

**Pellegrinagg ghal Lourdes**  
bejn it-22 ta' Awwissu u is-27 ta' Awwissu 2019  
**Prezz: €609 + €46 taxxi = €655**  
(jinkludi €20 shubija ma' l-UNITALSI)

**APPLIKAZZJONI GHALL-MORDA**



**This form must be filled up correctly and completed fully so that application can be processed**

Isem u Kunjom: Dr/Mr/Mrs/Ms : \_\_\_\_\_  
(bhalma jidher fuq il-passaport)

Indirizz: \_\_\_\_\_

Post Code: \_\_\_\_\_ Data tat-Twelid: \_\_\_\_\_

I.D. No. \_\_\_\_\_ Tel No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Email: \_\_\_\_\_

PASSAPORT Nru: \_\_\_\_\_ Data tal-Hrug: \_\_\_\_\_ Data tal-Gheluq: \_\_\_\_\_

Next of Kin (isem, indirizz u tel. no.) \_\_\_\_\_

Impieg tal-marid \_\_\_\_\_ Impieg tal-kap tal-familja \_\_\_\_\_

Bhalissa il-marid/a qieghed/qeghda f'xi sptar jew post iehor? IVA / LE

Jekk IVA, fejn? \_\_\_\_\_

Gie/t mehud/a xi darba Lourdes, u meta? \_\_\_\_\_ Tpejjep? **IVA / LE**

Isem u kunjom it-tabib kuranti \_\_\_\_\_ Tel. No: \_\_\_\_\_

Tixtieq taqsam il-kamra ma xi hadd in partikolari? [isem u kunjom] \_\_\_\_\_

**Dikjarazzjoni**

Jien nista' nhallas  il-vjagg kollu jew  nista' noffri biss € \_\_\_\_\_ (immarka fejn japplika)  
**[Spejjez ajruportwali u taxxi ghall-ammont ta' €46 iridu jigu mhallsa minn kulhadd]**

**Jien nixtieq nhallas s-supplement ta' €10 (per person) sabiex nzomm il-kamra sal-11:00 ta' filghaxija l-ahhar gurnata.**

**Jien hawn taht iffirmit/a nitlob li nigi mehud/a Lourdes mall-Pellegrinagg tal-AVL, filwaqt li ma nghabbi b'ebda responsabbilta' straordinarja finanzjarja lill-Assoċjazzjoni.**

Fin-nuqqas tieghi, jassumi/tassumi r-responsabbilta' ghalija \_\_\_\_\_\*.

Firma tal-applikant \_\_\_\_\_ Data \_\_\_\_\_

Firma tal-persuna responsabbli ghall-applikant \_\_\_\_\_

\* Il-persuna indikata hawn trid tkun in-Next of Kin imsemmi/ja aktar qabel, jew persuna ohra li ha tassumi r-responsabbilta' tal-applikant f'każ ta' emergenza.

# MEDICAL CERTIFICATE

The pilgrimage involves air travel. The certifying doctor is kindly required to give all relevant details clearly and legibly and to furnish any other information deemed useful.

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

DIAGNOSES:           1. \_\_\_\_\_ 2. \_\_\_\_\_  
                          3. \_\_\_\_\_ 4. \_\_\_\_\_

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

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B.P. \_\_\_\_\_ (please give reading)                      Weight (**VERY IMP**) \_\_\_\_\_ Kg

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

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OTHER CONCOMITANT ILLNESSES: (Special reference to general condition, epileptic fits, loss of consciousness, infectious / contagious diseases, heart disease, bronchial asthma, diabetes mellitus, psychic state, etc).

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CURRENT TREATMENT (*form, dosage, frequency, etc of medications*)

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Is Patient able to administer own medication?                      Yes / No

OTHER REMARKS (including anticipation of any emergency treatment):

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**PHYSICAL FINDINGS AND LIMITATIONS** (put a cross X where applicable)

Cardio – Respiratory Assessment

Degree	Nil	Mild	Moderate	Severe
Anaemia				
Dyspnoea				
Chest Pain				

	Yes	No		Yes	No
Can walk freely without help?			Needs special attention/ observation?		
Limited to walk ( <b>Slow-Walker</b> )?			Can eat and drink unaided?		
Can climb stairs?			Can dress and undress unaided?		
Needs wheelchair?			Suffers from incontinence		
			(a) to urine?		
If <b>yes</b> , owns a folding one?			(b) to faeces?		
Can look after himself / herself?			Dangerous to self or others?		
Needs a cot or low bed?			Can get into bed alone?		

Opinion whether patient may undertake above pilgrimage without causing any danger or disturbance to himself / herself or to others. **Suitable / Not Suitable** (cross out one)

(Insert qualifying remarks if applicable or kindly send confidential note to the Doctor i/c at the address in caption and mark “**CONFIDENTIAL**”).

Would patient prefer a Normal / Vegetarian / Fat Free / Diabetic / Gluten Free diet ?

Would patient need help with Bathing? Yes / No

OTHER REMARKS (including any other special requirements and/or special meals)

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

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

Address \_\_\_\_\_

\_\_\_\_\_ Tel Nos \_\_\_\_\_

**STAMP:**

## X'JINHTIEĠ TKUN TAF SEWWA

1. Kull talba tiġi eżaminata b'reqqa mill-Kumitat Organizzattiv u mit-tabib inkarigat. Wara jiġu magħżula tant morda skond il-kriterji stabbiliti minnhom u skond ma l-mezzi jwasslu. Id-deċiżjoni ta' l-għażla qegħda f'idejn il-Kumitat Organizzattiv u din hija finali.
2. Il-morda li jagħmlu din it-talba jistgħu jkollhom jidhru quddiem it-tabib u membri tal-kumitat organizzattiv qabel l-għażla.
3. Il-morda huma fl-obbligu li jinfurmaw lit-tabib u l-Kumitat Organizzattiv jekk iċ-ċirkostanzi tagħhom jitbiddlu minn meta pprezentaw iċ-ċertifikat tat-tabib kuranti u din it-talba, sat-tluq tal-Pellegrinaġġ.
4. Iċ-ċertifikat tat-tabib kuranti u l-passaport ta' kull applikant ikunu a spejjeż tiegħu.
5. It-trasport mid-dar jew sptar sa l-ajruport u viċi-versa jridu jiehdu hsiebu l-morda.

### Jrid ikollok medical insurance u l-European Health Insurance Card (Group travel insurance hija possibli)

#### **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-organizzazzjoni tal-pellegrinaġġ, għall-evalwazzjoni tal-applikazzjoni tiegħek biex takkompanja il-pellegrinaġġ kif ukoll biex nibgħatulek tagħrif dwar attivitajiet organizzati minn jew għall-Assoċjazzjoni. Ahna nistgħu naqsmu informazzjoni dwar mal-membri tal-Kumitat, mal-UNITALSI, ma' impjegati tal-kumpaniji tal-ajru u tal-akkomodazzjoni waqt il-pellegrinaġġ u mad-Direttorat tas-Santwarju ta' Lourdes. Ritratti li jittiehdu minn jew għall-Assoċjazzjoni waqt il-Pellegrinaġġ kif ukoll waqt xi attivita` tal-Assoċjazzjoni jistgħu jintuzaw għal skopijiet ta' marketing.

Id-dettalji dwar saħħtek jistgħu ukoll jiġu mgħoddija lid-Direttur Mediku tal-Assoċjazzjoni, lill-personell mediku u para-mediku li jakkompanja il-pellegrinaġġ kif ukoll lit-tabib li jimla' l-formola. F'kaz ta' emerġenza, informazzjoni dwar is-saħħa tiegħek tista' tinghata ukoll lill-personell mediku jew para-mediku li jista' jagħti l-assistenza f'Lourdes. Int għandek id-dritt li titlobna ninfurmawk dwar id-data personali li ahna nipproċessaw dwar ukoll li titlob korrezzjoni fejn ikun meħtieġ. Kull talba għandha ssir bil-miktub lill-Assoċjazzjoni.

#### **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 inclusion in the Association's mailing list for the purposes of sending information regarding events organised by or on behalf of the Association. Your personal data, except that data regarding your health, may be shared with the following persons / entities: members of the Association's Committee, UNITALSI, Airline & Accommodation staff and the Directorate of the Sanctuary of Lourdes. Photos taken by or on behalf of the Association throughout the pilgrimage to Lourdes or during any AVL 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 Director of the Association, 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 which is held by the Association by sending your request in writing to the Association.*

#### **FOR OFFICE USE ONLY**

Accompanied by:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Deposit paid € \_\_\_\_\_ Cheque No: \_\_\_\_\_ Remaining Balance € \_\_\_\_\_

WHEELCHAIR AT AIRPORT                      AMBULIFT                      SMOKER

OWC    OWN BUGGY    WCB    SW    WHEELCHAIR/CARROZZELLA    WEIGHT \_\_\_\_\_ Kg

DIABETIC            INSULIN            SELF-ADMINISTER            HELP TO ADMINISTER

DIABETIC MEALS                      SPECIAL MEALS \_\_\_\_\_

HELP FOR: MEDICATION    BATHING    FEEDING    **SPECIAL ATTENTION: INCONTINENT**

Other Remarks (including limited factors) \_\_\_\_\_

L-ebda applikazzjoni ma tiġi accettata minghajr **depożitu ta' €100** (li ma jingħatax lura) (Cheque pagabbli lil "A.V.L."), kif ukoll is-shubija fl-AVL 2019. **Flimkien ma l'applikazzjoni, inti mitlub tibgħat kopja tad-dokument (passaport/karta ta l'identita) li ser tuza biex issiefer.** L-applikazzjoni trid tasal fl-indirizz ta' hawn taħt mhux aktar tard mill-**24 ta' Gunju 2019**:

**Dr. J. Cauchi**  
c/o 98, Triq Dun Frangisk Sciberras,  
Mellieha