> CATHAY PACIFIC

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

Document title: Meda Form Part 1 Doc owner: CMDAVMSMO/5 (CX6940) Date of Issue: 18 Nov 2011 Revised: 03 Nov 2020

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## PASSENGER MEDICAL CLEARANCE FORM (MEDA) - PART 1

To be	- Answer ALL questions using BLOCK LETTERS - Put a cross (X) in "YES" or "NO" boxes						
Α	Surname/ First Name/ Title						
В	Proposed Itinerary  Airline Flight No Class Date Origin Destination  Airline Flight No Class Date Origin Destination  * Transfer from one flight to another may require longer connecting time. If travelling on other airlines please contact them directly for clearance.						
С	Nature of Medical Condition/Disability						
D	Stretcher needed on board?  If Yes, specify your body weight in kilogram(s): OR pound(s):  * All stretchers cases MUST be escorted by medical professionals and additional costs a	No □	Yes □				
	Intended Escort  Name  Title	No □ Age	Yes □				
Е	Name Title Age  Professional qualification: Nurse □ Medical Doctor □ Untrained (Travel Companion/ Assistant) □  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 □ No □  b) personal care needs e.g. eating/drinking, administration of medications, elimination functions including assistance inside the lavatory Yes □ No □  Please also state if escorted by Service Animal Yes □ No □						
F	Wheelchair needed?  To: boarding gate □ aircraft door □ seat □ inflight □  Own Wheelchair?  Collapsible? No □ Yes □ Power driven? No □ Yes □ Spillable battery?  * Wheelchairs with spillable batteries are "restricted articles" and are permitted on passenger aircraft conditions which can be obtained from the airline(s).	aft only unde					
G	Ambulance needed? No \( \text{Yes} \) \( \text{(to be arranged by the passenger or his/her representative)} \) If yes, specify name of ambulance company, name and telephone number of contact person:						
н	Destination address Other ground arrangement needed?  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	No 🗆	Yes 🗆				



1	Arrangements at DEPARTURE airport	No□ Yes□	Details:				
2	Arrangements for assistance at CONNECTION POINT	No□ Yes□	Details:				
3	Arrangements at ARRIVAL airport	No□ Yes□	Details:				
4	Other requirements or relevant information	No□ Yes□	Details:				
	Special In-flight arrangements needed?						
	If Yes, describe and indicate for each item segment(s) on which required and arranging party  Specify type of arrangements (special meal, special seating)						
			")				
ı							
' '	* Provision of SPECIAL EQUIPMENT s	uch as oxygen a	Iways requires completion of PART 2.				
	* Provision of SPECIAL EQUIPMENT such as oxygen always requires completion of PART 2.  **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 lavator	ry or other perso	nal care needs. Additionally, cabin crew are trained only in FIRST				
	AID and are NOT PERMITTED to adr	minister any injed	ction or medication.				
	Does this passenger hold a "Frequent Travellers Medical Card" (FREMEC) valid for this trip? No   Ye  If Yes, add below FREMEC data to your reservation requests						
1	FREMEC No Issued by Valid until						
J	FREMEC No.	Issued	oyValid until				
J							
J	Medical Condition/ Disability		oyValid until				
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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:					