



Dear Doctor:

This passenger has chosen to fly with DragonAir or on an interline ticket associated with a DragonAir 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 Parts 2 and 3, in English.

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

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

The attached Passenger Medical Clearance Guidelines provides more information on the special conditions associated with air travel and the specific restrictions for certain medical conditions. They also provide guidance on various considerations when determining a person's fitness to travel.

If the passenger suffers from any of the following - cardiac, pulmonary, psychiatric conditions, seizures, fractures and peanut allergy, you are requested to complete Part 3. This will help expedite the medical review process.

Additional information is available in the Aerospace Medical Association's [Medical Guidelines for Airline Travel](#), Second Edition or the World Health Organisation's [Fitness to Fly Information](#).

If you wish to discuss the case further with our Company Aviation Medical team, please contact your local DragonAir Reservations office as soon as possible.

Thank you for your cooperation.

Corporate Medical Department

Attachments:      Passenger Medical Clearance Guidelines  
MEDA Form Part 2/Part 3

## Passenger Medical Clearance Guidelines

Air travel has some unique features which must be considered by passengers with medical conditions and their treating doctors 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.

### Specific Medical Conditions

When calculating the number of days post-incident count the day of operation/onset of illness and day of travel.

Diagnosis	Not fit to fly	Medical clearance required	Comments
<b>Blood disorders</b>			
Anaemia	Hb < 7.5g/dl	Hb 7.5 – 10 g/dl	If acutely anaemic, Hb level should be assessed more than 24 hours after last blood loss, which must have ceased.
Sickle cell disease	< 10 days after Sickling crisis	Within 10 days of sickling crisis	Accepted for travel 10 days after sickling crisis if otherwise stable.
<b>Cardiovascular and other Circulatory disorders</b>			
Angina	Unstable angina		<ul style="list-style-type: none"> <li>• Passengers with frequent chest pains should consult their doctor regarding their fitness to travel.</li> <li>• Must be stable and no angina at rest.</li> <li>• Have sufficient medications at hand to relieve an angina attack.</li> </ul>
Myocardial infarction	Within 7 days	All 6 weeks post-MI	<ul style="list-style-type: none"> <li>• Any cardiac failure?</li> <li>• Any Arrhythmia?</li> <li>• Any post-MI angina pain?</li> <li>• Is the heart size larger than normal?</li> <li>• Any pre-attack angina?</li> </ul> <p><i>If NO:</i> Uncomplicated; may travel after 7 days.  <i>If YES:</i> Complicated. Disposition depends on individual assessment (stability, success of stenting, escort proposed, etc.)</p>
Cardiac Failure	Uncontrolled heart failure	If require inflight oxygen.	<ul style="list-style-type: none"> <li>• Passengers with uncontrolled heart failure should consult their doctor regarding their fitness to travel.</li> <li>• Adequate control is someone that can walk 50 meters (50yards) or go up a flight of stairs on room air at a normal pace without breathlessness. Otherwise, inflight oxygen may need to be considered.</li> </ul>

Diagnosis	Not fit to fly	Medical clearance required	Comments
Angioplasty with or without Stenting	Within 3 days	< 7 days	Elective, uncomplicated cases may travel: <ul style="list-style-type: none"> <li>• 3 days after angioplasty</li> <li>• 5 days after stenting.</li> </ul>
Open-chest Cardiac Surgery	Within 10 days	All require medical clearance during the <b>10 -21 days</b> post-operative period.	May travel after 10 days if uncomplicated.
Serious cardiac arrhythmia	Within 7 days	If < 21 days	Does not include benign arrhythmias.
Pulmonary Oedema	Unresolved	If < 21 days	Pulmonary oedema and any precipitating condition should be resolved.
Cyanotic congenital heart disease		All cases	Inflight oxygen needs to be considered in all cases.
Angiography	< 24 hours		May travel after 24 hours if original condition is stable.
Pacemaker insertion	Within 2 days	Within 7 days	May travel after 2 days if: <ul style="list-style-type: none"> <li>• no pneumothorax AND</li> <li>• rhythm is stable.</li> </ul>
Ablation therapy	Within 2 days	Within 7 days	Passenger flying within 1 week of the procedure is considered at high risk of DVT.
Deep Vein Thrombosis (DVT)	If active	Confirmed or suspected needs medical clearance.	Stable on anticoagulants.
Pulmonary embolism	Within 4 days of onset	< 21 days	May travel after 5 days if: <ul style="list-style-type: none"> <li>• anticoagulation stable AND</li> <li>• PAO2 normal on room air.</li> </ul>
<b>Ear , Nose and Throat Conditions</b>			
Ear and sinus infections	Acute illness or loss of Eustachian tube function.		Must be able to clear ears with Valsalva maneuver.
Middle ear surgery	< 10 days	10 – 14 days after surgery	<ul style="list-style-type: none"> <li>• Allowed to fly 10 days after surgery.</li> <li>• Must be able to clear ears.</li> </ul>
Tonsillectomy	< 7 days	Only if complications	Allowed to travel 7 days after surgery.
Wired jaw	If travelling alone	If wired	Must have: <ul style="list-style-type: none"> <li>• escort with wire cutters OR</li> <li>• self quick release wiring.</li> </ul>
<b>Eye Conditions</b>			
Corneal laser, Cataract surgery or other eye surgery	< 24 hours	1-3 days	Can travel after one day.
Retinal Detachment Procedure	< 10 days	1- 10 days after surgery	Allowed to travel 10 days after the procedure.
Penetrating eye injury	< 7 days	< 14 days	Any gas in the globe must be reabsorbed.
<b>Gastrointestinal Conditions</b>			
Gastrointestinal Bleeding	< 24 hours after bleed	1 to 10 days post-bleed.	<ul style="list-style-type: none"> <li>• Bleeding must have stopped.</li> <li>• Hemoglobin limits must be met.</li> <li>• Risks of rebleeding must be assessed and be acceptable.</li> </ul>
Major Abdominal Surgery	< 10 days	1 to 10 days post op.	<ul style="list-style-type: none"> <li>• Accepted after 10 days if uncomplicated.</li> <li>• E.g. bowel resection, hysterectomy, renal, surgery, etc.</li> </ul>

Diagnosis	Not fit to fly	Medical clearance required	Comments
Appendectomy	< 4 days	Only if complicated	Accepted after 4 days if uncomplicated.
Laparoscopy (investigation)	< 24 hours		Accepted after 24 hours if all gas absorbed.
Laparoscopic surgery	< 4 days	1- 10 days post op	All gas must be absorbed. E.g. cholecystectomy, tubal surgery
<b>Infectious Diseases</b>			
Infectious diseases	During contagious stage of illness		Must be non-infectious. See below for specific diseases.
Chicken pox	If active lesions present		It is safe to travel when all exposed lesions are dried and crusted.
Tuberculosis		All cases	Can travel if on medical treatment and medical documentation states that not infectious
<b>Neurological conditions</b>			
Epilepsy	< 24 hours after fit or unstable	If suffered from an epileptic fit 24 hours before flight.	Must be stable on medications.
Stroke	< 3days post-stroke	Within 10 days	<ul style="list-style-type: none"> <li>May travel after 10 days if uncomplicated.</li> <li>Possibly may have to travel with an escort.</li> </ul>
Intracranial Surgery	< 10 days post-op	10-21 days	<ul style="list-style-type: none"> <li>Not within 10 days of surgery.</li> <li>May only travel if cranium is free of air.</li> </ul>
<b>Orthopaedic Conditions</b>			
Fractures	< 48 hours if cast not bi-valved.		Splints/Casts must be bi-valved if travelling within 48 hours of injury or surgery on the fractures.
<b>Pregnancy and New born</b>			
Single pregnancy	After 36 weeks (i.e. 35 weeks and 6 days)	Any complications	Clearance not required before 36 weeks unless complicated, but medical certificate needed after 28 weeks.
Multiple pregnancy	After 32 weeks (i.e. 31 weeks and 6 days)	Any complications	Clearance not required before 32 weeks unless complicated, but medical certificate needed after 28 weeks.
Miscarriage (threatened or complete)	With active bleeding	Within 7 days of bleeding	Must be stable, no bleeding and no pain for at least 24 hours.
New born	< 48 hours	Within 7 days of birth	Fit and healthy babies can travel after 48 hours, but preferably after 7 days.
<b>Psychiatric Conditions</b>			
Acute psychosis	If unstable	Within 14 days of unstable episode or hospitalisation.	<ul style="list-style-type: none"> <li>Must be stable and appropriately escorted.</li> <li>Escort may range from correctional officers, friends/relatives, to medically trained personnel with appropriate medications.</li> <li>This is for safety reason.</li> <li>Full psychiatric report required.</li> </ul>
Chronic psychiatric disorders		If significant risk of deterioration inflight	Travel may be approved with suitable medical escort / carer.
<b>Respiratory Conditions</b>			
Asthma	< 48 hours after severe attack	If want to use an open-circuit nebuliser inflight. (Must be free from infectious disease.)	<ul style="list-style-type: none"> <li>Must be stable and carry appropriate medication onboard.</li> </ul>
Chest surgery	< 10 days	< 28 days	May travel after 10 days if uncomplicated recovery.

Diagnosis	Not fit to fly	Medical clearance required	Comments
Pneumothorax	< 14 days after full inflation.	8-21 days after full inflation, if managed closed.	<ul style="list-style-type: none"> <li>May not travel until 14 days after full lung inflation occurred if managed closed.</li> <li>If chest drain in-situ, may travel with medical escort at any time if other injuries/conditions permit and equipment/spare drain are carried.</li> </ul>
Pneumonia	Acute, with symptoms		May travel if: <ul style="list-style-type: none"> <li>fully resolved OR</li> <li>if x-ray signs persist, must be symptom free.</li> <li>No longer infectious</li> </ul>
COPD, emphysema, pulmonary fibrosis, pleural effusion and haemothorax.	Cyanosis on the ground despite supplementary oxygen. Unresolved recent exacerbation.	If unstable or poor exercise tolerance. Within 7 days of recent exacerbation.	Accepted if: <ul style="list-style-type: none"> <li>Exercise tolerance &gt; 50 meters without dyspnoea AND</li> <li>General condition adequate.</li> <li>Full recovery if recent exacerbation.</li> </ul> Supplemental oxygen may be required inflight.
Trauma			
Burns	If still shocked or with widespread infection or greater than 20% total body surface.	Within 7 days of burn or surgical treatment	Must be medically stable and well in other respects.
Miscellaneous			
Terminal illness		If at risk of death during flight.	
Scuba diving	< 24 hours of diving		
Decompression sickness (bends)	< 3 days for bends < 7 days for neurological symptoms	All cases within 10 days of completing treatment.	
Severe allergies or anaphylaxis		If any special accommodation required.	<ul style="list-style-type: none"> <li>DragonAir does not provide peanut-free meals.</li> <li>DragonAir cannot guarantee specific allergen free environment.</li> <li>Passenger should carry appropriate medications and be able to self administer them.</li> </ul>

**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 (If intending to use CPAP inflight, must notify DragonAir a minimum of 48 hours prior to departure.)

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

<b>To be completed by ATTENDING DOCTOR (IN ENGLISH)</b>		This form is intended to provide CONFIDENTIAL information to enable the airline's MEDICAL Department to assess the fitness of the passenger to travel as indicated in Part 1. 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.  The DOCTOR ATTENDING the incapacitated passenger is requested to <b>ANSWER ALL QUESTIONS</b> . (Enter a cross 'X' in the appropriate 'yes' or 'no' boxes, and/or give concise answers). <b>Please also complete the relevant section of Part 3 of this form if the passenger has any of the following:</b> Cardiac conditions, Pulmonary conditions, Psychiatric conditions, Seizures, a Fracture or Peanut Allergy.  COMPLETION OF THE FORM IN <b>BLOCK LETTERS</b> WILL BE APPRECIATED	
<b>MEDA 01</b>	Passenger's Surname: _____	First Name: _____	Sex: _____ Age: _____
<b>MEDA 02</b>	Attending Doctor's Name _____ Address _____ Telephone No. (Business) _____ (Home or Mobile) _____ Email: _____		
<b>MEDA 03</b>	Medical Diagnosis: _____ Details of current medical conditions (including vital signs) : _____ _____ Date of first symptoms: _____ Date of diagnosis: _____ Date of operation: _____		
<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?		No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>MEDA 06</b>	If yes, please specify: _____		
<b>MEDA 06</b>	Is there a possibility that the passenger will become agitated during the flight?		No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>MEDA 07</b>	Can the passenger use normal aircraft seat with seatback placed in the UPRIGHT position?		No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>MEDA 07</b>	Can the passenger use normal aircraft seat with both KNEES BENT?		No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>MEDA 08</b>	Can the passenger take care of his/her own needs on board UNASSISTED* (including meals, visit to toilet, administering of medications etc)?		No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>MEDA 08</b>	If not, type of help needed: _____		
<b>MEDA 09</b>	If to be ESCORTED, is the arrangement proposed in PART 1/E satisfactory?		No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>MEDA 09</b>	If not, type of escort proposed by YOU: _____		
<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"/> (b) On board the AIRCRAFT: 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>MEDA 11</b>	Does the passenger need any MEDICATION* other than those self administered?	(a) On the GROUND while at the airport(s) No <input type="checkbox"/> Yes <input type="checkbox"/> (b) On board of the AIRCRAFT No <input type="checkbox"/> Yes <input type="checkbox"/>	Specify: _____ _____ Specify: _____ _____
<b>MEDA 12</b>	Does the passenger need any medical devices such as POC***, CPAP, suction, respirator, etc**? (Note all medical equipment onboard must be battery operated)	(a) On the GROUND while at the airport(s) No <input type="checkbox"/> Yes <input type="checkbox"/> (b) On board of the AIRCRAFT No <input type="checkbox"/> Yes <input type="checkbox"/>	Specify: _____ _____ Specify: _____ _____
<b>MEDA 13</b>	Does the passenger need HOSPITALISATION upon arrival? (If yes, indicate arrangements made or if none were made, indicate "NO ACTION TAKEN") NOTE: The attending doctor is responsible for all arrangements.	No <input type="checkbox"/> Yes <input type="checkbox"/>	Action: _____ _____
<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>Note:</b> (**)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. (**) <b>IMPORTANT</b> - Fees, if any, relevant to the completion of this form and/or for the provisions of medical devices are the responsibility of the passenger concerned. (***) Portable Oxygen Concentrator (POC) Please complete the "Physician Statement: POC" form			
Date: _____		Print Doctor's Name: _____	Doctor's Signature: _____



**PASSENGER MEDICAL CLEARANCE FORM (MEDA) — PART 3 (ADDITIONAL INFORMATION)**

In order to facilitate a speedier medical clearance process, please provide the following additional information if the passenger suffers from one of the conditions below:

<b>MEDA 16</b>	<b>CARDIAC CONDITIONS</b>	
<b>1.</b>	<b>Angina</b> 1. Date of last episode: _____ 2. Is the condition stable? _____ 3. 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 4. Can the patient walk 100m at a normal pace or climb 10-12 stairs without symptoms? _____	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>2.</b>	<b>Myocardial Infarction</b> 1. Date: _____ 2. Complications? _____ If yes, give details: _____ 3. Did the passenger have any heart failure? _____ 4. Is the passenger's heart size larger than normal? _____ 5. Did the passenger have any chest pain after the first 24 hours? _____ 6. Did the passenger have any arrhythmia requiring treatment after the first 24 hours? _____ 7. Did the passenger have any pre-attack angina? _____ 8. Stress ECG done? _____ If yes, indicate date/results: _____ 9. If angioplasty or coronary bypass, can the passenger walk 100m at a normal pace or climb 10-12 stairs without symptoms? _____	No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> 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>3.</b>	<b>Heart Failure</b> 1. When was the last episode: _____ 2. Is the passenger's condition controlled with medication? _____ If yes, give details: _____ 3. 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	No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>MEDA 17</b>	<b>CHRONIC PULMONARY CONDITIONS</b> 1. Has the patient had recent arterial gases done? Blood gases were taken on: <input type="checkbox"/> Room air <input type="checkbox"/> Oxygen _____ LPM What were the results? pCO <sub>2</sub> _____ pO <sub>2</sub> _____ Saturation _____ Date of test: _____ 2. Does the patient retain CO <sub>2</sub> ? _____ 3. Has his/her condition deteriorated recently? _____ 4. Can the passenger walk 100m at a normal pace or climb 10-12 stairs without symptoms? _____ 5. Has the passenger ever taken a commercial flight in these same conditions? If yes, when: _____ Did the passenger have any problems? _____	No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> 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 18</b>	<b>PSYCHIATRIC CONDITIONS (Please also submit a comprehensive psychiatric report)</b> Diagnosis: _____ 1. Is there a possibility that the passenger will become agitated during the flight? _____ 2. Has the passenger taken a commercial flight after the diagnosis was made? If yes, date of travel: _____ Did the passenger travel <input type="checkbox"/> Alone <input type="checkbox"/> Escorted	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 19</b>	<b>SEIZURES</b> 1. What type of seizures? _____ 2. Frequency/duration of seizures: _____ 3. Date of last seizure: _____ 4. Are the seizures controlled by medication? _____	No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>MEDA 20</b>	<b>FRACTURES</b> 1. Type and Date of the fracture? _____ 2. <b>Pelvic fracture:</b> a) Is it stable? _____ 3. <b>Lower limb fracture:</b> a) Is the passenger able to sit upright for takeoff and landing with the knees bent? If no, stretcher may be required. _____ b) Is the plaster cast split? _____ 4. <b>Upper limb fracture:</b> a) Is the plaster cast split? _____ 5. <b>Skull fracture:</b> a) Is there any air in the cranial cavity? _____ 6. <b>Rib fracture:</b> a) Is there a pneumothorax? _____	No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> 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 21</b>	1. Has the passenger, or the parent/guardian of the passenger read, understood and accepted the Cathay Pacific Airways peanut allergy policy on the <a href="http://www.cathaypacific.com">www.cathaypacific.com</a> website? 2. Does the passenger's peanut allergy condition pose any serious risks to his/her health given the conditions inflight as stated on the website? 3. Can the passenger self-administer his/her own medications or are there travel companions that may help administer the medications should the need arise?	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>Date:</b>	<b>Print Doctor's Name:</b>	<b>Doctor's Signature:</b>