

MENTAL HEALTH ASSESSMENT QUESTIONNAIRE

to be completed by
the applicant for or holder of a CLASS 1 and CLASS 2 medical certificate

Complete this page fully and in block capitals.

MEDICAL IN CONFIDENCE

Surname: _____	Medical certificate: Class 1 Class 2
Forename(s): _____	Application: Initial
Date of birth (dd/mm/yyyy): ___/___/_____	Revalidation Renewal

General and Mental Health history

Please tick. If "Yes", please provide details in Remarks, additional information section below or on additional page.

Do you have, or have you ever had, any of the following:	Yes	No	Not sure
(1) current work and/or life stressors that could have an influence on flight safety			
(2) difficulties with employer or other colleagues			
(3) difficulties with Operational Crew Resource Management			
(4) problems with interpersonal and relationship issues, including difficulties with relatives, friends or work colleagues			
(5) problems coping strategies under periods of psychological stress or pressure in the past, including seeking advice from others or specialists			
(6) mental health issues, including understanding possible indications of reduced mental health in myself or others, are not important for me			

The questions (7)-(17) below **for initial applicants**, and for revalidation or renewal those are on demand or voluntary.

(7) childhood behavior problems evaluated by a specialist			
(8) failed or repeated grade at school			
(9) personality disorders, including borderline disorders, evaluated by a specialist			
(10) disorders due to alcohol or other psychoactive substance(s) use or misuse			
(11) loss of energy and /or interest in things that used to be pleasurable			
(12) major changes of eating habits and weight			
(13) sleep disturbances			
(14) mood swings or low mood and, if present, suicidal thoughts			
(15) family history of psychiatric (mental) disorders, particularly suicide			
(16) excessive or unreasonable irritability or anger, agitation, anxiety, elevated mood			
(17) depersonalization (loss of sense of self) or loss of control			

Remarks, additional information:

Declaration: I hereby declare that I have carefully considered the statements made above and to the best of my belief they are complete and correct and that I have not withheld any relevant information or made any misleading statements. I understand that, if I have made any false or misleading statements in connection with this application, or fail to release the supporting medical information, the licensing authority may refuse to grant me a medical certificate or may withdraw any medical certificate granted, without prejudice to any other action applicable under national law of the Republic of Latvia.

Consent to release of medical information: I hereby authorise the release of all information contained in this report and any or all attachments to the AME and, where necessary, to the medical assessor of my licensing authority, to the medical assessor of the competent authority of my AME and to relevant medical professionals for the purpose of completion of an aero-medical assessment or a secondary review, recognising that these documents or electronically stored data are to be used for completion of a medical assessment and will become and remain the property of the licensing authority, providing that I or my physician may have access to them according to national law. Medical confidentiality will be respected at all times.

_____/_____/_____
Date (dd/mm/yyyy)

Signature of applicant

AME's assessment:

The review of questionnaire and interview detected Yes No symptoms/signs suggestive of a possible psychiatric or psychological disorder.

Notes, referral:

_____/_____/_____
Date (dd/mm/yyyy)

Signature and stamp of AME