

**Pellegrinagg ghal Lourdes**  
bejn it-28 ta' Awwissu u is-2 ta' Settembru 2024

**Prezz: €648 + €52 taxxi = €700**

**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 / ID card)

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

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

**I.D. No.** \_\_\_\_\_ **Expiry date:** \_\_\_\_\_

**PASSAPORT No:** \_\_\_\_\_ **Data tal-Hrug:** \_\_\_\_\_ **Data tal-Gheluq:** \_\_\_\_\_

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

**Tel. No.** \_\_\_\_\_ **Mob. No.** \_\_\_\_\_

**Next of Kin (isem u mobile no.)** \_\_\_\_\_

**Impieg tal-marid** \_\_\_\_\_

**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?** \_\_\_\_\_

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

**Ma min tixtieq taqsam il-kamra. [isem u kunjom]** \_\_\_\_\_

**Single Room hemm hlas addizzjonali ta 100 euro**

### **Dikjarazzjoni**

**Jien hawn taht iffirmat/a nitlob li nitla Lourdes mall-Pellegrinagg tal-AVL, filwaqt li ma nghabbi b'ebda responsabbilta' straordinararja 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 oħra 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):

---

---

---

---

B.P. \_\_\_\_\_ (please give reading)

Weight (**VERY IMP**) \_\_\_\_\_ Kg

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

---

---

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).

---

---

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

---

---

---

Is Patient able to administer own medication? Yes / No

OTHER REMARKS (including anticipation of any emergency treatment):

---

---

---

**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		
If <b>yes</b> , owns a folding one?			(a) to urine?		
Can look after himself / herself?			(b) to faeces?		
Needs a cot?			Dangerous to self or others?		
			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-deciżjoni 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 ikun a spejjeż tiegħu.
5. It-trasport mid-dar sa l-ajruport u viċi-versa jridu jiehdu hsiebu l-morda.

**Importanti li ikollok medical insurance (Group travel insurance hija possibli ) u l-European Health Insurance Card**

### **FOR OFFICE USE ONLY**

Accompanied by:

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

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

WHEELCHAIR AT AIRPORT \_\_\_\_\_ AMBULIFT \_\_\_\_\_

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 (Cheque pagabbli lil "A.V.L.")** jew bank transfer **HSBC Account No 033-203134\*050 IBAN MT27MMEB4433600000033203134050**. Jekk ser tagħmel bank transfer ibghat kopja tal-pagament ma l-applikazzjoni.*

*Din l-applikazzjoni trid tasal fl-indirizz ta' hawn taht mhux aktar tard mill- **31 ta' Mejju 2024**:*

*Importanti li kulhadd ikun hallas il-membership 10 euro.*

*Għal dawk li għadhom ma halsux importanti li timlew il-formola u tistgħu tibghatuha flimkien ma din l-applikazzjoni.*

**Louise Cini,  
142 Ginjeri Court Appt 4, New Mill Street,  
Mellieha**