

Passenger Medical Clearance Form – Part 1

- To be completed by the Passenger **in English**
- Please answer ALL questions.
- 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 this form, you are waiving the confidentiality of the information disclosed by your attending doctor.
- **This form must be returned to our Call Centre no less than 72 hours prior to the passenger’s scheduled departure time.**

A	<u>Passenger Details</u>		
	Surname Name/First Name: _____		Gender: _____
	Date of Birth: _____	Telephone: _____	
	Email: _____		
B	<u>Itinerary</u>		
	Booking Reference/ PNR(s): _____		
	Flight No.: _____	Date: _____	Origin: _____ Destination: _____
	Flight No.: _____	Date: _____	Origin: _____ Destination: _____
	Flight No.: _____	Date: _____	Origin: _____ Destination: _____
	Flight No.: _____	Date: _____	Origin: _____ Destination: _____
	Note – This form must be dated within 10 days of the initial outbound travel date. The same form is also valid for passenger’s return journey if the return sector is within 14 days of the departure sector.		
C	Do you need to use Portable Oxygen Concentrator (POC) on board? <div style="margin-left: 20px;"> If yes, please confirm and specify that: <ul style="list-style-type: none"> <input type="checkbox"/> the POC is FAA approved. <input type="checkbox"/> the POC has sufficient batteries to support at least 1.5 times of the flight’s duration <input type="checkbox"/> all batteries carried on board must be packed in accordance with relevant authority regulations and fulfilled the requirements for safety, security and hazardous material. Details please refer to our website: https://www.hkexpress.com/en-hk/plan/travel-information/carriage-of-lithium-batteries/ </div> Device number: _____ Weight and dimension: _____ Name of manufacturer: _____	No <input type="checkbox"/>	Yes <input type="checkbox"/>

PASSENGER’S DECLARATION

I hereby authorise _____ (name of nominated doctor) to provide the airlines with the information required by the airline 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 Hong Kong Express Airways Limited (“HK Express”) upon demand for any fees or costs incurred in connection with my carriage. I further acknowledge and agree any costs associated with this assessment and completion of the form shall be fully borne by me. (Where needed, to be read by/to the passenger, dated and signed by him/her, or on his/her behalf)

I hereby consent to HK Express holding and using personal and/or medical details provided on this form and by my nominated doctor, and disclosing my personal and/or medical information to other airlines in my itinerary and to third parties, such as medical professionals, airport and airline staff, government bodies and border control authorities and service providers as appointed by HK Express for the purposes of assessing and determining my fitness to travel and arranging necessary assistance, care and equipment for my travel arrangements.

I acknowledge that I may withdraw my consent to HK Express holding and using these details by contacting the Data Protection Officer as set out in the privacy policy, but that this may mean that HK Express cannot process the medical clearance and arrange the relevant assistance. I hereby consent to my personal and/or medical data being processed, used and/or disclosed for the purpose set out above.

For further information on how we process your personal information and contact details of the Data Protection Officer, please read our privacy policy [<https://www.hkexpress.com/en-hk/need-help/privacy-policy/>].

Passenger’s Signature

Date

Passenger Medical Clearance Form – Part 2

- To be completed by the Attending Doctor **in English**
- Answer ALL questions
- **This form must be returned to our Call Centre no less than 72 hours prior to the passenger’s scheduled departure time.**
- **This form must be dated within 10 days of the initial outbound travel date. The same form is also valid for passenger’s return journey if the return sector is within 14 days of the departure sector.**

When completing this form, please keep in mind that air travel has some unique features which must be considered 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.

Detailed guidance is provided in Appendix 1. HK Express has considered IATA Medical Manual Edition 11 in developing these guidelines.

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

A	<p><u>Passenger Details</u></p> <p>Surname Name/First Name: _____</p> <p>Date of Birth: _____ Gender: _____</p>
B	<p><u>Attending Doctor’s Information</u></p> <p>Surname Name/First Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Telephone No. (Business): _____</p> <p>Telephone No. (Mobile): _____</p> <p>Email: _____</p>

<p>C</p>	<p><u>Medical Diagnosis</u></p> <p>Details of current medical conditions (including vital signs, symptoms and severity, treatment and recent surgery): _____</p> <p>_____</p> <p>Date of first symptoms: _____ Date of diagnosis: _____ Date of surgery: _____</p>		
<p>D</p>	<p>Will a 25% to 30% reduction in the ambient partial pressure of oxygen (relative hypoxia) affect the passenger's medical condition? (Cabin pressure to be the equivalent of a fast trip to a mountain elevation of 2400 meters (8000 feet) above the sea level)</p>	<p>No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/></p>
<p>E</p>	<p>Stretcher needed on board?</p> <p>Note - Stretcher service is not available on HK Express flight</p>	<p>No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/></p>
<p>F</p>	<p><u>Intended Escort</u></p> <p>(a) Can the passenger comprehend and respond appropriately to safety instructions from cabin crew and/or assist in their own evacuation from the aircraft in an emergency?</p> <p>(b) Can the passenger take care of his/her own personal needs on board UNASSISTED (including meals, visit to toilet, administering of medications etc.)? (*)</p>	<p>No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/></p>
<p>G</p>	<p>Can the passenger sit UPRIGHT in a normal aircraft seat during take-off, landing and emergency?</p>	<p>No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/></p>
<p>H</p>	<p>Does the passenger have any contagious OR communicable disease?</p> <p>If yes, specify: _____</p> <p>_____</p>	<p>No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/></p>
<p>I</p>	<p>Would the physical and/or mental condition of the passenger cause a safety risk to other passengers or them self?</p> <p>If yes, specify: _____</p> <p>_____</p>	<p>No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/></p>
<p>J</p>	<p>Does the passenger need oxygen equipment in flight?</p> <p>If yes, state rate of flow:</p> <p>2 / 4 Litres per minute Continuous? No / Yes</p> <p>Note - you may bring a concentrator on board. However, oxygen cylinder is not allowed on board and no oxygen bottles could be arranged on board.</p>	<p>No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/></p>

<p>K</p>	<p>Does the passenger need any Portable Medical Electronic Devices on board? And how critical these apparatuses?</p> <p>If yes, specify: _____</p> <p>_____</p> <p>Note – only POC, CAPA and BiPAP are allowed to use on board; all medical equipment must be battery operated and fulfilled dangerous goods regulations</p>	<p>No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/></p>
<p>L</p>	<p>Does the passenger medically need Portable Oxygen Concentrator (POC) on board?</p> <p>If yes, please complete the following:</p> <p>I verify that: (choose either one)</p> <p><input type="checkbox"/> the passenger has the physical and cognitive ability to operate the device; see and hear any alarms and respond appropriately.</p> <p><input type="checkbox"/> the passenger does NOT have the physical and cognitive ability to operate the device; see and hear any alarms and respond appropriately, but is accompanied by a passenger who can perform these functions.</p> <p>The requirements for the use of the POC on board are: (choose either one)</p> <p><input type="checkbox"/> Continuous – during all phases of the flight, including taxi, take-off and landing.</p> <p><input type="checkbox"/> Intermittent – during the flight, but not whilst taxing, take-off and landing.</p> <p>The oxygen flow rate for the POC is set at _____ litres per minute, considering the air pressure in the cabin under normal operating conditions.</p>	<p>No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/></p>
<p>M</p>	<p>Does the passenger need any MEDICATION other than those self-administered?</p> <p>If yes, specify: _____</p> <p>_____</p> <p>Can it be administered by the escort?</p> <p>Note – Our cabin crew are trained only in first aid and are not permitted to administer any medication.</p>	<p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p>
<p>N</p>	<p>Does the passenger need HOSPITALISATION upon arrival?</p> <p>If yes, indicate arrangements made or if none were made, indicate “NO ACTION TAKEN”</p> <p>_____</p> <p>_____</p> <p>Note – the attending doctor is responsible for all arrangements</p>	<p>No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/></p>

Cardiac conditions			
O	Does passenger suffer from Angina?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
	(a) Date of last episode: _____		
	(b) Is the condition stable?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
	(c) Functional class of the passenger? <input type="checkbox"/> No symptoms <input type="checkbox"/> Angina with strenuous efforts <input type="checkbox"/> Angina with light efforts <input type="checkbox"/> Angina at rest		
	(d) Can the patient walk 50 metres at a normal pace or climb 10-12 stairs without symptoms?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
P	Does passenger suffer from Myocardial infarction?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
	(a) Date: _____		
	(b) Complication? If yes, specify: _____	No <input type="checkbox"/>	Yes <input type="checkbox"/>
	(c) Test done? If yes, specify: _____	No <input type="checkbox"/>	Yes <input type="checkbox"/>
	(d) Can the patient walk 50 metres at a normal pace or climb 10-12 stairs without symptoms?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Q	Does passenger suffer from cardiac failure?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
	(a) Date of last episode: _____		
	(b) Is the patient controlled with medication?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
	(c) Functional class of the patient? <input type="checkbox"/> No symptoms <input type="checkbox"/> Shortness of breath with strenuous efforts <input type="checkbox"/> Shortness of breath with light efforts <input type="checkbox"/> Shortness of breath at rest		
Pulmonary conditions			
R	Does passenger suffer from an existing or chronic pulmonary condition?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
	(a) Has the patient had recent arterial gases?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
	(i) Date of exam: _____		
	(ii) If yes, arterial gases were taken on: <input type="checkbox"/> Room air <input type="checkbox"/> Oxygen		
	(iii) if (ii) on oxygen, specify: _____		
	(iv) What were the results: pCO ₂ _____ pO ₂ _____		
	If no, saturation by pulse oximeter: _____		
	(b) Does the patient retain CO ₂ ?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
	(c) Has his/her condition deteriorated recently?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
	(d) Can the patient walk 50 metres at a normal pace or climb 10-12 stairs without symptoms?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
(e) Has the patient ever taken a commercial aircraft in these same conditions?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
(i) if yes, date: _____; any problem? _____			

Psychiatric conditions			
S	Does the passenger suffer from psychiatric conditions?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
	(a) Is there a possibility that the patient will become agitated during the flight?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
	(b) Has he/she taken a commercial before after the diagnosis was made?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
	(i) if yes, date: _____; Travel <input type="checkbox"/> alone <input type="checkbox"/> with escort		
Seizure			
T	Does the passenger suffer from seizures?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
	(a) What type of seizures? _____		
	(b) Frequency/duration: _____		
	(c) Date of last seizure: _____		
	(d) Are the seizures controlled by medication?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Please note:			
(*) We are unable to provide any assistance for personal care needs such as feeding and elimination functions, including assistance inside the lavatory. Additionally, cabin crew are trained only in first aid and are not permitted to administer any medication.			
<u>Prognosis for the flight</u>			
<input type="checkbox"/> Fit to Travel <input type="checkbox"/> Not Fit to Travel Specify: _____			
<p>I confirm that I have received permission from my patient to communicate this information. I certify that the above-named passenger is <u>fit to travel</u> on the proposed flights and in my opinion is capable of completing the flight safely, without requiring extraordinary medical assistance during the flight.</p> <p>I further certify that this person does not have any contagious disease that could directly place another passenger or the crew at risk, or that would contravene relevant Quarantine or Public Health Department regulations.</p> <p>As a courtesy, HK Express may notify any doctor who clears a passenger for travel if the condition of the passenger deteriorates in flight, or if the level of care required for that passenger results in an interruption to normal operations.</p>			
Doctor's Signature	Hospital/Clinic's Stamp	Date	

Appendix 1: Medical Clearance Guidelines

Diagnosis / Condition	Not suitable for travel	Comments for treating doctor's information
Cardiovascular and other Circulatory conditions		
Angina	Unstable angina or angina with minimal exertion	Must be stable and controlled with medication. No angina at rest
Myocardial infarction Post-STEMI and NSTEMI	Within last 7 days	Must be stable
Cardiac failure	Acute heart failure or uncontrolled chronic heart failure	Adequate control is someone that can walk 50 meters or go up a flight of stairs on room air at a normal pace without breathlessness. Otherwise, in-flight oxygen needs to be considered
Pacemaker or defibrillator implantation	24 hours	
Angiography (Heart – Coronary artery X rays)	24 hours or less	
Angioplasty with or without stent (Widening of arteries)	2 days or less	
Cardiac surgery	9 days or less	
Thrombophlebitis of legs	If active	Stable on oral anticoagulants
DVT/ Pulmonary embolism	Onset 4 days or less	Anticoagulants stable and PAO ₂ normal on room air
Blood conditions		
Anemia	Hb less than 8.5 g/dl	If acutely anemic, Hb level should be assessed more than 24 hrs. after last blood loss, which must have ceased. Consider oxygen requirement.
Sickle cell disease	Sickling crisis in previous 9 days	Consider having oxygen available if there has been recent a recent sickling crisis
Respiratory conditions		
Pneumothorax (air in the cavity around the lung due to a puncture wound or spontaneous)	7 days or less after full inflation	Must have no air in chest cavity on chest X-ray
Chest surgery	14 days or less	
Pneumonia	Acute, with symptoms	Fully resolved or, if X-ray signs persist, must be symptom free
Tuberculosis	Untreated or non-responsive to treatment If infectious	After at least two weeks of appropriate treatment and with evidence of response to treatment
COPD, emphysema, pulmonary fibrosis, pleural effusion (fluid in the lung cavity) and hemothorax (Blood in the cavity around the lung) etc.	Supplementary oxygen needed at ground level. PO ₂ < 50mmHg Unresolved recent exacerbation	Supplementary oxygen may be needed in flight. Altitude studies may be needed
Asthma	Recent severe attack within 48 hours	Must be stable and Remind to carry usual prn medication in carry-on baggage

Central Nervous System conditions		
TIA (transient Ischaemic Attack)	2 days or less	Must be stable
CVA (Stroke)	3 days or less	Must be self-sufficient, otherwise escort is required
Grand mal fit/epilepsy	Less than 24 hours or unstable	
Cranial surgery	9 days or less	Cranium must be free of air
Gastro-intestinal conditions		
GIT bleed	Less than 24 hours following a bleed	Endoscopic or clear evidence (i.e. Hb has continued to rise to indicate bleeding has ceased) Hb level must be sufficient for air travel
Major abdominal surgery	10 days or less	
Appendectomy	4 days or less	
Laparoscopic surgery (Keyhole)	4 days or less	All gas must be absorbed
Investigative laparoscopy	Less than 24 hours	All gas must be absorbed
Ear, Nose and Throat conditions		
Otitis media and sinusitis	Acute illness or with loss of Eustachian function	Must be able to clear ears
Middle ear surgery	9 days or less	Must be able to clear ears
Tonsillectomy	14 days or less	
Psychiatric		
Acute psychosis	If unstable	Providing stable for 7 days. Travel may be approved with suitable medical escort
Eye conditions		
Penetrating eye injury	6 days or less	Any gas in globe must be reabsorbed
Cataract surgery	Less than 24 hours	
Corneal laser surgery	Less than 24 hours	
Pregnancy and new born		
Miscarriage (threatened or complete)	With active bleeding	Must be stable, no bleeding and no pain for at least 24 hours
New born	Less than 48 hours	Risk of hypoxia if respiratory system not fully developed
Miscellaneous		
Communicable diseases	During contagious stage of illness	
Burns	If still shocked or with widespread infection or greater than 20% total body surface area	Must be medically stable and well in other respects
Plastic surgery		Consideration needs to be given to certain procedures, such as abdominoplasty and the thromboembolic risk, and prolonged body weight pressure on recently placed prostheses or operated sites
Terminal illness	If at risk of death during flight	
Decompression	3 days for the bends 7 days with neurological symptoms	