

MEDICAL CLEARANCE FORM (MEDA)

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'S Name (as appears on your passport)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Age
		Flight No.	Travel Date (DD/MM/YYYY)
	<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
	Hospital Clinic Affiliation (Official Stamp)		
MEDA03	Is passenger PREGNANT? <input type="checkbox"/> No, (Please skip MEDA03) <input type="checkbox"/> Yes		
	GA : _____ weeks + _____ day(s) EDD (DD/MM/YYYY) : ____/____/____		
	Gestation : <input type="checkbox"/> Single <input type="checkbox"/> Multiple		
	Have passenger had any pregnancy complications? <input type="checkbox"/> No (Please skip MEDA04) <input type="checkbox"/> Yes, (<input type="checkbox"/> Eclampsia <input type="checkbox"/> Preeclampsia <input type="checkbox"/> Gestational Diabetes <input type="checkbox"/> Gestational hypertension <input type="checkbox"/> Anemia <input type="checkbox"/> Others _____.) If yes, please fill in MEDA04.		
MEDA 04	DIAGNOSIS in details		Date of diagnosis (DD/MM/YYYY)
	Date of first symptoms (DD/MM/YYYY)		Date of Operation (DD/MM/YYYY)
	1. GCS_____ (Pregnant women may skip this item)		
	2. SpO ₂ ___% (room air) or SpO ₂ ___% or on O ₂ _ L/min via _____ (Pregnant women may skip this item)		
3. BP_____ ; RR_____ ; HR_____ ; Temp_____°C ; Hb _____ g/dL			

	Summary of medical records attached 【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
MEDA 07	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 08	Can passenger use normal aircraft seat with seatback placed in the UPRIGHT position when required ?		<input type="checkbox"/> No <input type="checkbox"/> Yes
MEDA 09	Can passenger understand and respond to cabin crew's safety instructions and assist one's own evacuation in the event of emergency? Q1. 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 10	Q1. Does the passenger require an ESCORT? Q2. If to be ESCORTED is the arrangement satisfactory to you?		<input type="checkbox"/> No <input type="checkbox"/> Yes <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 11	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 12	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. 1. The brand and type of medical device : 2. 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 13	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 14	Does passenger need HOSPITALISATION during transit/transfer at CONNECTING POINTS ? If yes, indicate arrangements made :		<input type="checkbox"/> No <input type="checkbox"/> Yes
MEDA 15	Does passenger need HOSPITALISATION upon ARRIVAL ? If yes, indicate arrangements made :		<input type="checkbox"/> No <input type="checkbox"/> Yes
MEDA 16	Other remarks, information and arrangements made		
Attending Physician's Signature		License/Provider Number	Date(DD/MM/YYYY)
Consent Signature		Date(DD/MM/YYYY)	
Declaration			
1. For the purpose of medical clearance, 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. (1) The above personal medical data (Medical Clearance Form, Certificate of Diagnosis., Medical summary) and personal information about the attending physician (Full name, License/Provider Number, Phone number) are agreed by you to be utilized for China airlines' handling after you sign this MEDICAL CLEARANCE FORM . Please visit CI official website (Privacy Protection) for additional information.			

- (2) You are in the position to decide whether to provide the related Personal Data. However, if you decide 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.
- (3) 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:
- (4) Except the situation stated in Article 10 of the Act and other applicable laws/regulations, you may:
 - i. Inquire or review Personal Data, but CAL may charge reasonable fees;
 - ii. Make duplications of Personal Data, but CAL may charge reasonable fees;
 - iii. Supplement or correct Personal Data, but shall with proper explanation;
 - iv. 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;
 - v. Restrict of precessing Personal Data, but it does not prevent CAL to store your Personal Data;
 - vi. Restrict of automated individual decision making;
 - vii. 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;
 - viii. Request for data portability;
 - ix. Opt-out or unsubscribe from marketing.
2. 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.
3. With the medical assessment of the ATTENDING PHYSICIAN, the undersigned (Passenger, or parent or guardian of the above-named 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.
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 shall be held responsible for the Criminal Code of forgery and administrative liabilities shall be imposed for violation of Physicians Act.
5. The medical clearance form and related medical documents must be submitted in FULL for approval 2 working days prior to departure (weekends are not included).

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 the CI 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.
2. Charging equipment is not permitted on board, spare batteries must be brought on board following China Airline's regulations. Additionally, they must meet the provisions in the Dangerous Good Regulations of Air Transport.

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

Other conditions: _____.

I hereby acknowledge that I have completely read and fully understand and I have honestly reported my physical and mental conditions to China Airlines and Gate Screen.

The Undersigned Name : _____ Relation to passenger : _____

Signed by the Undersigned (Passenger / Parent / Guardian) : _____