

# Consent Form for the Collection, Use and Disclosure of Personal Information

1. We collect, use and disclose your personal information as follows in accordance with the Privacy Policy and other applicable laws. Do you consent?

- Contents: Name, Date of Birth
- Purpose: To confirm your medical conditions for flight safety
- **Retention period: 1 year**

• Agree to the collection and use of personal information as above. (Requirement) ☐ Yes ☐ No

2. We collect, use and disclose your sensitive information as follows in accordance with the Privacy Policy and other applicable laws as follows. Do you consent?

- **Contents: Passenger's health information**
- **Purpose: To confirm your medical conditions for flight safety**
- **Retention period: 1 year**

• Agree to the collection and use of personal information as above. (Requirement) ☐ Yes ☐ No

3. We will contact your attending physician directly if information from the MEDIF is insufficient or any further information is needed. Do you consent?  
Please note that if you choose not to consent, you will need to contact your attending physician directly to receive a doctor's note for the additional questions presented to you, which you can submit to our reservation center

※ If you are a U.S. resident, please submit this form, the MEDIF form, and a copy of the required authorization form from your attending physician, medical center, or hospital giving Jeju Air the right to contact the proper medical personnel directly.

☐ Yes ☐ No

4. In order to ensure flight safety, it may be necessary for Jeju Air to disclose your personal information to third parties such as medical professionals, airport staff, etc.  
These third parties will process your personal information solely for the purpose of air transportation.

	Date :	yy/	mm/	dd/	
Name of passenger :	(signature)	Date of Birth :	yy/	mm/	dd/

(If you are a representative) Name : (signature)

Relationship to the passenger :