

AVIATION MEDICAL REPORT

PERSONAL INFORMATION

1. Surname		First name(s)					
2. Postal address						Postal code	
3. Telephone numbers		During office hours		Cell No.		E-mail	
4. Date of birth (dd/mm/yyyy)						5. Nationality	
6. Identity/Passport No.		7. Gender					
8. Occupation		9. Medical Class applied for					
10. Licence Number		11. Licence Type		12. Type of flying Intended: Single-Crew <input type="checkbox"/> Multi-crew <input type="checkbox"/>			
Flight time (hours)			Type of flying intended			Previous medical examination	
Last 6 months	Last 12 months	Total	Recreation	Business	Career	Doctor	Date
13. Have you ever had an aviation Medical Assessment denied, suspended or revoked by any licence authority? If yes Discussed with Medical Examiner. Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____ Place: _____ Details: _____							
14. Any aircraft /vehicle accident or reported incident since last medical? Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____ Place: _____ Details: _____							
15. Do you drink alcohol? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state average weekly intake in units: _____				16. Do you smoke tobacco products? Never <input type="checkbox"/> Previously <input type="checkbox"/> Currently <input type="checkbox"/> Date stopped: _____ State type, amount and number of years: _____			
17. Do you currently use any medication, including non-prescribed medication? Please attach additional pages if space is insufficient. Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state the name of medication, date commenced, daily or weekly dose, and diagnosis							
14. Any limitations on licence / Restrictions? Yes <input type="checkbox"/> No <input type="checkbox"/> Details: _____							

ID Number/Passport No.		Date	
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MEDICAL HISTORY					
Do you have, or have you ever had, any of the following? Yes or No must be ticked after each question.					
	Y	N		Y	N
1. Eye disorders/eye surgery			18. Psychological / psychiatric trouble of any sort		
2. Spectacles and/or contact lenses ever worn			19. Alcohol/drug/substance abuse		
3. Spectacles/contact lens prescriptions/change since last medical exam			20. Attempted suicide		
4. Hay fever, other allergy			21. Motion sickness requiring medication		
5. Asthma, lung disease			22. Anaemia/Sickle cell trait/other blood disorders		
6. Heart or vascular disease			23. Malaria or other tropical disease		
7. High or low blood pressure			24. A positive HIV test		
8. Kidney stone or blood in urine			25. Sexually transmitted disease		
9. Diabetes, hormone disorder			26. Bleeding from the rectum		
10. Stomach, liver or intestinal trouble			27. Any other illness or injury		
11. Deafness, ear disease			28. Visit to medical practitioner since last medical examination		
10. Admitted to hospital			29. Refusal of life insurance		
12. Nose or throat disease or speech disorder			30. Refusal of issue or revocation of aviation licence		
13. Head injury or concussion			31. Medical rejection from or for military service		
14. Frequent or severe headaches			32. Award of pension or compensation for injury or illness		
15. Dizziness or fainting spells			33. Gynaecological disorder (including menstrual / pregnancy)		
16. Unconsciousness (for any reason)			34. Prostate Problems		
17. Neurological disorders; stroke, epilepsy, seizure, paralysis, etc.			35. Malignant tumour or cancer		
FAMILY HISTORY OF:					
	Y	N		Y	N
36. Heart disease			41. Diabetes		
37. High blood pressure			42. Tuberculosis		
38. High cholesterol level			43. Allergy/asthma/eczema		
39. Epilepsy			44. Inherited disorders		
40. Mental illness			45. Glaucoma		
REMARKS					
Aviation Medical Examiner to comment in full on all items marked YES. Please attach additional pages if space is insufficient.					
NOTICE					
Any person who makes, either orally or in writing, a false or misleading statement in or in connection with any application for a licence, certificate or rating issued under these regulations or any return furnished in accordance with any requirement of these regulations, shall be guilty of an offence. (Civil Aviation Regulations (CAR), Part 185.001.1(1)(di-dii))					
DECLARATION BY APPLICANT					
I hereby declare that I have carefully considered the statements I have made above and that to the best of my belief they are complete and correct. I further declare that I have not withheld any relevant information or made any misleading statements. I understand that if I have made any false or misleading statement in connection with this application, or if I do not consent to release the supporting medical information, the Authority may refuse to grant me Medical Assessment or may withdraw any Medical Assessment granted, without prejudice to any other legal action applicable pursuant (CAR, Part...)					
Consent to release of medical information: I hereby give my consent that all relevant medical information may be released and submitted to the Medical Assessor of the Licensing Authority. Note: Medical Confidentiality will be respected all times					
SIGNATURE OF APPLICANT		NAME IN BLOCK LETTERS		DATE	
SIGNATURE OF AME (AS WITNESS)		NAME IN BLOCK LETTERS		DATE	
ID Number/Passport No.				Date	
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