

## MEDICAL CLEARANCE FORM (MEDA)

This form provides **CONFIDENTIAL** information for the airline's Medical Department to assess the passenger's fitness for air travel and issue necessary directives for their welfare and comfort. The attending physician must answer all questions in **English or Traditional Chinese**.

Please check "☒" in the appropriate boxes, and / or give precise concise answers.

### For Passenger Use Only

MEDA 01	PASSENGER'S Name (same as appears on passport)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Age
MEDA 01	1. Flight No. : _____ Travel Date (YYYY/MM/DD) : _____ / _____ / _____		
	2. Flight No. : _____ Travel Date (YYYY/MM/DD) : _____ / _____ / _____		
MEDA 01	<input type="checkbox"/> Wheelchair <input type="checkbox"/> Stretcher <input type="checkbox"/> Others _____	Weight _____ Kg (For stretcher case)	

### For Doctor Use Only

MEDA 02	ATTENDING PHYSICIAN'S Name	Phone Number	
MEDA 02	Hospital Clinic Affiliation (Official Stamp)		
	Is passenger PREGNANT? <input type="checkbox"/> No, (Please skip MEDA03) <input type="checkbox"/> Yes		
MEDA 03	GA : _____ weeks + _____ day(s) EDD (YYYY/MM/DD) : _____ / _____ / _____		
	Gestation : <input type="checkbox"/> Single <input type="checkbox"/> Multiple		
MEDA 03	Has passenger had any pregnancy complications?		
	<input type="checkbox"/> No (Please skip MEDA04) <input type="checkbox"/> Yes, Please fill in MEDA04. <input type="checkbox"/> Eclampsia <input type="checkbox"/> Preeclampsia <input type="checkbox"/> Gestational Diabetes <input type="checkbox"/> Gestational Hypertension <input type="checkbox"/> Placenta Previa <input type="checkbox"/> Anemia <input type="checkbox"/> Others _____.		
MEDA 04	Diagnosis and Symptom in details:	Date of Diagnosis (YYYY/MM/DD)	
	Date of first symptoms (YYYY/MM/DD)	Date of Operation (YYYY/MM/DD)	
	GCS : _____		
	Temp _____ °C ; BP _____ ; HR _____ ; RR _____ ; Hb _____ g/dL		
	SpO <sub>2</sub> : _____ % (room air) or SpO <sub>2</sub> : _____ % on O <sub>2</sub> _____ L/min via _____		
MEDA 04	Summary of medical records attached 【 IF operation or admission within 2 weeks 】		
	<input type="checkbox"/> No <input type="checkbox"/> Yes		
MEDA 05	Fitness for the Flight(s) ?	<input type="checkbox"/> Fit to Travel <input type="checkbox"/> Not Fit to Travel, Specify : _____	
MEDA 06	Contagious and Communicable Disease? Specify if YES :		<input type="checkbox"/> No <input type="checkbox"/> Yes

<b>MEDA 07</b>	<p>Would the physical and / or mental condition of the patient be likely to cause distress or discomfort to other passengers or one's self ?</p> <p>Specify if YES _____</p>		<input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>MEDA 08</b>	<p>Can passenger use normal aircraft seat with seatback placed in the UPRIGHT position when required ?</p>		<input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>MEDA 09</b>	<p>Q1. Can passenger understand and respond to cabin crew's safety instructions and assist their own evacuation in the event of emergency? If <b>NO</b> , the passenger must be escorted.</p>		<input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>MEDA 10</b>	<p>Q2. Can passenger take care of their own needs on board UNASSISTED 【 Including meals, visit to toilet, administer medications, etc. 】 ? If <b>NO</b> , the passenger must be escorted.</p>		<input type="checkbox"/> No <input type="checkbox"/> Yes		
	<p>Q1. Does the passenger require ESCORT(s)?</p> <p>Q2. Type of escort : <input type="checkbox"/> Travel companion <input type="checkbox"/> Nurse <input type="checkbox"/> Doctor <input type="checkbox"/> Nurse &amp; Doctor</p>			<input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>MEDA 11</b>	<p>Does passenger need RENTAL OXYGEN?</p>		<input type="checkbox"/> No <input type="checkbox"/> Yes		
	Oxygen flow rate	<input type="checkbox"/> 2 L/min <input type="checkbox"/> 4 L/min			
	Continuous	<input type="checkbox"/> No <input type="checkbox"/> Yes.			
<b>MEDA 12</b>	<p>Estimated amount of OXYGEN : _____ BT</p>			<input type="checkbox"/> No <input type="checkbox"/> Yes	
	<p>Does passenger need any MEDICAL DEVICES? ** portable oxygen concentrator (POC) , suction, infusion pump, ventilator, etc.</p>			<input type="checkbox"/> No <input type="checkbox"/> Yes	
	<p>If yes, please read the note below in detail and specify the device(s).</p>				<input type="checkbox"/> No <input type="checkbox"/> Yes
	<p>(1) The brand and type of medical device : _____</p>				<input type="checkbox"/> No <input type="checkbox"/> Yes
	<p>(2) Size : Width _____ Depth _____ Height _____ 【 <input type="checkbox"/> Centimeter / <input type="checkbox"/> Inches ]</p>				<input type="checkbox"/> No <input type="checkbox"/> Yes
	Period of usage	<input type="checkbox"/> On Ground		<input type="checkbox"/> During Flight	
	Continuous	<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>MEDA 13</b>	<p>Can passenger use the medical device(s) unassisted? If <b>NO</b> , the passenger must be escorted.</p>			<input type="checkbox"/> No <input type="checkbox"/> Yes	
	<p>Does passenger need any MEDICATION on plane?</p> <p>If <b>YES</b>, please check below and specify.</p> <p>(1) <input type="checkbox"/> Can self-administered <input type="checkbox"/> Need to be administered by escort Medication details (name and route) _____</p>			<input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>MEDA 14</b>	<p>Does passenger need HOSPITALISATION during transit/transfer at CONNECTING POINTS? If <b>YES</b>, indicate arrangements made:</p>			<input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>MEDA 15</b>	<p>Does passenger need HOSPITALISATION upon ARRIVAL? If <b>YES</b>, indicate arrangements made:</p>			<input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>MEDA 16</b>	<p>Other remarks, information and arrangements made:</p>				
<p>Attending Physician's Signature</p>		<p>License/Provider Number</p>	<p>Date(YYYY/MM/DD)</p>		

## For Airport Staff use only

Physical or mental conditions declaration by passenger : \_\_\_\_\_

Passenger is pregnant and the duration of pregnancy is \_\_\_\_\_ weeks. Passenger assures her physical condition is suitable for the flight.

Passenger is sick or needs special assistance, assures his/her physical condition is suitable for the flight.

Other conditions (see the attached): \_\_\_\_\_.

<b>Gate Screen Record</b> Consultant date(YYYY/MM/DD) : _____ / _____ / _____ Consultant result : <input type="checkbox"/> Clear <input type="checkbox"/> Denied <input type="checkbox"/> others _____	AIRLINES : _____ CI/AE Handling Agent / Station : _____
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### Fit-to-Fly Declaration

1. Cabin crew are NOT authorized to give special assistance to passengers such as personal care and lifting. Additionally, they are trained only in FIRST AID and are NOT PERMITTED to administer any injection or give medication.
2. Passenger or passenger's legal representative is fully aware of China Airlines transportation clauses and conditions when submitting this Medical Clearance Form based on the assessment by attending physician or Gate Screen, and will hold China Airlines, its board of directors, officers, agents, or employed personnel harmless from and against any and all liability, loss, expense (including attorneys' fees), and claims for injury or damages arising out of the performance of this transportation.
3. Passenger hereby confirms that the information stated in this Medical Clearance Form was completed by the passenger or passenger's attending physician, and has honestly disclosed its physical and mental condition to China Airlines.
4. The undersigned (attending physician) shall, based on the medical profession, faithfully provide the information of this Medical Clearance Form and attachment(s) of the related diagnosis documentation; otherwise, the undersigned (attending physician) shall be held responsible for the Criminal Code of forgery and administrative liabilities shall be imposed for violation of Physicians Act
5. Passenger shall submit the following required documents to China Airlines for Fit-to-Fly assessment at least 2 working days (excluding holidays) before the flight departure: Medical Clearance Form, Medical Certificate and summary of medical records (if there has been hospitalization or surgery within the past 2 weeks). Boarding shall be permitted only upon approval by the China Airlines' medical department.
6. When passenger experiences physical discomfort or has concerns regarding fitness to fly at the check-in counter or boarding gate on the day of departure and requires a Fit-to-Fly assessment via Gate Screen, China Airlines will strictly adhere to the instructions of a qualified physician. Boarding shall be permitted only upon approval by the physician. Please noted that this provision applies solely to unforeseen and temporary medical conditions. Passengers are reminded that, in accordance with China Airlines' standard operating procedures, Fit-to-Fly assessment shall be submitted in advance at least 2 working days (excluding holidays) prior to flight departure.
7. Passengers shall submit a Fit-to-Fly assessment request in accordance with China Airlines' regulations no later than 10 days prior to the departure date. Passenger who has undergone the assessment by our Medical Department and has been determined to be temporarily unfit to travel shall not be permitted to request a re-assessment through Gate Screen on the original departure date. Passenger may only resubmit an updated Fit-to-Fly application, together with all required medical documents, after one's health condition has stabilized. Approval shall be granted solely upon confirmation by China Airlines' Medical Department that passenger is fit to travel.

### Notes for carrying medical equipment on board

1. For the brand and the model of the medical equipment, please refer to the China Airlines On Board Medical Equipment Table (verified through RTCA-Requirement and Technical Concepts for Aviation), and the device must have the manufacturer's trademark for CAL's staff identification. In addition to the models listed in the table, other POCs that have a label indicating "RTCA/DO-160~ Section 21 Category M Compliant FAA Approved" or "The manufacturer of this POC has determined this device conforms to all applicable FAA acceptance criteria for POC carriage and use on board aircraft." will be accepted to be carried and used on board. Please follow CAL website/manage/special assistance/medical assistance: portable medical electronic device.
2. Charging equipment is not permitted on board, adequate spare batteries (1.5 times the flight time) must be brought on board following China Airlines' regulations. Additionally, they must meet the provisions in the Dangerous Good Regulations of Air Transport.

## **Personal Data Consent Form**

For the purpose of assessing passenger acceptable for air travel, China Airlines Ltd. ("CAL" or "we") will collect, process, use, transmit (including international transmission) and disclose your Personal Data (hereinafter collectively referred to as "Personal Data"), pursuant to Personal Data Protection Act ("Act"), CAL's Privacy Protection Policy and other applicable laws/regulations, we hereby notify you the following. Considering the rights and interests of your Personal Data, please read this Consent Form carefully :

1. Purpose: Assessing whether passenger acceptable for air travel.
2. Types: Including but not limited to Medical Clearance Form, medical certificate, medical summary, prescription, etc.
3. Period, areas, recipients and methods:
  - (1) Period: Personal Data may be used until the last to occur of (i) the relevant purpose described above ceasing to be applicable/relevant; (ii) CAL ceasing to be required by applicable laws, regulations or internal rules to retain such Personal Data; (iii) Personal Data ceasing to be required by CAL to conduct business, and (iv) any contractual requirement to retain such Personal Data ceasing to exist..
  - (2) Areas: Personal Data may be used in Taiwan (including Penghu, Kinmen and Matsu) and any countries or areas in connection with CAL's oversea branch offices and subsidiaries.
  - (3) Recipients: Personal Data may be used disclosed to and used by CAL, CAL oversea branch offices and subsidiaries, and other legally investigation authorities or competent authorities.
  - (4) Methods: Personal Data may be collected, processed, used, transmitted and disclosed by any automatic or non-automatic manners (including using electric files and/or hard copies).
4. In accordance with Article 3 of the Act and other applicable laws/regulations, you or the protected natural person (as applicable) may exercise following rights with respect to your Personal Data retained by CAL: Except the situation stated in Article 10 of the Act and other applicable laws/regulations, you may:
  - (1) Inquire or review Personal Data, but CAL may charge reasonable fees;
  - (2) Make duplications of Personal Data, but CAL may charge reasonable fees;
  - (3) Supplement or correct Personal Data, but shall with proper explanation;
  - (4) Terminate the collection, processing or use Personal Data, to the extent that such Personal Data is not necessary for CAL to conduct business, contractual agreement or fulfillment of a legal obligation;
  - (5) Restrict of processing Personal Data, but it does not prevent CAL to store your Personal Data;
  - (6) Restrict of automated individual decision making;
  - (7) Request to delete Personal Data, to the extent that such Personal Data is not necessary for CAL to conduct business or CAL is otherwise legally entitled to retain same;
  - (8) Request for data portability;
  - (9) Opt-out or unsubscribe from marketing.
5. Way of exercise your rights: by way of on-site, written notice or calling customer service hotline.
6. With respect to item 4(1) and (2) above, CAL will respond within 15 working days, which may be extended for another 15 working days, if necessary. With respect to item 4(3) to (9) above, CAL will respond within 30 working days, which may be extended for another 30 working days, if necessary.
7. Affection to your rights of non-providing Personal Data: You are in the position to decide whether to provide the related Personal Data. However, if you decide not to provide Personal Data, CAL may not be able to engage in necessary business or processing and will not be able to provide relevant to you. Your understanding is appreciated.

I hereby confirm that I have read and understood the content of this Consent Form, and agree to make my Personal Data available to CAL under the terms and conditions set out in the Act, CAL's Privacy Protection Policy and other applicable laws/regulations.

Passenger Signature:	Date(YYYY/MM/DD)
Signed by legal representative:	Date(YYYY/MM/DD)