

Dear Passenger

Some individuals may require special medical consideration when flying. This may be due to a recent illness, injury, surgery or hospital stay; an existing medical condition where there is reasonable doubt about their ability to complete the flight safely without extraordinary medical assistance; or a request to use medical equipment or oxygen during the flight.

Based on the details provided during your booking, we kindly ask you and your attending doctor to complete a Passenger Medical Clearance (MEDA) Form. This assists Cathay Pacific Airways Ltd. ("Cathay"), in conjunction with your doctor, in assessing your fitness for air travel. Please ensure that Part 1 is filled out by you, the passenger, and Part 2 is completed by your attending doctor in English.

To minimise potential delays, please submit the MEDA Form to our Customer Care team **at least 48 hours before your scheduled departure time. Please note:** All requests for inflight medical oxygen should **be submitted 72 hours prior to your scheduled flight departure time.** Once we receive the completed form and it has been assessed by our medical department, a member of our Customer Care team may contact you regarding your medical clearance.

Please be aware that any fees charged by your doctor to complete this form is your responsibility. The personal and medical information you provide here, or attach, will be used by Cathay to process your medical clearance and arrange the assistance you requested. To evaluate and manage your request, and ensure the appropriate support, care and equipment are provided, Cathay may need to share your personal and medical information with other airlines in your itinerary and third parties, such as medical professionals, airport and airline employees, government agencies, and border control authorities. If you request mobility assistance, we may also share your information with relevant service providers.

If you have any questions about the MEDA Form, please contact your local Cathay Customer Care team. Thank you for your cooperation.

Cathay Pacific Airways Ltd.  
Group Medical Department

Attachment: MEDA Form Part 1



### PASSENGER MEDICAL CLEARANCE (MEDA) FORM – PART 1 (PASSENGER to complete)

Answer ALL questions using BLOCK LETTERS and mark an "✓" in the appropriate "YES" or "NO" boxes.

|          |   |
|----------|---|
| <b>A</b> | Surname/ First Name/ Title: _____   |
| <b>B</b> | Proposed Itinerary<br>Booking Reference Number: _____<br>Airline _____ Flight No _____ Class _____ Date _____ Origin _____ Destination _____<br>Airline _____ Flight No _____ Class _____ Date _____ Origin _____ Destination _____<br><i>* Connecting flights may require extra time. Please contact other airlines directly for clearance.</i>  |
| <b>C</b> | Nature of Medical Condition/Disability: _____   |
| <b>D</b> | Is a stretcher required on board? No <input type="checkbox"/> Yes <input type="checkbox"/><br>If yes, specify your body weight in kilogram(s): _____ OR pound(s): _____<br><i>* All stretcher cases MUST be escorted by medical professionals and extra costs will apply.</i>   |
| <b>E</b> | Escort required? No <input type="checkbox"/> Yes <input type="checkbox"/> Escort Booking Reference Number: _____<br>Name: _____ Title: _____ Age: _____<br>Professional qualification: Nurse <input type="checkbox"/> Medical Doctor <input type="checkbox"/> Untrained (Travel Companion/ Assistant) <input type="checkbox"/><br>Is the intended escort capable and prepared to provide all assistance, including:<br>a) Supporting the passenger in understanding and responding appropriately to safety instructions from cabin crew and assisting them with evacuating the aircraft in an emergency. Yes <input type="checkbox"/> No <input type="checkbox"/><br>b) Attending to personal care needs such as eating and drinking, administering medications, supporting elimination functions, including assistance inside the lavatory* if necessary. Yes <input type="checkbox"/> No <input type="checkbox"/><br><i>* Our cabin crew will do their best to assist passengers during the flight; however, they cannot help with any personal care tasks such as feeding, elimination functions (including assistance inside the lavatory), or other similar needs. Also, please note that cabin crew are trained only in FIRST AID and are NOT ALLOWED to give injections or administer medication.</i><br>Please also indicate if escorted by Service Animal Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>F</b> | Wheelchair needed? No <input type="checkbox"/> Yes <input type="checkbox"/><br>To: boarding gate <input type="checkbox"/> aircraft door <input type="checkbox"/> seat <input type="checkbox"/> inflight <input type="checkbox"/><br>Own Wheelchair? No <input type="checkbox"/> Yes <input type="checkbox"/><br>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"/><br><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>  |
| <b>G</b> | Ambulance needed? No <input type="checkbox"/> Yes <input type="checkbox"/> (to be arranged by the passenger or their representative)<br>If yes, specify name of ambulance company, name and telephone number of contact person:<br>_____<br>_____<br>Destination address _____  |
| <b>H</b> | Other ground arrangement needed? No <input type="checkbox"/> Yes <input type="checkbox"/><br>If yes, specify below and indicate for each item:<br>(a) The ARRANGING airline or other organisation, and<br>(b) CONTACT addresses/phone numbers of persons designated to meet/assist the passenger  |



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

|   |   |
|---|---|
| I | Special Inflight arrangements needed? <span style="float: right;">No <input type="checkbox"/> Yes <input type="checkbox"/></span>   |
|   | If yes, describe and indicate for each item segment(s) on which required and arranging party:<br>Specify type of arrangements (special meal, special seating) _____<br>Specify equipment (oxygen or medical equipment*) _____ |
|   | <i>* Provision of SPECIAL EQUIPMENT such as oxygen always requires completion of PART 2.</i>  |

|   |  |
|---|--|
| J | Does this passenger hold a "Frequent Travellers Medical Card" ( <b>FREMEC</b> ) valid for this trip? <span style="float: right;">No <input type="checkbox"/> Yes <input type="checkbox"/></span> |
|   | If yes, add below FREMEC data to your reservation requests:<br>FREMEC No. _____ Issued by _____ Valid until _____<br>Medical Condition/ Disability _____<br>Limitation _____                     |

**PASSENGER'S DECLARATION**

I hereby authorise \_\_\_\_\_ (name of nominated doctor) to provide Cathay Pacific Airways Ltd ("Cathay") with any information it requires for the purpose of determining my fitness to travel by air and arranging the necessary assistance for my journey. I also agree to pay the doctors' fees related to this matter. I understand that, if I am accepted for carriage, my travel will be subject to Cathay's general conditions of carriage.

I hereby consent to Cathay 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 employees, government bodies and border control authorities and service providers as appointed by Cathay 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 holding and using these details by contacting the Customer Care team as set out in Cathay's Customer Privacy Notice, but that this may mean that Cathay cannot process the medical clearance and arrange the relevant assistance.

Cathay is collecting your personal data, including your name, address and contact number to facilitate your travel arrangements. You have the right to request access to and correction of your personal data held by Cathay. If you have any questions or concerns about how Cathay handles your personal data, please contact [ccd8form@cathaypacific.com](mailto:ccd8form@cathaypacific.com).

For further information on how we process your personal information, please read our privacy policy [here](https://www.cathaypacific.com/cx/en_HK/legal-and-privacy/customer-privacy-notice.html). ([https://www.cathaypacific.com/cx/en\\_HK/legal-and-privacy/customer-privacy-notice.html](https://www.cathaypacific.com/cx/en_HK/legal-and-privacy/customer-privacy-notice.html))

(Where needed, to be read by/to the passenger, dated and signed on their behalf.)

|                         |                      |                                       |
|-------------------------|----------------------|---------------------------------------|
| <b>Address:</b><br><br> | <b>Date:</b><br><br> | <b>Passenger's Signature:</b><br><br> |
|-------------------------|----------------------|---------------------------------------|