

This form is to be completed by customers as a declaration of the 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 declaration does NOT substitute for a MEDIF* form if so required for customers with 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 declaration 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.

Contact Us at www.qatarairways.com.qa

* refer to

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 (s)	Family Name
Date of Birth	Passport Number	Country of Residence
Email	Telephone (Residence)	Mobile
Permanent Address		

Emergency Contact Person

Name	Country	Contact Number
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Flight Details

Booking Reference	Ticket Number	Flight Date
Flight Number	Route	Cabin

Allergy Passport

Please declare below those items to which the person named in this declaration 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 a MEDIF* approval?	Yes	No	Please carry with you the necessary medicines.	
Will you be travelling with an Epi-pen?	Yes	No	If Yes, provide E Ticket Number:	
Are you travelling with someone else?	Yes	No		
Did you order a SPML** (Special Meal)?	Yes	No		

Indemnity Declaration: I, _____ (title, initial and family name and in CAPITALS) holder of Qatar Airways E-Ticket Number _____ hereby indemnify and release Qatar Airways from all liability for medical intervention and/or consequential loss or damages sustained as a result of exposure to allergens when travelling with Qatar Airways.

Date: _____ Signature: _____

*MEDIF: Medical Information Form

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