



Dear Passenger

Some passengers may need special medical consideration when they travel. This may be due to a recent illness, injury, surgery or hospitalization; or if you have an existing medical condition where there is reasonable doubt that you can complete the flight safely without requiring extraordinary medical assistance; or you have requested the use of medical equipment or oxygen inflight.

The information provided during your booking has prompted us to request that a Passenger Medical Clearance (MEDA) Form be completed by you and your attending doctor. The purpose of the MEDA Form is to enable Cathay Pacific in conjunction with your doctor, to determine your fitness to travel. Part 1 of the MEDA Form is to be completed by you the passenger, while Part 2 is to be completed by the attending doctor in English.

To minimize any potential delays, **please ensure that the MEDA Form is returned to your local Cathay Pacific Reservation office at least 48 hours prior to your scheduled departure time. Please note:** for all requests of inflight medical oxygen or non-peanut or other tree nut containing cocktail snacks, we recommend that **the completed MEDA form be submitted 72 hours prior to your scheduled flight departure time.** Once Cathay Pacific receives the completed form and it is assessed by our Group Medical Department, a member of Cathay Pacific staff may contact you to discuss your medical clearance.

Please note that you will have to bear any associated charges made by your doctor for completing this form. By providing the information requested in the MEDA Form, you are waiving the confidentiality of the information disclosed by your attending doctor. In order to ensure your requests are conveyed to the relevant connecting airlines, Cathay Pacific will also disclose the contents of the MEDA Form to all carriers associated with this ticket.

If you have any questions relating to the MEDA Form, please direct it to your local Cathay Pacific Reservation office. Thank you for your cooperation.

Group Medical Department

Attachment: MEDA Form Part 1



PASSENGER MEDICAL CLEARANCE FORM (MEDA) – PART 1

To be completed by PASSENGER		- Answer ALL questions using BLOCK LETTERS - Put a cross (X) in "YES" or "NO" boxes	
A	Surname/ First Name/ Title _____		
B	Proposed Itinerary Airline _____ Flight No _____ Class _____ Date _____ Origin _____ Destination _____ Airline _____ Flight No _____ Class _____ Date _____ Origin _____ Destination _____ <i>* Transfer from one flight to another may require longer connecting time. If travelling on other airlines please contact them directly for clearance.</i>		
C	Nature of Medical Condition/Disability _____		
D	Stretcher needed on board? _____		No <input type="checkbox"/> Yes <input type="checkbox"/>
	If Yes, specify your body weight in kilogram(s): _____ OR pound(s): _____ <i>* All stretchers cases MUST be escorted by medical professionals and additional costs apply.</i>		
E	Intended Escort _____		No <input type="checkbox"/> Yes <input type="checkbox"/>
	Name _____ Title _____ Age _____		
	Professional qualification: Nurse <input type="checkbox"/> Medical Doctor <input type="checkbox"/> Untrained (Travel Companion/ Assistant) <input type="checkbox"/>		
	Is the intended escort capable and prepared to provide all assistance including:		
	a) assistance in comprehending and responding appropriately to safety instructions from cabin crew and/or assist passenger to evacuate the aircraft in the event of an emergency		Yes <input type="checkbox"/> No <input type="checkbox"/>
	b) personal care needs e.g. eating/drinking, administration of medications, elimination functions including assistance inside the lavatory		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Please also state if escorted by Service Animal		Yes <input type="checkbox"/> No <input type="checkbox"/>
F	Wheelchair needed? _____		No <input type="checkbox"/> Yes <input type="checkbox"/>
	To: boarding gate <input type="checkbox"/> aircraft door <input type="checkbox"/> seat <input type="checkbox"/> inflight <input type="checkbox"/>		
	Own Wheelchair? _____		No <input type="checkbox"/> Yes <input type="checkbox"/>
	Collapsible? No <input type="checkbox"/> Yes <input type="checkbox"/> Power driven? No <input type="checkbox"/> Yes <input type="checkbox"/> Spillable battery? No <input type="checkbox"/> Yes <input type="checkbox"/>		
	<i>* Wheelchairs with spillable batteries are "restricted articles" and are permitted on passenger aircraft only under certain conditions which can be obtained from the airline(s).</i>		
G	Ambulance needed? _____ No <input type="checkbox"/> Yes <input type="checkbox"/> (to be arranged by the passenger or his/her representative)		
	If yes, specify name of ambulance company, name and telephone number of contact person: _____ _____		
	Destination address _____		
H	Other ground arrangement needed? _____		No <input type="checkbox"/> Yes <input type="checkbox"/>
	If Yes, specify below and indicate for each item: (a) The ARRANGING airline or other organization, and (b) CONTACT addresses/phones of persons designated to meet/assist the passenger		



1	Arrangements at DEPARTURE airport	No <input type="checkbox"/> Yes <input type="checkbox"/>	Details: _____ _____
2	Arrangements for assistance at CONNECTION POINT	No <input type="checkbox"/> Yes <input type="checkbox"/>	Details: _____ _____
3	Arrangements at ARRIVAL airport	No <input type="checkbox"/> Yes <input type="checkbox"/>	Details: _____ _____
4	Other requirements or relevant information	No <input type="checkbox"/> Yes <input type="checkbox"/>	Details: _____ _____

I	<p>Special In-flight arrangements needed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If Yes, describe and indicate for each item segment(s) on which required and arranging party</p> <p>Specify type of arrangements (special meal, special seating) _____</p> <p>Specify equipment (oxygen or medical equipment*) _____</p> <hr/> <p><i>* Provision of SPECIAL EQUIPMENT such as oxygen always requires completion of PART 2.</i></p> <p><i>**While our cabin crew will do everything possible to provide assistance to passengers during the flight, please note that we are unable to provide passengers with any assistance for personal care needs such as feeding, elimination functions including assistance inside the lavatory or other personal care needs. Additionally, cabin crew are trained only in FIRST AID and are NOT PERMITTED to administer any injection or medication.</i></p>
J	<p>Does this passenger hold a "Frequent Travellers Medical Card" (FREMEC) valid for this trip? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If Yes, add below FREMEC data to your reservation requests</p> <p>FREMEC No. _____ Issued by _____ Valid until _____</p> <p>Medical Condition/ Disability _____</p> <p>Limitation _____</p>

PASSENGER'S DECLARATION

I hereby authorise _____ (name of nominated doctor) to provide the airlines with the information required by those airline's medical departments for the purpose of determining my fitness for carriage by air and in consideration thereof I hereby relieve that doctor of his/her professional duty of confidentiality in respect of such information, and agree to meet such doctors' fees in connection therewith; I take note that, if accepted for carriage, my journey will be subject to the general conditions of carriage / tariffs of the carrier concerned and that the carrier does not assume any special liability exceeding those conditions / tariffs. I am prepared, at my own risk to bear any consequences which carriage by air may have for my state of health and I release the carrier, its employees, servants and agents from any liability for such consequences. I agree to reimburse the carrier upon demand for any special expenditures or costs in connection with my carriage.

I hereby consent to Cathay Pacific holding and using personal and/or medical details provided on this form and by my nominated doctor, and disclosing my personal and/or medical information to other airlines in my itinerary and to third parties, such as medical professionals, airport and airline staff, government bodies and border control authorities and service providers as appointed by Cathay Pacific for the purposes of assessing and determining my fitness to travel and arranging necessary assistance, care and equipment for my travel arrangements.



I acknowledge that I may withdraw my consent to Cathay Pacific holding and using these details by contacting the Data Protection Officer as set out in paragraph 8.4 of the privacy policy, but that this may mean that Cathay Pacific cannot process the medical clearance and arrange the relevant assistance.

For further information on how we process your personal information and contact details of the Data Protection Officer, please read our privacy policy [insert URL - https://www.cathaypacific.com/cx/en_HK/legal-and-privacy/customer-privacy-policy.html]. (Where needed, to read by/to the passenger, dated and signed by him/her behalf.)

Address:	Date:	Passenger's Signature:
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