

MEDICAL CLEARANCE FORM

This form is intended to provide **CONFIDENTIAL** information to enable the airline's MEDICAL Department to assess the fitness of the passenger to travel. If the passenger is acceptable for air travel, this information will permit the issuance of the necessary directives designed to provide for the passenger's welfare and comfort. The PHYSICIAN ATTENDING of the passenger is requested to ANSWER ALL QUESTIONS in ENGLISH or TRADITIONAL CHINESE.

Enter a Check "☑" in the appropriate boxes, and / or give precise concise answers.

MEDA 01	PASSENGER	Name :		Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female	Age :	
		Flight info. :	<input type="checkbox"/> Wheelchair <input type="checkbox"/> Stretcher	Weight :		
MEDA 02	ATTENDING PHYSICIAN	Name :		Contact Number Business :		
		Hospital Clinic Affiliation :				
MEDA 03	DIAGNOSIS in details :					
	Date of diagnosis :	Date of first symptoms :		Date of Operation :		
	Vital Signs : GCS : _____ BP : _____ RR : _____ HR : _____ Temp : _____ °C SpO2 : _____ % Hb : _____					
	Medical certificate attached 【mandatory for all applications】				<input type="checkbox"/> No <input type="checkbox"/> Yes	
	Summary of medical records attached 【operation or admission within 2 weeks】				<input type="checkbox"/> No <input type="checkbox"/> Yes	
MEDA 04	Fitness for the Flight(s) ?	<input type="checkbox"/> Fit to Travel <input type="checkbox"/> Not Fit to Travel, Specify :				
MEDA 05	Contagious AND Communicable Disease ? Specify if YES :				<input type="checkbox"/> No <input type="checkbox"/> Yes	
MEDA 06	Would the physical and / or mental condition of the patient be likely to cause distress or discomfort to other passengers or one's self* ? Specify if YES :				<input type="checkbox"/> No <input type="checkbox"/> Yes	
MEDA 07	Can passenger use normal aircraft seat with seatback placed in the UPRIGHT position when required ?				<input type="checkbox"/> No <input type="checkbox"/> Yes	
MEDA 08	Q1. Can passenger understand and respond to cabin crew's safety instructions and assist one's own evacuation in the event of emergency ? If not, the passenger must be escorted.				<input type="checkbox"/> No <input type="checkbox"/> Yes	
	Q2. Can passenger take care of his own needs on board UNASSISTED 【including meals, visit to toilet, administer medications, etc.】 ? If not, the passenger must be escorted.				<input type="checkbox"/> No <input type="checkbox"/> Yes	
MEDA 09	Q1. Does the passenger require an ESCORT ?				<input type="checkbox"/> No <input type="checkbox"/> Yes	
	Q2. If to be ESCORTED is the arrangement satisfactory to you ?				<input type="checkbox"/> No <input type="checkbox"/> Yes	
Type of escort proposed by YOU : <input type="checkbox"/> Travel companion <input type="checkbox"/> Nurse <input type="checkbox"/> Doctor <input type="checkbox"/> Nurse & Doctor						
MEDA 10	Does passenger need OXYGEN ? **		<input type="checkbox"/> No <input type="checkbox"/> Yes			
	Period of usage	<input type="checkbox"/> On Ground		<input type="checkbox"/> During Flight		
	Oxygen flow rate	<input type="checkbox"/> 2 L/MIN <input type="checkbox"/> 4 L/MIN		<input type="checkbox"/> 2 L/MIN <input type="checkbox"/> 4 L/MIN		
	Continuous	<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes.		
	Estimated amount of OXYGEN : _____ BT					

MEDA 11	Does passenger need any MEDICAL DEVICES** such as portable oxygen concentrator (POC) , CPAP, suction, infusion pump, ventilator ?		<input type="checkbox"/> No <input type="checkbox"/> Yes
	If yes, please see note and specify. A. The brand and type of medical device : B. Size : Width _____ Depth _____ Height _____ 【 <input type="checkbox"/> Centimeter / <input type="checkbox"/> Inches 】		
	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
	Can passenger use the medical device(s) unassisted ?		<input type="checkbox"/> No <input type="checkbox"/> Yes
MEDA 12	Does passenger need any MEDICATION*, other than self-administered ? Specify if YES :		<input type="checkbox"/> No <input type="checkbox"/> Yes
	Can it be administered by the escort ?		<input type="checkbox"/> No <input type="checkbox"/> Yes
MEDA 13	Does passenger need HOSPITALISATION during transit/transfer at CONNECTING POINTS? If yes, indicate arrangements made :		<input type="checkbox"/> No <input type="checkbox"/> Yes
MEDA 14	Does passenger need HOSPITALISATION upon ARRIVAL ? If yes, indicate arrangements made :		<input type="checkbox"/> No <input type="checkbox"/> Yes
MEDA 15	Is passenger PREGNANT ?		<input type="checkbox"/> No <input type="checkbox"/> Yes
	GA : _____ weeks + _____ day(s) EDD : _____ / _____ / _____ Gestation : <input type="checkbox"/> Single <input type="checkbox"/> Multiple		
MEDA 16	Other remarks, information and arrangements made :		
Date :		Place :	Attending Physician's Signature :
Date :		Place :	Passenger's Signature :
<p>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.</p> <p>2、 With the medical assessment of the ATTENDING PHYSICIAN, the undersigned (PASSENGER) is fully aware of China Airlines' transport terms and conditions when submitting this Medical Clearance Form 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.</p> <p>3、 The undersigned (ATTENDING PHYSICIAN) shall, based on his/her medical profession, faithfully provide the information of this Medical Clearance Form and attachment(s) of the related diagnosis documentation; otherwise, the undersigned shall be held responsible for the criminal law of forgery and administrative liabilities shall be imposed for violation of Physician Law.</p> <p>4、 The medical clearance form and related medical documents must be submitted in FULL for approval 48 hours prior to departure.</p>			

****Notes for carrying medical equipment on board :**

- The medical devices may be used ONLY in battery-operated mode and must be approved by the Federation Aviation Administration (FAA) for use in aircraft. The brand and the model of the medical equipment that is going to be brought on board must be recognized by China Airlines **On Board Medical Equipment URL**.
- The size and weight of any special apparatus must comply with international and regional flight safety regulations.
- There must be adequate number of fully charged batteries (complying with respective country's regulation) brought onboard to power the device for not less than 150% of the expected maximum flight duration. Confirmation of flight time with CAL 48 hours before departure is recommended.
- The passenger MUST be able to operate the equipment and respond appropriately to its alarms, otherwise the passenger must travel with a companion who is able to perform these functions.
- Portal medical electronic equipment shall meet the requirements of carry-on baggage and follow CAL policy on portable electronic devices. If any electronic device interferes with aircraft communication and navigation equipment, CAL cabin crew may request termination of usage. (Please refer to **In-Flight Guide/Electronic Devices Regulations URL** on CAL website.)