepared, at my personal risk, to deal with the possible consequences that air travel may have on my health and relieve the carrier, its employees and agents from any liability whatsoever. I agree to repay the carrier, on request, any special expenses or costs incurred for my travel.

* (If required, this must be read by the passenger, dated and signed by him/her or on his/her behalf).

Place and Date:

Signature of the Passenger

FORM B/1: MEDIF to be completed by the doctor in the case of temporary disabilities

Please return the form completed in BLOCK CAPITALS and signed.

This form is intended to provide confidential information allowing the Airline's Medical Division to assess the passenger's fitness to travel as indicated in Part 1. If the passenger is accepted, this information will be used to ensure assistance and comfort for the passenger. The doctor of the disabled passenger must answer all the questions. Make a cross (X) in the "yes" or "no" box and/or provide accurate answers.

1 Name and Surname:

Date of birth:

Gender:

Height:

Weight:

2 Name and surname of the doctor:

Address:

Phone number:

email:

3 Detailed diagnosis (including start date of the current illness, episode or accident and treatment):

The disease is contagious:

Yes No

4 Current symptoms and severity:

5 Can a partial reduction in oxygen pressure in the environment, of between 25% to 30% (relative hypoxia), affect the condition of the patient? (the pressure in the cabin is the equivalent of rapid ascent up a mountain to a maximum height of 2400 m asl)

Yes

No

Not sure

It may be

equivalent

6 Additional clinical information:

a. Anaemia
levels:

Yes No

If yes, write the results of the haemoglobin

b. Psychiatric Disorders or Epilepsy

Yes No

If yes, complete part B/2 point 3

c. Critical heart conditions

Yes No

If yes, complete part B/2 point 1

d. Normal bladder control

Yes No

If no, indicate how it is controlled:

e. Normal bowel control

Yes No

f. Breathing difficulties

Yes No

If yes, complete part B/2 point 2

g. Does the patient use oxygen therapy at home?

Yes No

If yes, indicate how much:

h. Does the patient require oxygen on board?

Yes No

If yes, indicate L/M:

i. Does the patient use his or her own oxygen concentrator on board?

Yes No

If yes, indicate how much:

7 Accompanying passenger:

- a. Is the patient able to travel alone? Yes No
- b. If no, is assistance with boarding/disembarking sufficient? Yes No
- c. If no, does the patient have an accompanying person able to take care of his/her needs on board? Yes No
- d. If yes, who accompanies the patient? Doctor Nurse Other
- e. If other, is the accompanying person able to provide assistance with all of the above? Yes No
-

8 Mobility:

- Is the patient able to walk without assistance? Yes No
- The wheelchair is needed: up to the plane to the seat
- Can the patient sit in a normal seat on board? Yes No
-

9 List of medicines needed for travel:

10 Other medical information:

FORM B/2: MEDIF to be completed by the doctor in the case of non-permanent disabilities

Please return the form completed in BLOCK CAPITALS and signed.

This form is intended to provide confidential information allowing the Airline's Medical Division to assess the passenger's fitness to travel as indicated in Form 1. If the passenger is accepted, this information will be used to ensure assistance and comfort for the passenger.

The doctor of the disabled passenger must answer all the questions. Make a cross (X) in the "yes" or "no" box and/or provide accurate answers.

1 Cardiac disorders: Yes No

a. Angina Yes No If yes, when was the last episode:

Are the conditions stable? Yes No

Functional class of the patient: Absence of symptoms Angina with: major effort moderate effort at rest

Can the patient walk 100m and ascend/descend 10-12 steps without symptoms? Yes No

b. Myocardial infarction Yes No If yes, when was the last episode:

Complications Yes No If yes, please provide details:

Exercise ECG performed? Yes No If yes, indicate the result:

In the case of angioplasty or a coronary bypass, can the patient walk 100m and ascend/descend 10-12 steps without symptoms? Yes No

c. Heart failure Yes No If yes, when was the last episode:

Does the patient take medication? Yes No

Functional class of the patient Absence of symptoms Dispnea with: major effort moderate effort at rest

d. Syncope Yes No If yes, when was the last episode:

Analyses? Yes No If yes, what were the results:

2 Chronic lung diseases: Yes No

a. Has the patient recently been given an arterial blood gas test? Yes No

b. Blood gas test carried out in: Oxygen tent Hyperbaric chamber Other If other, please explain:

pCO2 results: pO2 results:

Did the patient retain CO2? Yes No

Have the conditions recently worsened? Yes No

Can the patient walk 100m and ascend 10-12 steps without symptoms? Yes No

Has the patient already taken a commercial flight under these conditions? Yes No

3 Psychiatric disorders: Yes No

a. Is there a possibility that the patient could become agitated during the flight? Yes No

b. Has the patient previously been on a commercial flight? Yes No

If yes, indicate the date of the trip: The patient travelled alone: Yes No

4 Seizures:

Yes No

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

5 Prognosis for travel:

Good Unfavourable

Notes:

- * Flight attendants are not allowed to provide special assistance to individual passengers at the expense of their service to other passengers. In addition, they are trained only for first aid and cannot give injections or administer medication.
- ** Important: any costs relating to the provision of the above information and the special equipment provided by the carrier must be paid by the passenger concerned.

Place and Date:

Stamp and Signature of the Doctor