



Request for Information - Customers with Allergy

Mild Allergy Hyper/Severe Allergy

QR Booking Reference / PNR: _____

In order to cater to our customers' needs more effectively, it is requested that this form is to be completed by customers to minimise any risk of allergic reaction on exposure to specified organic or non-organic constituents which might be present in meals (including special diet meals), consumable fluids, air particles or contaminants, or when in contact with surfaces or materials which are part of aircraft passenger cabin fixtures. **Note:** This form does NOT substitute for a medical certificate if so required for customers with severe medical conditions or for special dietary meal requests** (SPML). Customers who have a prior history of extreme or severe allergic reaction must complete and sign this form and **submit it to the nearest Qatar Airways office no later than 48 hours in advance of the scheduled departure time of the first flight** on their booked travel itinerary with Qatar Airways. Please refer to Contact Us at www.qatarairways.com.qa

Qatar Airways will take all reasonable measures to remove potential allergens from your flight. However, due to the presence of other customers on-board, we are unable to guarantee a cabin environment absolutely free of such allergens.

Notification Details (to be completed in full)

Personal Information					
Initial		First Name		Family Name	
E-mail Address		Telephone (Residence)		Cell Phone	
Emergency Contact Person					
Name		Country		Contact Number	
Flight Details					
Flight Number		Ticket Number		Flight Date	
Route		Cabin			
Allergy History					
Please specify below those items to which the person named in this form is known to have a history of hyper allergic reaction:					
Food & Fluids	1	2	3	4	5
Other Allergies	1	2	3	4	5
Please specify other precautions (if any):					
Will you be travelling with an Epi-pen?	Yes / No		Please carry with you the necessary medicines.		
Are you travelling with someone else?	Yes / No		If Yes , provide us with a PNR or E Ticket Number:		
Have you ordered a SPML** (Special Meal)?	Yes / No				
Announcement required (Hyper/Severe/Airborne) ?	Yes / No		(If Yes please attach announcement form)		
Date: _____ Signature: _____					

** SPML: Please contact our Reservations Office if you want a special meal