

Dear Doctor

This passenger has chosen to fly with Cathay Pacific, an interline ticket associated with a Cathay Pacific flight.

At the time of the booking inquiry, the information provided to our Reservations office has prompted us to ask this passenger to complete our Passenger Medical Clearance (MEDA) Form. Part 1 of the form should be completed by the passenger. The attending doctor should complete Part 2 in English.

This form is intended to provide information to enable the airline's Group Medical Department to assess the fitness of the passenger to travel. If the passenger is accepted, this information will permit the issuance of the necessary directives designed to provide for the passenger's welfare and comfort.

When completing the form please keep in mind that air travel has some unique features which must be considered to ensure a safe and comfortable flight. The principle factors to consider when assessing a passenger's fitness for air travel are:

- **Reduced atmospheric pressure:** Cabin air pressure changes occur after take-off and before landing and lead to gas expansion and contraction which may cause pain and pressure effects.
- **Reduction in oxygen tension:** The aircraft cabin is pressurised to an equivalent of 6,000-8,000 feet and oxygen partial pressure is approximately 20% less than on ground. Healthy passengers have no problems at these altitudes, but passengers with anaemia or heart and lung conditions may be at risk and require supplemental oxygen during air travel.
- **Inaccessibility to advanced medical care:** The aircraft cabin is a closed environment where access to advanced medical care may not be possible for several hours. Our cabin crew is trained in basic first aid and we do carry medical kits and heart defibrillators on board, but advanced medical care onboard is not possible. If a passenger has a medical condition that carry a high risk of requiring extraordinary medical assistance in-flight they may not be accepted for air travel.

The following medical conditions generally do not require medical clearance providing they are stable and no special assistance is required:

- Diabetes Mellitus
- High blood pressure or high cholesterol
- Arthritis
- Joint replacement or amputations
- Artificial limbs
- Sleep apnea requiring the use of a CPAP or BIPAP (If intending to use CPAP or BIPAP inflight, please notify your local Cathay Pacific reservations office a minimum of 48 hours prior to departure).

More information on the special conditions associated with air travel and the specific restrictions for certain medical conditions is available on the Aerospace Medical Association's website at this link [Medical Considerations for Airline Travel](#).

Once the MEDA Form has been completed, it should be returned to the local Cathay Pacific reservations office. It is important that Cathay Pacific receives the completed MEDA Form **no later than 48 hours prior to the passenger's scheduled departure date. 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.**

Any costs associated with this assessment and completion of the form is at the passenger's expense.

If you wish to discuss the case further with our Group Medical, please contact your local Cathay Pacific Reservations office as soon as possible.

Thank you for your cooperation.

Group Medical

Attachments: MEDA Form Part 2

## PASSENGER MEDICAL CLEARANCE FORM (MEDA) – PART 2

**To be completed by ATTENDING MEDICAL DOCTOR (IN ENGLISH)**

Please answer **ALL** questions using **BLOCK LETTERS**.

Enter a cross 'X' in the 'yes' or 'no' boxes.

<b>MEDA 01</b>	Passenger's Surname / First Name: _____ Date of Birth: _____ Gender: _____	
<b>MEDA 02</b>	(a) Attending Medical Doctor's Name: _____ Address: _____ (b) Telephone No. Business: _____ Home or Mobile: _____ Email: _____	
<b>MEDA 03</b>	Medical Diagnosis: _____ Details of current medical conditions (including vital signs, symptoms and severity, treatment and recent surgery): _____ _____ Date of first symptoms: _____ Date of diagnosis: _____ Date of surgery: _____	
<b>MEDA 04</b>	Prognosis for the trip: _____ Good <input type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Poor <input type="checkbox"/>	
<b>MEDA 05</b>	Does the passenger have any contagious OR communicable disease? If yes, please specify: _____	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>MEDA 06</b>	Would the physical and/or mental condition of the passenger cause a safety risk to other passengers or them self? If yes, please specify: _____	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>MEDA 07</b>	(a) Can the passenger sit UPRIGHT in a normal aircraft seat? (b) Can the passenger use a normal aircraft seat with both the KNEES BENT? (c) If no, can the passenger rest his/her leg on the ground during the flight?	No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>MEDA 08</b>	(a) Can the passenger comprehend and respond appropriately to safety instructions from cabin crew and/or assist in their own evacuation from the aircraft in an emergency? (b) Can the passenger take care of his/her own personal needs on board UNASSISTED* (including meals, visit to toilet, administering of medications etc.)? <b>If no, complete MEDA 09</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>MEDA 09</b>	a) Does the passenger require an ESCORT? If yes, type of escort proposed: Travel Companion <input type="checkbox"/> Nurse <input type="checkbox"/> Medical Doctor <input type="checkbox"/> Type of assistance required from escort: b) assistance in comprehending and responding appropriately to safety instructions from cabin crew and/or assist passenger to evacuate the aircraft in an emergency c) personal care needs e.g. eating/drinking, administration of medications, elimination functions including assistance inside the lavatory	No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>



<b>MEDA 10</b>	Does the passenger need OXYGEN** (Cathay only provides flow rates of 2 or 4 litres per minute of constant flow oxygen by mask or nasal cannula)		
	(a) On the GROUND: No <input type="checkbox"/> Yes <input type="checkbox"/>	Litres per minute: 2 <input type="checkbox"/> 4 <input type="checkbox"/>	Continuous? No <input type="checkbox"/> Yes <input type="checkbox"/>
	(b) On board the AIRCRAFT: No <input type="checkbox"/> Yes <input type="checkbox"/> (i) CX Oxygen <input type="checkbox"/> (ii) Own POC machine <input type="checkbox"/>	Litres per minute: 2 <input type="checkbox"/> 4 <input type="checkbox"/>	Continuous? No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>MEDA 11</b>	Does the passenger need any MEDICATION* other than those self-administered?		
	(a) On the GROUND while at the airport(s): If Yes, specify: _____		No <input type="checkbox"/> Yes <input type="checkbox"/>
	(b) On board of the AIRCRAFT: If Yes, specify: _____		No <input type="checkbox"/> Yes <input type="checkbox"/>
	(c) Can it be administered by the escort? If Yes, specify: _____		No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>MEDA 12</b>	Does the passenger need any medical devices such as POC**, CPAP, BIPAP, suction, respirator, etc. ***? (Note all medical equipment on board must be battery operated)		
	(a) On the GROUND while at the airport(s) If Yes, specify: _____		No <input type="checkbox"/> Yes <input type="checkbox"/>
	(b) On board of the AIRCRAFT If Yes, specify: _____		No <input type="checkbox"/> Yes <input type="checkbox"/>
	(c) For use during all phases of the flight including taxi, take-off and landing If yes, medical equipment must be battery operated.		No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>MEDA 13</b>	Does the passenger need HOSPITALISATION upon arrival? No <input type="checkbox"/> Yes <input type="checkbox"/> <i>If yes, indicate arrangements made or if none were made, indicate "NO ACTION TAKEN"</i> <i>NOTE: The attending doctor is responsible for all arrangements</i> _____ _____		
<b>MEDA 14</b>	Specify other information in the interest of the passenger's smooth and comfortable transportation**: _____ _____		
<b>MEDA 15</b>	Specify other arrangements made by the attending doctor: _____ _____		
<b>MEDA 16</b>	<b>CARDIAC CONDITIONS</b>		
<b>16.1</b>	<b>Does passenger suffer from Angina?</b> No <input type="checkbox"/> Yes <input type="checkbox"/> (a) Date of last episode: _____ (b) Is the condition stable? No <input type="checkbox"/> Yes <input type="checkbox"/> (c) Functional class of the passenger? <input type="checkbox"/> No symptoms <input type="checkbox"/> Angina with significant efforts <input type="checkbox"/> Angina with light efforts <input type="checkbox"/> Angina at rest (d) Can the patient walk 100m at a normal pace or climb 10-12 stairs without symptoms? No <input type="checkbox"/> Yes <input type="checkbox"/>		



<b>16.2</b>	<b>Does passenger suffer from Myocardial Infarction?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	Date: _____	
	(a) Has the passenger received any treatment or undergone any procedure?	No <input type="checkbox"/> Yes <input type="checkbox"/>
	If yes, give details: _____	
	_____	
	(b) Did the passenger have any heart failure?	No <input type="checkbox"/> Yes <input type="checkbox"/>
	(c) Is the passenger's heart size larger than normal?	No <input type="checkbox"/> Yes <input type="checkbox"/>
	(d) Did the passenger have any chest pain after the first 24 hours?	No <input type="checkbox"/> Yes <input type="checkbox"/>
(e) Did the passenger have any arrhythmia requiring treatment after the first 24 hours?	No <input type="checkbox"/> Yes <input type="checkbox"/>	
(f) Did the passenger have any pre-attack angina?	No <input type="checkbox"/> Yes <input type="checkbox"/>	
(g) Stress ECG done?	No <input type="checkbox"/> Yes <input type="checkbox"/>	
If yes, indicate date/results: _____		
(h) Can the patient walk 100m at a normal pace or climb 10-12 stairs without symptoms? No <input type="checkbox"/> Yes <input type="checkbox"/>		
<b>16.3</b>	<b>Does passenger suffer from Heart Failure?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	(a) When was the last episode: _____	
	(b) Is the passenger's condition controlled with medication?	No <input type="checkbox"/> Yes <input type="checkbox"/>
	If yes, give details: _____	
(c) Functional class of the passenger:		
<input type="checkbox"/> No symptoms <input type="checkbox"/> Dyspnoea with significant efforts <input type="checkbox"/> Dyspnoea with light efforts <input type="checkbox"/> Dyspnoea at rest		
<b>MEDA 17</b>	<b>Does passenger suffer from an existing or chronic pulmonary conditions?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	(a) (i) Has the patient had recent blood gases done? No <input type="checkbox"/> Yes <input type="checkbox"/>	
	(ii) Date of test: _____	
	(iii) Blood gases were taken on: <input type="checkbox"/> Room air <input type="checkbox"/> Oxygen _____ LPM	
	(iv) What were the results? pCO2 _____ pO2 _____ O2 Saturation _____	
	(b) (i) Has the patient had recent Oxygen Saturation (SAO2) done? No <input type="checkbox"/> Yes <input type="checkbox"/>	
	(ii) Date of test: _____	
	(iii) Was the SAO2 taken on: <input type="checkbox"/> Room air <input type="checkbox"/> Oxygen _____ LPM	
	(iv) What were the results? _____	
	(c) Does the patient retain CO2? No <input type="checkbox"/> Yes <input type="checkbox"/>	
	(d) Has his/her condition deteriorated recently? No <input type="checkbox"/> Yes <input type="checkbox"/>	
	(e) Can the patient walk 100m at a normal pace or climb 10-12 stairs without symptoms? No <input type="checkbox"/> Yes <input type="checkbox"/>	
(f) Has the passenger ever taken a commercial flight in these same conditions? No <input type="checkbox"/> Yes <input type="checkbox"/>		
If yes, when: _____		
(g) Did the passenger have any problems? No <input type="checkbox"/> Yes <input type="checkbox"/>		



<b>MEDA 18</b>	<b>Does the passenger suffer from psychiatric conditions?</b> <i>(Please also submit a comprehensive psychiatric report)</i> No <input type="checkbox"/> Yes <input type="checkbox"/> (a) Diagnosis: _____ (b) Is there a possibility that the passenger will become agitated during the flight? No <input type="checkbox"/> Yes <input type="checkbox"/> (c) Has the passenger taken a commercial flight after the diagnosis was made? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, date of travel: _____ (d) Did the passenger travel with an escort? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, type of escort: <input type="checkbox"/> Nurse <input type="checkbox"/> Medical Doctor <input type="checkbox"/> Travel Companion / Assistant
<b>MEDA 19</b>	<b>Does the passenger suffer from seizures?</b> No <input type="checkbox"/> Yes <input type="checkbox"/> (a) What type of seizures? _____ (b) Frequency/duration of seizures: _____ (c) Date of last seizure: _____ (d) Are the seizures controlled by medication? No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>MEDA 20</b>	<b>Does the passenger have fractures?</b> No <input type="checkbox"/> Yes <input type="checkbox"/> (a) Type of the fracture? _____ (b) Date of the fracture _____ (c) <b>Pelvic fracture:</b> No <input type="checkbox"/> Yes <input type="checkbox"/> (i) Is it stable? No <input type="checkbox"/> Yes <input type="checkbox"/> (d) <b>5. Lower limb fracture:</b> No <input type="checkbox"/> Yes <input type="checkbox"/> (i) Is the passenger able to sit upright for take-off and landing with knees bent? No <input type="checkbox"/> Yes <input type="checkbox"/> (ii) Can the passenger rest his/her leg on the ground during the flight? No <input type="checkbox"/> Yes <input type="checkbox"/> (If no, stretcher may be required.) (iii) Is the passenger in a plaster cast? No <input type="checkbox"/> Yes <input type="checkbox"/> (iv) If yes, is the plaster cast split? No <input type="checkbox"/> Yes <input type="checkbox"/> (e) <b>Upper limb fracture:</b> No <input type="checkbox"/> Yes <input type="checkbox"/> (i) Is the passenger in a plaster cast? No <input type="checkbox"/> Yes <input type="checkbox"/> (ii) If yes, is the plaster cast split? No <input type="checkbox"/> Yes <input type="checkbox"/> (f) <b>Skull fracture:</b> No <input type="checkbox"/> Yes <input type="checkbox"/> (i) Is there any air in the cranial cavity? No <input type="checkbox"/> Yes <input type="checkbox"/> (g) <b>Rib fracture:</b> No <input type="checkbox"/> Yes <input type="checkbox"/> (i) Is there a pneumothorax? No <input type="checkbox"/> Yes <input type="checkbox"/>



<b>MEDA 21</b>	<b>Does passenger have a peanut or other tree nuts allergy:</b> No <input type="checkbox"/> Yes <input type="checkbox"/> (a) Has the passenger or their parent/guardian read, understood and accepted the Cathay Pacific peanut or other tree nut allergy policy on the <a href="http://www.cathaypacific.com">www.cathaypacific.com</a> website? No <input type="checkbox"/> Yes <input type="checkbox"/> (b) Does the passenger's peanut or other tree nut allergy condition pose any serious risks to his/her health given the conditions inflight as stated on the website? No <input type="checkbox"/> Yes <input type="checkbox"/> (c) Can the passenger or their travel companion/s administer medications should the need arise? No <input type="checkbox"/> Yes <input type="checkbox"/>	
<b>Please Note:</b> (*)While our cabin crew will do everything possible to assist the passenger inflight, we are unable to provide any assistance for personal care needs such as feeding and elimination functions, including assistance inside the lavatory. Additionally, cabin crew are trained only in first aid and are not permitted to administer any medication. (**)Portable Oxygen Concentrator (POC) Please complete the "Physician Statement: POC" form (***) Any fees, related to the provision of medical devices are the passenger's responsibility.		
<b>Date:</b>	<b>Print Doctor's Name:</b>	<b>Doctor's Signature:</b>

