

Dear Doctor,

This passenger is flying with Cathay Pacific Airways (“Cathay”) or has an interline ticket on a Cathay flight. Based on the details provided during their booking, they must complete our Passenger Medical Clearance (MEDA) Form. Part 1 should be filled out by the passenger and Part 2 by their attending doctor in English.

This form helps us to determine if a passenger is medically fit to travel. If approved, the information provided also allow the team to help support the passenger’s comfort and well-being during their journey.

When filling out the form, keep in mind that air travel involves unique factors which must be considered to ensure a safe and comfortable flight. Key points to consider when assessing a passenger’s fitness for flying include:

Reduced atmospheric pressure: As the plane climbs and descends, cabin pressure changes lead to the expansion and contraction of gases. This may cause discomfort or pain due to pressure effects.

Lower oxygen levels: Aircraft cabins are pressurised to match conditions at 6,000-8,000 feet altitude, so the oxygen available is about 20% less than at sea level. While most healthy travellers manage well, those with anaemia or heart and lung problems might be at risk and could need extra oxygen during air travel.

Limited access to advanced medical care: Our cabin crew are trained in basic first aid and we carry medical kits and defibrillators, but complex medical care cannot be provided inflight. Passenger with medical conditions that carry a high risk of needing extraordinary medical assistance inflight may not be accepted for air travel.

The following stable conditions typically don’t require medical clearance, unless special assistance is needed:

- Diabetes Mellitus
- High blood pressure or high cholesterol
- Arthritis
- Joint replacement or amputations
- Artificial limbs
- Sleep apnea (CPAP or BIPAP users should notify Customer Care team at least 48 hours prior to departure if they will be using the device inflight)

The Aerospace Medical Association’s [Medical Guidelines for Airline Travel](#) provides information that may assist you when advising patients with preexisting illness who plan to travel by air.

Please submit the completed MEDA Form to our Customer Care team **at least 48 hours before the passenger’s scheduled departure date**, or **72 hours in advance if inflight medical oxygen is needed**.

Passengers are responsible for covering any fees related to assessment or completion of the form. If you wish to discuss the case with our medical team, please contact our Customer Care team as soon as possible.

We appreciate your cooperation.

Cathay Pacific Airways Ltd.

Group Medical Department

Attachment: MEDA Form Part 2



PASSENGER MEDICAL CLEARANCE (MEDA) FORM – PART 2

ATTENDING MEDICAL DOCTOR to complete in ENGLISH		
<i>Answer ALL questions using BLOCK LETTERS and mark an “✓” in the appropriate “YES” or “NO” boxes.</i>		
MEDA 01	Passenger’s Surname / First Name: _____ Date of Birth: _____ Gender: _____	
MEDA 02	Doctor’s Name: _____ Specialty: _____ Address: _____ Business Telephone: _____ Mobile: _____ Email: _____	
MEDA 03	Medical Diagnosis: _____ Details of current medical conditions (include symptoms and severity, treatment and recent surgery): _____ _____ Date of first symptoms: _____ Date of diagnosis: _____ Date of surgery: _____ Pulse: _____ BP: _____ Haemoglobin: _____ O ₂ Saturation: _____	
MEDA 04	Prognosis for the trip: _____ Good <input type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Poor <input type="checkbox"/>	
MEDA 05	Does the passenger have any contagious OR communicable disease? If yes, please specify: _____	No <input type="checkbox"/> Yes <input type="checkbox"/>
MEDA 06	Would the physical and/or mental condition of the passenger cause a safety risk to other passengers or themselves? If yes, please specify: _____	No <input type="checkbox"/> Yes <input type="checkbox"/>
MEDA 07	(a) Can the passenger sit UPRIGHT in a normal aircraft seat? (b) Can the passenger use a normal aircraft seat with both KNEES BENT? (c) If no, can the passenger rest their legs 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"/>
MEDA 08	(a) Can the passenger understand and follow safety instructions from cabin crew and assist in their own evacuation from the aircraft in an emergency? (b) Can the passenger take care of their own personal care needs on board UNASSISTED* (including meals, visit to toilet, administering of medications etc.)? If no, complete MEDA 09	No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>
MEDA 09	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: a) Support in understanding and responding appropriately to safety instructions from cabin crew and assisting the passenger to evacuate the aircraft in an emergency a) Attending to personal care needs such as eating and drinking, administering medications, supporting elimination functions, including assistance inside the lavatory if necessary	No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>

16.2	Does the passenger suffer from Myocardial Infarction?	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 passenger walk 100m at a normal pace or climb 10-12 stairs without symptoms?	No <input type="checkbox"/> Yes <input type="checkbox"/>		
16.3	Does the passenger suffer from <i>Heart Failure</i>?		
	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			
MEDA 17	Does the passenger suffer from an existing or chronic pulmonary conditions?		
	No <input type="checkbox"/> Yes <input type="checkbox"/>		
	(a) (i) Has the passenger 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? pCO ₂ _____ pO ₂ _____ O ₂ Saturation _____		
	(b) (i) Has the passenger had recent Oxygen Saturation (SAO ₂) done?	No <input type="checkbox"/> Yes <input type="checkbox"/>	
	(ii) Date of test: _____		
	(iii) SAO ₂ was taken on: <input type="checkbox"/> Room air <input type="checkbox"/> Oxygen _____ LPM		
	(iv) What were the results? _____		
	(c) Does the passenger retain CO ₂ ?	No <input type="checkbox"/> Yes <input type="checkbox"/>	
(d) Has their condition deteriorated recently?	No <input type="checkbox"/> Yes <input type="checkbox"/>		
(e) Can passenger 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: _____			
Did the passenger have any problems?	No <input type="checkbox"/> Yes <input type="checkbox"/>		
If yes, give details: _____			



MEDA 18	Does the passenger suffer from psychiatric conditions? <i>(If yes, please 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? If yes, date of travel: _____	No <input type="checkbox"/> Yes <input type="checkbox"/>
	(d) Did the passenger travel with an escort? If yes, type of escort: <input type="checkbox"/> Nurse <input type="checkbox"/> Medical Doctor <input type="checkbox"/> Travel Companion / Assistant	No <input type="checkbox"/> Yes <input type="checkbox"/>
MEDA 19	Does the passenger suffer from seizures?	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"/>
MEDA 20	Does the passenger have fractures?	No <input type="checkbox"/> Yes <input type="checkbox"/>
	(a) Type of the fracture? _____	
	(b) Date of the fracture: _____	
	(c) Pelvic fracture:	No <input type="checkbox"/> Yes <input type="checkbox"/>
	(i) Is it stable?	No <input type="checkbox"/> Yes <input type="checkbox"/>
	(d) Lower limb fracture:	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 their legs on the ground during the flight? (If no, stretcher may be required.)	No <input type="checkbox"/> Yes <input type="checkbox"/>
	(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) Upper limb fracture:	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) Skull fracture:	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) Rib fracture:	No <input type="checkbox"/> Yes <input type="checkbox"/>	
(i) Is there a pneumothorax?	No <input type="checkbox"/> Yes <input type="checkbox"/>	
MEDA 21	Does passenger have a peanut or other tree nuts allergy:	No <input type="checkbox"/> Yes <input type="checkbox"/>
	(a) Has the passenger or their parent/guardian read, understood and accepted the Cathay peanut or other tree nut allergy policy on the www.cathaypacific.com 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 their health given the conditions inflight as stated on the website?	No <input type="checkbox"/> Yes <input type="checkbox"/>
	(c) Can the passenger or their companion administer medication if needed?	No <input type="checkbox"/> Yes <input type="checkbox"/>



Please Note:

(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.*

*(**) 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.*

Date:	Print Doctor's Name:	Doctor's Signature:
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