



INFLIGHT ALLERGY NOTICE

(For guests with allergy/allergies)

This form allows Royal Brunei Airlines (“RB”) to better understand and support guests with allergies, allowing RB to take appropriate precautions for a safer and more comfortable journey.

1. Advance Notice Requirement

RB values the safety and comfort of all guests. To help us support guests with allergies, please read the following carefully.

Guests with allergy/allergies are required to provide advance notice of **seventy-two (72) hours** before the intended departure date for all RB-operated flights, allowing RB to pre-alert relevant departments for necessary precautions.

2. Important Information

- While RB takes every reasonable precaution, RB cannot guarantee an allergen-free environment on board. Snacks and meals may contain traces of nuts, dairy products, eggs, fish, wheat, or other allergens and/or substances that may not suit guests’ diets.
- RB cannot guarantee completely allergen-free meals or an allergen-free environment during any of its services, nor can it ensure that cross-contamination will not occur at catering facilities.
- Guests with specific dietary or medical needs are encouraged to bring their own suitable meals or snacks if required.
- RB cannot prohibit any guests from bringing, opening, or eating their own food or snacks, which may contain allergen particles into or in the aircraft cabin.
- In cases of severe allergy where onboard safety may be affected, RB may, in consultation with medical or operational teams, adjust travel arrangements to ensure the safety and well-being of all guests.

3. RB Guest Responsibility

We kindly remind guests to bring prescribed medications (*professionally labeled with the guest’s name and the medication name clearly identified*), a medical mask, or allergy-management devices (*e.g., epinephrine auto-injector, antihistamines*), and to inform RB cabin crew of their allergy and medication location once on board.

I confirm I am carrying my prescribed allergy medication.

4. RB Guest Declaration

I/We confirm that I/we have provided accurate information regarding my/our allergy/allergies and understand that RB will take reasonable measures to minimize exposure to allergens. I/We acknowledge that RB cannot guarantee a completely allergen-free environment and release RB from liability related to inadvertent exposure.

RB Guest Information (*Required fields)	
*Last Name (as per passport)	
*First Name (as per passport)	
*Passport Number	
*Booking Reference	
*Flight Number & Date	
*Traveling From / To	
*Type(s) of Allergy/Allergies	
*Emergency Contact & Name	
*Email Address (for RB acknowledgement)	
*Date of Submission	
Signature	

Please ensure all fields are completed and accurate. Kindly email the completed form to ccss@rba.com.bn

RB INTERNAL USE ONLY			
Received By (Name & Signature)			
Date		Time	
Notification	Department	Date	Time
	<input type="checkbox"/> IFS		
	<input type="checkbox"/> PAX Handling		
	<input type="checkbox"/> Check-In Supervisor		
	<input type="checkbox"/> Cabin Crew		
<input type="checkbox"/> Station Manager			
Follow-up Action Taken			
Remarks / Additional Notes			
Verified By (Name & Signature)			