

1. INTRODUCTION

The average healthy passenger tolerates air travel very well, however the cabin environment may present significant challenges to those with medical problems. More people are travelling including the elderly and those with medical problems because of the changes in demography and attitude toward air travel.

For many years, the physicians of passengers with medical problems were asked to provide a “Medical Certificate” authorising air travel and specifying travel conditions.

Practical experience has demonstrated that a physician who does not specialise in air transportation may not be fully familiar with all of the particular medical challenges involved. Also, very few nonairline physicians can reasonably be expected to know what kind of special assistance the airlines might be able or willing to give for each specific trip.

In order to achieve an acceptable level of safety, based on specific rules and regulations, a system has to be implemented in order to establish clear rules and lines of responsibility for the approval for carriage of MEDA cases.

2. GENERAL

The applicable requirements for the acceptance of MEDA cases are laid down in the latest applicable edition of IATA PSCM – Resolution 700 and IATA MM.

The present procedure has been issued based on the IATA PSCM – Edition 2021 and IATA Medical Manual 12th Edition and it is subject to revisions or updates every time an applicable change in the above mentioned documents occurs.

3. SCOPE

The procedure laid down herein, establishes TAROM assessment process for the carriage of MEDA cases.

Medical clearance is required by the airline if the passenger:

- a) Suffers from any disease which is believed to be actively contagious and communicable;
- b) Is likely to be a hazard or cause discomfort to other passengers because of the physical or behavioural condition,
- c) Is considered to be a potential risk to the safety or punctuality of the flight including the possibility of diversion of the flight or an unscheduled landing;
- d) Is incapable of caring for himself and requires special assistance;
- e) Has a medical condition which may be adversely affected by the flight environment;
- f) Requires to travel on a stretcher (STCR);
- g) Requires supplementary oxygen during flight (AOXY).
- h) Requires an incubator

Passengers that fit in one of the below categories (not exhaustive), may require medical clearance before flight:

- a) Cardiovascular or other Circulatory disorders;
- b) Blood disorders;
- c) Respiratory disorders;
- d) Central Nervous System disorders;

- e) Gastro-intestinal disorders;
- f) ENT disorders (Ear, Nose and Throat);
- g) Psychiatric illness;
- h) Eyes disorders (injury and/or surgery);
- i) Pregnancy;
- j) Neonates (new born);
- k) After Radionuclide Therapy;
- l) Chemotherapy;
- m) Orthopedic surgery and cast;
- n) Communicable disease;
- o) Plastic surgery;
- p) Terminal illness;
- q) Decompression sickness.

Passengers not falling into the above categories normally do not need medical clearance, however, if in doubt, the airline should be advised so it can decide whether a medical clearance is required or not.

4. APPLICABILITY

The procedure laid down herein is dedicated for the use and guidance of the staff involved in reservations for passengers that require special assistance and/or medical clearance (MEDA). They must ensure that the acceptance of MEDA cases, is planned and executed in accordance with this procedure.

5. DATA PROTECTION AND PRIVACY LAW CONSIDERATIONS

Data protection and privacy laws (including the EU General Data Protection Regulation) require airlines, when “processing” medical information, to obtain a consent declaration or other authorization from a passenger or his or her legal representative.

A declaration could be obtained in different formats, given practical requirements. For example, the declaration could be made with a paper form ([TAROM Form 4131/1](#)), over the phone or with an electronic form on TAROM website. It is important, however, that records are kept to show that the passenger has given the declaration (refer to 13 – Storage of forms).

IMPORTANT! *Acting on a request for medical clearance shall be made after the declaration has been obtained from the passenger.*

6. DEFINITIONS

Term	Definition
PRM	<p>A Passenger with Reduced Mobility is a person whose mobility is reduced due to physical deficiency (locomotor or sensory), intellectual deficiency, age, illness or any other cause of disability and who needs some degree of special accommodation or assistance over and above that provided to other passengers.</p> <p><i>NOTE: This requirement will become apparent from special requests made by the passengers and/or their family or by a medical authority, or reported by airline</i></p>

Term	Definition
	<i>personnel or industry-associated persons (travel agents, etc.). The level of assistance provided by the airport and/or the carrier can vary depending on the different needs that the passenger with reduced mobility has when travelling by air.</i>
MEDA	MEDA cases are passengers that require <u>medical clearance</u> before flight.
MEDIF	The MEDIF is the name given to the forms used by airlines to manage passengers requiring special assistance and/or medical clearance. It has two attachments: Attachment A - Information Sheet for Passengers Requiring Special Assistance (<u>TAROM Form 4113/2</u>) and Attachment B - Information Sheet for Passengers requiring medical clearance (<u>TAROM Form 4122/2</u>).
Medical Clearance	The process through which a carrier ensures MEDA cases are cleared for transport prior booking. The approval process consists of an assessment of the passenger's health state and his capacity to withstand air travel.
TAROM Medical Unit	Is defined as the office that performs the medical assessment and issues the medical clearance for the carriage of MEDA cases. Contact: Email: meda@tarom.ro
Space Control Office	Is defined as the office that performs the communication between the passenger/travel agent/passenger's treating physician and TAROM Medical Unit. SC is the office that issues MEDA OK in the passenger's PNR, provided medical clearance has been granted by RO Medical Unit. Contact: Email: spacecontrol@tarom.ro Teletype: BUHSCRO

7. ABBREVIATIONS

TERM	ABBREVIATION
IATA Passenger Standards Conference Manual	IATA PSCM
IATA Medical Manual	IATA MM
TAROM Passenger Handling Manual	PHM
TAROM Call Center	CC
Commercial Division	CD
Ground Operations Division	GOD
Operations Control Center	OCC
Space Control Office	SC
Scheduled Time of Departure	STD
Passenger Name Record	PNR
TAROM	RO
Ground Service Provider(s)	GSP
Data Protection and Privacy Consent Declaration	DPPCD

8. MEANINGS AND TERMS

TERM	MEANING
<i>Shall/must/necessary/need/required, etc.</i>	Indicates that compliance is considered mandatory.
<i>Should/if possible/whenever possible</i>	Indicates that compliance is considered optional, but desirable.
<i>May/need not/not necessary/not required</i>	Indicates that compliance is optional.
<i>Shall not/must not</i>	Indicates that something is not allowed/permitted, or it is forbidden.
<i>Includes</i>	Includes but is not limited to.
<i>Note</i>	Indicates an important point about which the user needs to be made aware.

9. ORGANIZATIONAL UNITS INVOLVED

- a) RO Commercial Division – Space Control Office, Ticketing and Reservations.
- b) RO Ground Operations Division – Standards and GSP Monitoring.
- c) RO Flight Operations Division – OCC.
- d) RO Maintenance Division – Line Maintenance/MCC
- e) RO Medical Unit.

9.1. Non-organizational units

- Travel agents and other Operators personnel.

10. ASSOCIATED PROCEDURES

- IATA PSCM – Resolution 700.
- IATA MM, Section 6.
- TAROM PHM, Chapter 3.

11. FORMS

- a) [TAROM Form 4113/2](#) – Information Sheet for Passengers Requiring Medical Assistance (see Annex A1) - To be completed either by the passenger, the travel office or the attending physician;
- b) [TAROM Form 4122/2](#) – Information Sheet for Passengers Requiring Medical Clearance, Part 1 and 2 (see Annex A2) - To be completed by the passenger's private physician.
- c) [TAROM Form 4131/1](#) – Data Protection and Privacy Consent Declaration (see Annex A3) – to be completed by the passenger.

The forms are available for download via:

<http://www.tarom.ro/en/passenger-information/about-your-trip/people-with-disabilities.html>

12. MEDICAL CLEARANCE PROCEDURE

Preferably at the time of booking but no later than **STD -48h**, passengers may contact TAROM Call Center (Monday-Sunday, 08:00-22:00) directly and request Special Assistance and/or Medical Clearance at:

- a) Phone:
- (004) 021 9978
 - (004) 0800 500 131 (TelVerde)
 - (004) 0371 529 000
- b) Email:
- contact@tarom.ro
 - rezervari@tarom.ro

12.1.1. TAROM ticketing/reservation personnel, Travel Agents and Other Operators Personnel duties

STEP	ACTION
1	At the time of booking, if the passenger requires special assistance, ask him/her to fill in TAROM Form 4113/1 . If the passenger has medical problems, continue with STEP 4 . If the passenger has no medical problem, continue with STEP 2 .
2	Insert a SSR line in the passenger's PNR, corresponding to passenger's request for special assistance (e.g. WCLB, WCMP, etc.). Continue with STEP 3 .
3	Send the completed TAROM Form 4113/1 to SC, via email. No further action required.
4	Before sending the request for medical clearance, ask the passenger to sign the Data Protection and Privacy Consent Declaration (TAROM Form 4131/1). Continue with STEP 5 .
5	If the passenger refuses to sign the Data Protection And Privacy Consent Declaration, continue with STEP 6 . If the passenger agrees to sign the Data Protection and Privacy Consent Declaration, continue with STEP 7 .
6	Refuse the passenger. Notify SC via email and provide: <ul style="list-style-type: none"> • PNR number. • Name/Surname, flight number, route and date. • Passenger's email address. • Reason for refusal.
7	Insert SSR MEDA in the passenger's PNR. Continue with STEP 8 .
8	Contact SC via email with subject "MEDA CLEARANCE" and provide: <ul style="list-style-type: none"> • PNR number. • Name/Surname, gender, flight number, class, route and date. • Short description of the passenger's medical problem. • Passenger's email address. • Passenger's treating physician email address. • Signed Data Protection and Privacy Consent Declaration (TAROM Form 4131/1). <p>Example: <i>Subject: MEDA CLEARANCE</i></p>

STEP	ACTION
	<p>PNR: MCL14T Name/Surname: John/Doe MR Flight/Date/Route: RO382/14.06.2021/CDG-OTP Class: Y Medical condition: Heart disease Pap email: john.doe@email.com Treating physician email: treating.physician@email.com DPPCD signed: YES</p> <p>Continue with STEP 9.</p>
9	<p>Ask the passenger to advise their treating physician that RO reservation office (SC) shall be in touch with them to get the medical details. No further action required.</p>

NOTE: Refer to PHM 3.4.7, for further details.

IMPORTANT! Arrangements for the ambulance and any related expenses are supported by the passenger.

12.1.2. Space Control Office duties

STEP	ACTION
1	<p>Upon receipt of the MEDA notification message, check if the message contains all the details shown in 12.1.1 – STEP 8, including the presence of TAROM Form 4131/1 filled in and signed by the passenger. If any of the information shown in 12.1.1 – STEP 8 is missing, reply to the sender and request them, as applicable. If all the information shown in 12.1.1 – STEP 8 is present, continue with STEP 2.</p>
2	<p>Contact passenger's treating physician, via email, and ask them fill in and send back TAROM Form 4122/2 using the reply button. Continue with STEP 3.</p>
3	<p>Upon receipt of the filled in TAROM Form 4122/2 from the passenger's treating physician, forward the message to TAROM Medical Unit, for medical assessment. Continue with STEP 3.</p>
3	<p>Upon receipt of TAROM Medical Unit decision, advise the passenger or his/her travel agent of the decision and finalise the reservation process, if applicable. Insert a note on the passenger's file (PNR) and specify that a medical clearance has taken place, including special requirements if any. Continue with STEP 4.</p>
4	<p>If special services (wheelchair, oxygen, stretcher, etc.) are required, make arrangements with the airline department(s) that is (are) responsible for these services. Continue with STEP 5.</p>
5	<p>Make sure complete details of special handling arrangements made, at affected the stations, are included in the passenger name record (PNR). Continue with STEP 6.</p>
6	<p>Notify the affected stations of each carrying airline, including OTP, as shown in PHM 3.4.6.4. For OTP, send the notification message to:</p>

STEP	ACTION
	<ul style="list-style-type: none"> • occ@tarom.ro • check-in@tarom.ro • ldp@tarom.ro • ground.support@tarom.ro • mcc@tarom.ro No further action required.

IMPORTANT! *Medical Clearance Forms data (TAROM Form 4122/2) shall not be divulged to unauthorised parties. The data presented in the forms shall be exchanged only between reservation offices of the carriers involved and their respective medical units.*

IMPORTANT! *Arrangements for hospitals, ambulances, etc. should be made by the passenger or his treating physician and only after all air travel arrangements have been finalised.*

12.2. TAROM Medical Unit duties

STEP	ACTION
1	Upon receipt of TAROM Form 4122/2 from SC, as applicable, approve the clearance, deny it or contact the treating physician for more information to make the decision. Continue with STEP 2 .
2	Reply to SC with the conclusion of the medical assessment, no later than STD -24h . No further action required.

12.3. Ground Operations duties

STEP	ACTION
1	Upon receipt of the medical clearance notification message from SC (12.1.2 - Step 6), notify GSP, as applicable. No further action required..

12.4. OCC duties

STEP	ACTION
1	Receive the MEDA/SPECIAL ASSISTANCE notification message, via email. Continue with STEP 2 .
2	Print the MEDA/SPECIAL ASSISTANCE notification message and insert it in the corresponding FLIGHT FOLDER. No further action required.

12.5. Line Maintenance/MCC duties

STEP	ACTION
1	Upon receipt of the medical clearance notification message from SC (12.1.2 - Step 6), ensure the service(s) requested will be available for the flight and date mentioned in the notification message (e.g. AOXY, STCR, etc.). No further action required..

13. STORAGE OF FORMS

All forms shall be stored in electronic format by SC, for a period of 24 months.


Information Sheet for Passengers Requiring Special Assistance
 IATA Resolution 700, Attachment A

1.	Name/First name		Title	-Select	Age		Gender	-Select-	
2.	Passenger Name Record (PNR) or ETKT number								
Itinerary									
3.	From	To	Airline	Flight No.	Date			-Select-	
								-Select-	
								-Select-	
4.	Nature of disability								
5.	Stretcher needed onboard (if Yes, fill in Form B also)							Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.	Escort(s) needed on board (if Yes, fill in below)							Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Escort(s) Name/First name	Title	Age	PNR (if different)	Medical qualification			Language spoken	
		-Select			Medic	Nurse/Paramedic	Other		
		-Select			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.	Wheelchair needed (if Yes, tick as appropriate below) Yes <input type="checkbox"/> No <input type="checkbox"/>								
	<input type="checkbox"/> WCHR	Needs assistance in the terminal to/from gate and for embarkation/disembarkation on the ramp. <u>Does not need assistance</u> in the aircraft cabin to/from seat, toilets and with meals.							
	<input type="checkbox"/> WCHS	Cannot use stairs (e.g. on aircraft passenger steps). <u>Does not need assistance</u> in the aircraft cabin to/from seat, toilets and with meals.							
	<input type="checkbox"/> WCHC	Non-ambulant. <u>Needs</u> assistance in the aircraft to/from seat, toilets and/or with meals. <i>Note: Cabin crew provides meal serving only.</i>							
	Own wheelchair	WCBD (battery driven/non-spillable batteries) <input type="checkbox"/>	WCMP (manual driven) <input type="checkbox"/>	Collapsible <input type="checkbox"/>					
Yes <input type="checkbox"/> No <input type="checkbox"/>	Size (L/W/H)	Weight (Kg)	Wh rating (battery)						
8.	Ambulance needed (to/from the airport) Yes <input type="checkbox"/> No <input type="checkbox"/>	Ambulance company name							
		Phone number (embarking station)	Phone number (disembarking station)						
	IMPORTANT! Arrangements for the ambulance and any related expenses are supported by the passenger.								
9.	Special In-flight arrangements/equipment required in-flight/on board (if Yes, specify below) Yes <input type="checkbox"/> No <input type="checkbox"/>								
	Type of arrangement (e.g. special meal, extra seat, leg rest, special seating, etc.)				Specify equipment (respirator, incubator, oxygen, etc.)				
	IMPORTANT! Any additional expenses that might arise shall be supported by the passenger. If respirator, incubator or oxygen is needed, please fill in Form B, also.								
10.	Other ground arrangements needed (if Yes, fill in below) Yes <input type="checkbox"/> No <input type="checkbox"/>								
	Ground arrangement				Departure airport	Transit/Transfer airport	Destination airport		
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If accepted for carriage, I acknowledge that my journey shall be subject to general conditions of carriage and tariffs of C.N. T.A.R. TAROM S.A. and that C.N. T.A.R. TAROM S.A. does not assume any additional liability exceeding those conditions. I am prepared, at my own risk, to bear any consequences which the carriage by air may have for my state of health and I release C.N. T.A.R. TAROM S.A., its employees, servants and agents from any liability for such consequences. I agree to reimburse C.N. T.A.R. TAROM S.A. upon demand for any special expenditures and costs in connection with my carriage.									
Contact: spacecontrol@tarom.ro , Fax: +40 (21) 201-4732									

TAROM Form 4113/2

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Information Sheet for Passengers Requiring Medical Clearance

 IATA Medical Manual, Appendix E, Attachment B, Part One
 (to be completed or obtained from the attending physician)

1.	Patient's Name		Date of Birth		Gender	-Select-	Height (cm)		Weight (kg)		
2.	Attending Physician										
	E-mail		Telephone (mobile preferred)		Fax						
3.	Diagnosis (including date of onset of current illness, episode or accident and treatment)				Contagious		Yes <input type="checkbox"/> No <input type="checkbox"/>				
	Nature and date of 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' medical condition? (Cabin pressure to be the equivalent of a fast trip to a mountain elevation of 2400 meters (8000 feet) above sea level) Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/>										
6.	Additional clinical information										
	a.) Anemia	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, give recent result in grams of hemoglobin:							
	b.) Psychiatric and seizure disorder	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, see Part 2							
	c.) Cardiac condition	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, see Part 2							
	d.) Normal bladder control	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If No, specify mode of control:							
	e.) Normal bowel control	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
	f.) Respiratory condition	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, see Part 2							
	g.) Does the patient use oxygen at home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, specify how much:							
	h.) Oxygen needed in flight?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, specify	2 LPM <input type="checkbox"/>	4 LPM <input type="checkbox"/>	Other:				
7.	Escort										
	a.) Is the patient fit to travel unaccompanied?									Yes <input type="checkbox"/>	No <input type="checkbox"/>
	b.) If No, would a meet-and-assist (provided by the airline to embark and disembark) be sufficient?									Yes <input type="checkbox"/>	No <input type="checkbox"/>
	c.) If No, will the patient have a private escort to take care of his/her needs onboard?									Yes <input type="checkbox"/>	No <input type="checkbox"/>
	d.) If Yes, who should escort the passenger?					Doctor <input type="checkbox"/>	Nurse <input type="checkbox"/>	Other:			
	e.) If Other, is the escort fully capable to attend to all the above needs?									Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.	Mobility										
	Able to walk without assistance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Wheelchair required for boarding?	Yes <input type="checkbox"/>						No <input type="checkbox"/>
9.	Medication List										
10.	Other medical information										

TAROM Form 4122/2


Information Sheet for Passengers Requiring Medical Clearance

 IATA Medical Manual, Appendix E, Attachment B, Part Two
 (to be completed or obtained from the attending physician)

1.	Cardiac condition			
	a.) Angina	Yes <input type="checkbox"/>	No <input type="checkbox"/>	When was the last episode?
	• Is the condition stable?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	• Functional class of the patient?	No symptoms <input type="checkbox"/> Angina with important efforts <input type="checkbox"/> Angina with light efforts <input type="checkbox"/> Angina at rest <input type="checkbox"/>		
	• Can the patient walk 100 meters at a normal pace or climb 10-12 stairs without symptoms?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	b.) Myocardial infarction	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	• Complications?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, give details:
	• Stress EKG done?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, what was the result? Metz
	• If angioplasty or coronary bypass, can the patient walk 100 meters at normal pace or climb 10-12 stairs without symptoms?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	c.) Cardiac failure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	When was last episode?
	• Is the patient controlled with medication?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	• Functional class of the patient?	No symptoms <input type="checkbox"/> Shortness of breath with important efforts <input type="checkbox"/> Shortness of breath with light efforts <input type="checkbox"/> Shortness of breath at rest <input type="checkbox"/>		
d.) Syncope	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Last episode?	
• Investigations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, state results	
2.	Chronic pulmonary condition		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	a.) Has the patient had recent arterial gases?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	b.) Blood gases were taken on:	Room air <input type="checkbox"/>	Oxygen <input type="checkbox"/>	LPM <input type="checkbox"/>
	If Yes, what were the results	pCO ₂	pO ₂	
	Saturation	Date of exam		
	c.) Does the patient retain CO ₂ ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	d.) Has his/her condition deteriorated recently?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	e.) Can the patient walk 100 meters at a normal pace or climb 10-12 stairs without symptoms?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	f.) Has the patient ever taken a commercial aircraft in these same conditions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	• If Yes, when?			
• Did the patient have any problems?				
3.	Psychiatric condition		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	a.) Is there a possibility that the patient will become agitated during flight?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	b.) Has he/she taken a commercial aircraft before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If Yes, date of travel?	The patient traveled	alone <input type="checkbox"/>	escorted <input type="checkbox"/>	
4.	Seizure		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	a.) What type of seizures?			
	b.) Frequency of the seizures			
c.) Are the seizures controlled by medication?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
5.	Prognosis for the trip	Good <input type="checkbox"/>	Poor <input type="checkbox"/>	
Physician Signature and Seal			Date:	
NOTE: Cabin crew are not authorized to give special assistance (e.g. lifting, eating, etc.) to particular passengers, to the detriment of their service to other passengers. Additionally, they are trained only in first aid and are not permitted to administer any injection or to give medication.				

TAROM Form 4122/2



DATA PROTECTION AND PRIVACY CONSENT DECLARATION
(fill in as applicable)

To be completed by passengers above the age of 16

The personal and medical details you provide on these special forms are used by CNTAR TAROM SA to handle your request for medical clearance and to arrange the necessary assistance for your travel arrangements.

These details contain special categories of personal data related to your health and, therefore, we need to collect your consent. For all the details related to how we process these special categories of personal data, please review the Privacy Notice on the back of this form.

At any time you can withdraw your consent, by sending an email to data.protection@tarom.ro . If you don't provide your consent, we will be unable to offer you the assistance you need for your travel.

Please tick one of the boxes below:

I provide my consent for the processing of my personal data (health information) in order to allow CNTAR TAROM SA to handle my request for medical clearance and to arrange for the necessary assistance	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

Passenger's Name & Surname _____ Date _____ Signature _____
(capital letters)

DATA PROTECTION AND PRIVACY CONSENT DECLARATION
(fill in as applicable)

To be completed by parent/guardian of passengers below the age of 16

The personal and medical details of your child you provide on these special forms are used by CNTAR TAROM SA to handle your request for medical clearance and to arrange the necessary assistance for your child's travel arrangements.

These details contain special categories of personal data related to your child's health and, therefore, we need to collect your consent. For all the details related to how we process these special categories of personal data, please review the Privacy Notice on the back of this form.

At any time you can withdraw your consent, by sending an email to data.protection@tarom.ro . If you don't provide your consent, we will be unable to offer the assistance your child needs for his travel.

Please tick one of the boxes below:

I provide my consent for the processing of my child's personal data (health information) in order to allow CNTAR TAROM SA to handle my request for medical clearance and to arrange for the necessary assistance	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

Child's Name & Surname _____
(capital letters)

Name & Surname of parent/guardian _____ Date _____ Signature _____
(capital letters)