

Dear Passenger:

The information provided during your booking has prompted us to request that a Passenger Medical Clearance (MEDA) Form be completed by you and your attending doctor.

Some passengers may need special medical consideration when they travel. This may be due to a recent illness, injury, surgery or hospitalisation; or if you have an existing medical condition where there is reasonable doubt that you can complete the flight safely without requiring extraordinary medical assistance; or you have requested the use of medical equipment or oxygen inflight.

The purpose of the MEDA Form is to enable DragonAir, in conjunction with your doctor, to determine your fitness to travel. Part 1 of the MEDA Form is to be completed by you, the passenger, while Parts 2 and 3 is to be completed by the attending doctor in English.

Please ensure that the MEDA Form is returned to your local DragonAir Reservation office at least 48 hours prior to your scheduled departure time, to minimise any potential delays. Once we receive the completed form and it is assessed by our Aviation Medicine team, a member of DragonAir staff may contact you to discuss your medical clearance.

Please note that you will have to bear any associated charges made by your doctor for completing this form.

By providing the information requested in the MEDA Form, you are waiving the confidentiality of the information disclosed by your attending doctor. In order to ensure your requests are conveyed to the relevant connecting airlines, DragonAir will also disclose the contents of the MEDA Form to all carriers associated with this ticket.

If you have any questions relating to the MEDA Form, please direct it to your local DragonAir Reservation office. Thank you for your cooperation.

Corporate Medical Department

Attachment: MEDA Form Part 1

PASSENGER MEDICAL CLEARANCE FORM (MEDA) – PART 1

To be completed by PASSENGER	- Answer ALL questions - Put a cross (X) in "YES" or "NO" boxes - Use BLOCK LETTERS when completing this form		
A	Surname _____	First Name _____	Title _____
B	Airline _____ Flight No _____ Class _____ Date _____ Origin _____ Destination _____ Status _____ Airline _____ Flight No _____ Class _____ Date _____ Origin _____ Destination _____ Status _____ <i>* Transfer from one flight to another often requires longer connecting time</i>		
C	Nature of Medical Condition/Incapacitation _____		
D	Is stretcher needed on board? No <input type="checkbox"/> Yes <input type="checkbox"/> <i>* All stretchers cases MUST be escorted by medical professionals and additional costs apply</i>		
E	Intended Escort Name _____ Sex _____ Age _____ Professional qualification _____ (if untrained, state "TRAVEL COMPANION") Segments (if different from passengers) _____ <i>* For blind and/or deaf, state if escorted by trained dog</i>		
F	Wheelchair needed? No <input type="checkbox"/> Yes <input type="checkbox"/> To: boarding gate <input type="checkbox"/> aircraft door <input type="checkbox"/> seat <input type="checkbox"/> inflight <input type="checkbox"/> Own Wheelchair? No <input type="checkbox"/> Yes <input type="checkbox"/> Collapsible? No <input type="checkbox"/> Yes <input type="checkbox"/> Power driven? No <input type="checkbox"/> Yes <input type="checkbox"/> Spillable battery? No <input type="checkbox"/> Yes <input type="checkbox"/> <i>* Wheelchairs with spillable batteries are "restricted articles" and are permitted on passenger aircraft only under certain conditions which can be obtained from the airline(s). In addition, certain countries may impose specific restrictions.</i>		
G	Ambulance needed? No <input type="checkbox"/> Yes <input type="checkbox"/> (Passenger or attending doctor is responsible for making all ambulance arrangements) Ambulance company contact _____ Destination address _____ Tel: () _____		
H	Other ground arrangement needed? No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, specify below and indicate for each item: (a) The ARRANGING airline or other organization (b) At whose EXPENSE, and (c) CONTACT addresses/phones where appropriate or whenever specific persons are designated to meet/assist the passenger		
1	Arrangements for drop-off delivery at DEPARTURE airport	No <input type="checkbox"/> Yes <input type="checkbox"/>	Details: _____
2	Arrangements for assistance at CONNECTION POINT	No <input type="checkbox"/> Yes <input type="checkbox"/>	Details: _____
3	Arrangements for pick-up at ARRIVAL airport	No <input type="checkbox"/> Yes <input type="checkbox"/>	Details: _____
4	Other requirements or relevant information	No <input type="checkbox"/> Yes <input type="checkbox"/>	Details: _____
I	Special In-flight arrangements needed? No <input type="checkbox"/> Yes <input type="checkbox"/> (e.g. special meal, special seating, oxygen or medical equipment*, assistance with medications, feeding or elimination functions**... etc) If Yes, DESCRIBE and indicate for each item: (a) SEGMENT(s) on which required (b) airline-ARRANGED or arranging third party, and (c) at whose expense <i>* Provision of SPECIAL EQUIPMENT such as oxygen etc. always requires completion of PART 2. See "NOTE" at the end of PART 2. **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.</i> Details: _____		
J	Does this passenger hold a "Frequent Travellers Medical Card" (FREMEC) valid for this trip? No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, add below FREMEC data to your reservation requests If No (or if additional data needed by carrying airlines(s)), have attending doctor complete PART 2 FREMEC No. _____ Issued by _____ Valid until _____ Incapacitation _____ Limitation _____		
PASSENGER'S DECLARATION			
I HEREBY AUTHORISE _____ (NAME OF NOMINATED DOCTOR) to provide the airlines with the information required by those airline's medical departments for the purpose of determining my fitness for carriage by air and in consideration thereof I hereby relieve that doctor of his/her professional duty of confidentiality in respect of such information, and agree to meet such doctors fees in connection therewith; I take note that, if accepted for carriage, my journey will be subject to the general conditions of carriage / tariffs of the carrier concerned and that the carrier does not assume any special liability exceeding those conditions / tariffs. I am prepared, at my own risk to bear any consequences which carriage by air may have for my state of health and I release the carrier, its employees, servants and agents from any liability for such consequences. I agree to reimburse the carrier upon demand for any special expenditures or costs in connection with my carriage. (where needed to read by/to the passenger, dated and signed by him/her behalf)			
Address: _____		Date: _____	Passenger's Signature: _____