



## GHAQDA MALTIJA GHAT-TRASPORT TAL-MORDA F'LOURDES

Kindly fill and post to: UMTAL c/o 155/1, Capricorn, G'Manga Hill, Pieta PTA1311

**Date:** \_\_\_\_\_

### **MEDICAL CERTIFICATE**

To certifying doctor,

Please fill in all fields clearly and legibly so we can ensure safe and comfortable travel for the patient. If there is any other information you deem relevant, please include in this report. Please ensure that the patient is fit for air travel.

PATIENT'S NAME AND SURNAME: \_\_\_\_\_

Primary diagnosis: \_\_\_\_\_

HISTORY AND CLINICAL FEATURES (including date of onset, hospital treatment, etc):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SPECIAL INVESTIGATIONS AND RESULTS \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

OTHER CONCOMITANT ILLNESSES: (including epileptic fits, loss of consciousness, infectious / contagious diseases, heart disease, bronchial asthma, diabetes mellitus, hypertension, cerebro-vascular disease, psychiatric state).-

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**Current Weight** \_\_\_\_\_ Kgs

#### **CURRENT TREATMENT**

## **ALLERGIES**

## **Cardio – Respiratory Assessment**

## Anaemia

## Dyspnoea

## Chest Pain

Pulse arrhythmias Y/N BP

Signs of cardiorespiratory failure Nil/ Mild/ Moderate/ Severe

## Comments

## OTHER PHYSICAL FINDINGS AND LIMITATIONS

	YES/NO
Can walk freely without help	
Slow-Walker (needs wheelchair for long distances)	
Can climb stairs	
Needs wheelchair	
Will bring own wheelchair	
Can look after himself / herself	
Can bathe without help	
Needs CONSTANT attention/ observation	
Dangerous to self or others	
Can get into bed alone	
Needs a cot or low bed	
Suffers from incontinence of urine	
Suffers from incontinence of faeces	
Able to administer own medication	
Suitable to accompany pilgrimage without causing any danger or disturbance to himself / herself or to others	

Particular dietary requirements: Normal / Vegetarian / Fat Free / Diabetic / Gluten Free / liquidised diet?

OTHER REMARKS (including anticipation of any emergency treatment):

Signature of Doctor \_\_\_\_\_ Date \_\_\_\_\_

Name & Surname (Block Capitals) \_\_\_\_\_ Med. Reg. No: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact details (email/Mobile number) \_\_\_\_\_

## **Nota lill-pazient**

JINHTIEĞ TKUN TAF:

1. Kull talba tiġi eżaminata b'reqqa mill-Kumitat Organiżzattiv u mit-tabib inkarigat. Wara jiġu magħżula tant morda skond il-kriterji stabbiliti minnhom u skond ma l-meżżej jwasslu. Id-deċiżjoni tal-għażla qegħda f'idejn il-Kumitat Organiżzattiv u din hija finali.
2. Il-morda li jagħmlu din it-talba jistgħu jkollhom jidhru quddiem it-tabib u membri tal-kumitat organiżzattiv qabel l-għażla.
3. Il-morda huma fl-obbligu li jinfurmaw lit-tabib u l-Kumitat Organiżzattiv jekk iċ-ċirkostanzi tagħhom jitbiddlu minn meta ppreżentaw iċ-ċertifikat tat-tabib kuranti u din it-talba, sat-tluq tal-Pellegrinaġġ.
4. Iċ-ċertifikat tat-tabib kuranti u l-passaport ikunu għas-spejjeż tal-applikant.
5. It-trasport mid-dar jew sptar sa l-ajrūport u viċi-versa jrid jieħu ħsiebu l-applikant.
6. Irid ikollok assikurazzjoni medika li tkopri Covid-19 u ukoll xi wheelchair jew apparat mediku iehor li tkun se ttella miegħek u l-European Health Insurance Card ( E111) valida.

### **Avviż dwar il-Protezzjoni tad-Data**

Id-dettalji li int tagħti f'din il-formola flimkien ma' dettalji oħra li int tagħtina kemm bil-miktub kif ukoll verbalment jikkonstitwixxu data personali skond l-Att dwar il-Protezzjoni tad-Data, u dawn jiġu proċessati għall-organizzjoni tal-pellegrinaġġ, għall-evalwazzjoni tal-applikazzjoni tiegħek biex takkompanja il-pellegrinaġġ kif ukoll biex nibgħatulek tagħrif dwar attivitajiet organizzati minn jew għall-UMTAL. Aħna nistgħu naqsmu informazzjoni dwarek (minbarra dawk ta' saħħa) mal-membri tal-Kumitat, ma' impiegati tal-kumpaniji tal-ajru u tal-akkomodazzjoni waqt il-pellegrinaġġ u mad Direttorat tas-Santwarju ta' Lourdes. Ritratti / filmati li jittieħdu waqt il-Pelligrinaġġ kif ukoll waqt xi attivita` jistgħu jintużaw għal skopijiet ta' marketing. Id-dettalji dwar saħħtek jistgħu ukoll jiġu mgħoddija lill-personell mediku u para-mediku li jakkompanja il-pellegrinaġġ kif ukoll lit-tabib li jimgħad id-data personali li jista' jaġħti l-assistenza f'Lourdes. Int għandek id-dritt li titlobna ninfurmawk dwar id-data personali li aħna nipproċċessaw dwarek u li titlob korrezzjoni fejn ikun meħtieġ. Kull talba għandha ssir bil-miktub lil President tal-UMTAL.

### **Data Protection Notice**

To the extent that any of the details above, together with such information as may be subsequently supplied by you in any manner, whether orally or in writing constitutes personal data within the meaning of the Data Protection Act, you consent to the processing of such data for the following purposes, namely, for the organisation of the pilgrimage, for the evaluation with regard to eligibility to participate in the pilgrimage and for the purpose of sending information regarding events organised by or on behalf of UMTAL. Your personal data, except that data regarding your health, may be shared with members of the Committee, Airline & Accommodation staff and the Directorate of the Sanctuary of Lourdes. Photos /videos taken throughout the pilgrimage to Lourdes or during any activity may be used by the Association for marketing purposes. Furthermore, you consent to the disclosure of information regarding your health contained in this form to the medical and para-medical personnel accompanying the pilgrimage and where necessary to your family doctor. In case of emergency, information regarding your health may also be shared with other medical or para-medical personnel who may be available to give assistance in Lourdes. You have a right to request access to, and the right to rectify, the personal data concerning you by sending your request in writing to UMTAL's President.