

INSTRUCTIONS FOR COMPLETION OF THE APPLICATION FORM FOR A MEDICAL CERTIFICATE

This application form and all attached report forms will be transmitted to the licensing authority Civil aviation agency Aero-medical Division. Medical confidentiality shall be respected at all times.

The applicant should personally complete, in full, all questions (sections) on the application form. Writing should be legible and in block capitals, using a ball-point pen. Completion of this form by typing/printing is also acceptable. If more space is required to answer any questions, a plain sheet of paper should be used, bearing the applicant's name and signature, and the date of signing. The following numbered instructions apply to the numbered headings on the application form for a medical certificate.

Failure to complete the application form in full, or to write legibly, may result in non-acceptance of the application form. The making of false or misleading statements or the withholding of relevant information in respect of this application may result in criminal prosecution, denial of this application and/or withdrawal of any medical certificate(s) granted.

(1) LICENSING AUTHORITY

State name of country that has issued the pilot or ATCO licence or where a licence has not been issued, the country where the applicant intends to apply for a licence.

(2) MEDICAL CERTIFICATE APPLIED FOR

Tick appropriate box representing the type of medical certificate applied for, e.g. class 1, class 2, LAPL or class 3.

Cabin Crew: An appropriately qualified crew member, other than a flight crew or technical crew member, who is assigned by an operator to perform duties related to the safety of passengers and flight during operations.

(3) **SURNAME** State surname / family name.

(4) **PREVIOUS SURNAME(S)** If your surname or family name has changed for any reason, state previous name(s).

(5) **FORENAME(S)** State first and middle names (maximum three).

(6) **DATE OF BIRTH** Specify in order dd/mm/yyyy.

(7) **SEX** Tick appropriate box.

(8) **PLACE AND COUNTRY OF BIRTH** State town and country of birth.

(9) **NATIONALITY** State name of country of citizenship.

(10) **PERMANENT ADDRESS** State permanent postal address and country. Enter telephone area code as well as telephone number.

(11) **POSTAL ADDRESS (IF DIFFERENT)** If different from permanent address, state full current postal address including telephone number and area code. If the same, enter 'SAME'.

(12) **APPLICATION** Tick appropriate box.

(13) MEDICAL CERTIFICATE/EAMR ID NUMBER

State medical certificate number allocated to you by the licensing authority, and the European Aero-Medical Repository (EAMR) ID unique number allocated to you. Initial applicants enter 'NONE'.

(14) TYPE OF LICENCE APPLIED FOR

State type of licence applied for from the following list:

- Airline Transport Pilot Licence* ATPL
- Multi-Pilot Licence* MPL
- Commercial Pilot Licence / Instrument Rating* CPL/IR
- Commercial Pilot Licence* CPL
- Private Pilot Licence / Instrument Rating* PPL/IR
- Private Pilot Licence* PPL
- Sailplane Pilot Licence SPL
- Balloon Pilot Licence BPL
- Light Aircraft Pilot Licence* LAPL
- Air Traffic Controller Licence ATC
- Other: please specify.

* Please specify whether Fixed Wing / Rotary Wing FW / RW or both.

(15) **OCCUPATION (PRINCIPAL)** Indicate your principal employment.

(16) **EMPLOYER** If principal occupation is pilot, ATC or cabin crew, then state employer's name or if self-employed, state 'self'.

(17) LAST APPLICATION FOR A MEDICAL CERTIFICATE

State date (day, month, year) and place (town, country).

Initial applicants state 'NONE'.

(18) **LICENCE(S) HELD (TYPE)** State type of licence(s) held. Enter licence number and State of issue. If no licences are held, state 'NONE'.

(19) LIMITATIONS ON THE LICENCE(S)/MEDICAL CERTIFICATE

Tick appropriate box and give details of any limitations on your licence(s)/medical certificate, e.g. vision, colour vision, safety pilot, etc.

(20) MEDICAL CERTIFICATE DENIAL, SUSPENSION, REVOCATION

Tick 'YES' box if you have ever had a medical certificate denied, suspended or revoked. If 'YES', state date (dd/mm/yyyy) and country where it occurred.

(21) **FLIGHT TIME TOTAL** State total number of hours flown.

(22) FLIGHT TIME SINCE LAST MEDICAL

State number of hours flown since your last aero-medical examination.

(23) AIRCRAFT CLASS/TYPE(S) PRESENTLY FLOWN

State name of principal aircraft flown, e.g. Boeing 737, Cessna 150.

(24) AVIATION ACCIDENT OR MEDICAL EVENT WHILST EXERCISING THE PRIVILEGES OF THE LICENCE SINCE THE LAST MEDICAL EXAMINATION

If 'YES' box ticked, state date (dd/mm/yyyy) and country of occurrence and provide details.

(25) CURRENT/INTENDED PILOT ACTIVITY

Tick the appropriate box regarding the current/intended activity during the following certification period:

- Commercial, non-commercial or other (other: specify the type of operation)
- Single-pilot or multi-pilot.

(26) CURRENT/INTENDED ATC ACTIVITY

Tick the appropriate box regarding the current/intended activity during the following certification period e.g. ADI, APS, ACS.

(27) **DO YOU DRINK ALCOHOL OR USE DRUGS** Tick applicable box.

If 'YES', state weekly alcohol consumption e.g. 2 litres of beer.

(28) DO YOU CURRENTLY USE ANY MEDICATION

If 'YES', give full details - name, how much you take and when, etc. Include any non-prescription medication.

(29) **DO YOU SMOKE TOBACCO** Tick applicable box. Current smokers state type (cigarettes, cigars, pipe), amount (e.g. 2 cigars daily; pipe 1 oz. weekly)

(30) **GENERAL AND MEDICAL HISTORY** All items under this heading from number 101 to 179 inclusive should have the answer 'YES' or 'NO' ticked. You should tick 'YES' if you have ever had the condition in your life and describe the condition and approximate date in the Remarks section. All questions asked are medically important even though this may not be readily apparent.

Do not report occasional common illnesses such as colds.

Items numbered 170 to 179 relate to immediate family history, whereas items numbered 150 to 151 should be answered by female applicants only.

(31) **DECLARATION AND NOTIFICATION OF DISCLOSURE OF PERSONAL DATA** Do not sign or date these declarations until indicated to do so by the AME who will act as witness and sign accordingly.