

INFORMATION FOR THE PHYSICIAN

Clinical Contraindications for Air Travel on Scheduled Flights for Passengers Requiring Special Assistance

To determine whether the patient can undertake the air travel indicated in Form A and proceed with completing Forms B Part 1 and 2, attention should be paid to certain flight-related phenomena:

- a)** The minimum cruising altitude is approximately 8,000 feet (equivalent to 2,450 meters); at this altitude, the partial pressure of oxygen is reduced by 25–30% (relative hypoxia). This condition may cause disturbances in passengers with impaired adaptation mechanisms. Cabin pressure reduction causes expansion of gases within body cavities. Passengers typically do not notice this volume increase. However, due to the rapid ascent—although it never exceeds 200 meters per minute—passengers may feel the effects of gas expansion as cabin altitude changes. The most significant physiological factor to consider on a commercial flight is the modest atmospheric depression that occurs during flight.
- b)** Acceleration at takeoff increases by a maximum of 0.3 “g”. This phenomenon is usually barely noticeable to passengers. However, passengers may experience discomfort depending on their medical condition. Acceleration can cause slight hemodynamic shifts. If combined with turbulence and psychological factors, it may lead to motion sickness.
- c)** The brightness of the atmosphere is intense and may cause tearing and conjunctival hyperemia in individuals with sensitive visual systems. Wearing dark lenses can be an appropriate preventive measure.
- d)** Time zone changes on intercontinental flights can be significant. For example, a flight from Rome to New York takes about 8 hours, and due to time zone differences, the passenger’s day becomes 30 hours instead of 24. On the return trip, the day is shortened to 18 hours. Climate changes are also important. In just a few hours, one may go from an equatorial climate to temperate or cold zones without the body having time to physiologically adapt. Altitude changes can also be significant. For instance, a trip to Nairobi (1,800 meters) may result in an arrival altitude higher than the pressurization level at departure from Rome. The rapid variation of these factors should always be carefully considered for patients.

Given the above, air travel is contraindicated for patients whose clinical condition corresponds to any of the following:

- 1) Severe cardiovascular conditions such as:**
 - a.** Severe heart failure or recent thrombosis of major vessels.
 - b.** Myocardial infarction. Passengers with these conditions are not acceptable within four weeks of the acute episode.
- 2) Have undergone gas insertion procedures, such as pneumothorax or air introduction into the nervous system for ventriculography, pneumomediastinum, pneumoperitoneum, etc.**
- 3) Suffer from mental and/or nervous system disorders requiring major psychotropic drugs and are unaccompanied.** For passengers with cognitive, intellectual, or developmental disabilities (identified in air transport with the code DPNA), a specialist opinion from a neurologist, psychiatrist, or neuropsychiatrist is required to determine whether the passenger can travel alone or must be accompanied, any necessary pre-flight and in-flight therapy, and the type of companion needed based on the duration of the trip.
- 4) Suffer from otitis media.**
- 5) Have recently contracted poliomyelitis (less than 30 days since the acute episode).** Any stage of bulbar poliomyelitis.
- 6) Have large tumors in the thoracic cavity, severe unsupported hernias, intestinal obstruction, diseases causing increased intracranial pressure, skull fractures, or recent jaw fractures.**
- 7) Have insufficient surgical scar resistance following recent surgery.**
- 8) Are premature infants or less than 7 days old.**
- 9) Suffer from hypercoagulability-related conditions without antithrombotic therapy (e.g., stroke).**
- 10) Diabetic passengers who have been hospitalized within 30 days prior to the flight.** Note: For guidelines regarding diabetic passengers and general information on passengers requiring special assistance, please refer to the “Special Assistance” section of the website www.ita-airways.com.

Please note that, for public health reasons, passengers with contagious and communicable diseases cannot be authorized to fly.

For pregnant women, air travel is permitted up to the 36th week of gestation; starting from the 28th week, a medical certificate of fitness to fly must be issued and signed by the attending gynecologist. In the case of twin or multiple pregnancies, air travel is permitted up to the 32nd week of gestation; a certificate of fitness to fly is still required.

If the physician completing the MEDIF form requires assistance in preparing the document, ITA Airways provides a medical consultation service, available via email at: medicalservices@ita-airways.com. This service is available during the following hours: Monday to Friday, from 09:00 to 17:00 GMT Rome, Italy.

Note: To ensure proper service delivery, all communications must be in ITALIAN or ENGLISH.

FORM A – INFORMATION SHEET FOR PASSENGERS REQUIRING SPECIAL ASSISTANCE

To be completed by the Passenger or their Representative/Delegate

(Please write in block letters, answer all questions, and mark the relevant boxes with an X)

1. **Surname/First Name** _____
2. **Booking Reference (PNR)** _____
3. **Proposed Itinerary** (transfers between flights may require longer connection times) _____
4. **Airline(s)/Flight Number(s)/Class(es)/Date(s)** _____

Form B (Part 1) – INFORMATION SHEET FOR PASSENGERS REQUIRING MEDICAL AUTHORIZATION

To be completed by the Physician

PRM passengers who require medical clearance to fly must submit this form completed and signed by the physician and by the passenger or their representative/delegate. Please send the form to: **Customer Information Assistance Office** or contact the dedicated helpline. Information pursuant to Article 13 of EU Regulation 2016/679 – The personal data you provide will be processed exclusively for the purpose of providing transportation and services related to the specific needs you have indicated. Your data will be processed using both electronic and manual tools, adopting all appropriate security measures to ensure confidentiality and data integrity. The Data Controller is ITA Italia Trasporto Aereo S.p.A., with registered office at Via XX Settembre 97, Rome, Italy. To exercise your rights under Article 7, you may contact the Data Protection Officer or the Data Controller, also via the following email address: dpo@ita-airways.com

1. **Patient's Surname/First Name** _____
Age _____ Sex _____ Nationality _____ Height cm _____ Weight Kg _____
2. **Physician (Surname/First Name)** _____
Hospital Address: _____ Phone Contact: Mobile/Office _____
3. **Detailed Diagnosis, nature and dates of any recent operations** _____

Is the illness contagious? Yes ☐ No ☐ (If **YES**, the passenger is not allowed to travel)

4. **Does a partial reduction in oxygen pressure (25% to 30%) due to relative hypoxia affect the patient's medical condition?** (Minimum cabin pressure is equivalent to a rapid ascent to 2,400 meters above sea level, occurring at 8,000 feet altitude): Yes ☐ No ☐

5. Additional Clinical Information

- a. Normal bladder control: Yes ☐ No ☐ If no, specify how it is managed _____
- b. Normal bowel control: Yes ☐ No ☐ If no, specify how it is managed _____

6. Companion:

- a. Is the patient able to travel alone? Yes ☐ No ☐
- b. If not, is airline assistance during boarding/disembarkation sufficient? Yes ☐ No ☐
- c. If not, does the patient have a companion able to attend to their needs on board (medication, meals, toilet)?
Yes ☐ No ☐; Companion's Surname/First Name: _____
Type ☐ Doctor ☐ Nurse ☐ Other: _____

7. Mobility Is the patient able to walk unaided Yes ☐ No ☐;

Is a wheelchair needed: to the aircraft ☐ to the seat ☐

8. Seating Can the patient sit in a standard aircraft seat with legs bent? Yes ☐ No ☐

(If No, travel will only be permitted with stretcher service activated)

9. List of medications required during the trip / other medical information (e.g., medications, electromedical devices) _____

FORM B (Part 2) – INFORMATION SHEET FOR PASSENGERS REQUIRING MEDICAL AUTHORIZATION

To be completed by the Physician

10. Cardiac Conditions Yes ☐ No ☐ If **YES**, specify Functional Class _____

(If **NO**, fields a–b–c–d do not need to be completed)

a. Angina Yes ☐ No ☐ When was the last episode? _____ Are conditions stable? Yes ☐ No ☐

b. Myocardial Infarction Yes ☐ No ☐ Date _____

Complications Yes ☐ No ☐ If yes, provide details _____

Has the patient undergone angioplasty or coronary bypass Yes ☐ No ☐

c. Heart Failure Yes ☐ No ☐ When was the last episode? _____

Is the patient managed with medication Yes ☐ No ☐

d. Syncope Yes ☐ No ☐ When was the last episode? _____

11. Chronic Pulmonary Conditions Yes ☐ No ☐

a. Does the patient use oxygen therapy at home? Yes ☐ No ☐ If yes, specify flow rate l/min _____

b. Does the patient require oxygen on board provided by the airline:

(Gaseous, continuous flow at 4 l/min) Yes ☐ No ☐

c. Will the patient use their own oxygen concentrator on board? Yes ☐ No ☐

If YES, specify flow rate, brand and model _____

12. Comorbid Psychiatric Conditions Yes ☐ No ☐

13. Seizures/Epileptic Episodes Yes ☐ No ☐

a. What type of seizures? _____

b. Frequency of seizures? _____

c. When was the last seizure? _____

d. Are seizures controlled by medication? _____

14. Travel Prognosis: Adequate ☐ Inadequate ☐

15. Based on the condition, is a new MEDIF required for the return flight: Yes ☐ No ☐

I declare that I have fully reviewed the “**Information for the Physician**” form. I hereby declare, under my responsibility, that I have examined the above-mentioned patient and reviewed their medical documentation, confirming that they are in suitable health to undertake travel on a commercial flight. I commit to informing ITA Airways well in advance of the departure date of any changes in the patient’s health condition that may compromise the safe execution of air transportation.

Physician’s Signature (indicate medical license number or tax code) _____

Place and date _____

ITA Airways reserves the right, through its Medical Department, to verify the health conditions declared in the MEDIF and to deny booking/boarding if such conditions pose risks to the safety and regularity of air transport, the safety and health of crew and passengers, or if the requested assistance cannot be provided. **Note:** Cabin attendants are not authorized to provide special assistance to individual passengers at the expense of service to other passengers. They are trained and qualified only for First Aid interventions and are not permitted to administer injections or medications. They may open food packages but cannot feed the passenger and may accompany them to the toilet but not inside. For these functions, a personal assistant is strongly recommended. **Important:** Any fees related to the above information or special equipment provided by the carrier are the responsibility of the passenger. For passenger-owned equipment, please inform ITA Airways at least 48 hours before the flight to verify whether it can be safely transported and used.

Passenger or Delegate/Representative Declaration. Based on the statements made in this Form (Parts B1 and B2), regarding the reported conditions, I accept full responsibility for any health risks caused by the requested air travel, and hereby release the carrier, its employees, staff, and agents from all related liability.

I, the undersigned, authorize (physician name) _____

to provide the airline(s) with information regarding my health condition in relation to the air travel. For this reason, I release my attending physician from their professional duty of confidentiality regarding this information and agree to pay their fees. Having read the information provided by the Data Controller, I give my consent to the processing of all personal and/or sensitive data necessary to carry out the above functions. I acknowledge that, if accepted for transport, my travel will be subject to the General Conditions of Carriage and the fare regulations of the relevant carrier, and that the carrier assumes no special responsibility beyond those provided by said conditions and regulations. I agree to reimburse the carrier, upon request, for any special expenses or costs related to my transport.

Signature of the passenger or their delegate/representative _____ **Place and date** _____

Please note that all information given in this form will be used only for the purpose of executing the carriage contract and in accordance with the requirements of the EU Regulation 2016/679 and the law n. 196/2003 (“Code regarding the protection of personal data”) as amended by the new Law Decree of 10 August 2018, n. 101. I hereby give my agreement to process all personal data and/or sensitive information necessary to perform the functions described above.

Signature of the passenger or their delegate/representative _____ **Place and Date** _____