

Full name:			
Date of Birth:			
Address:			
Mobile number:			
Email:			
Nationality on passport:			
Do you have or have you ever had or been told you have:	No	Yes	Details if answered 'yes'
Incapacitating travel sickness			
Any allergies requiring hospitalisations or on-going carriage of Epipens			
Fear of flying			
Frequent or severe headaches/migraines			
Head injury or concussion			
Dizziness, faints or blackouts			
Fits, convulsions or epilepsy			
Anxiety state, Panic disorder			
Mood disorder e.g. Depression			
Suicide attempt			
Bipolar disorder			
Phobias			
Eating disorders e.g. anorexia or bulimia			
Any tropical diseases e.g. Malaria or Dengue Fever, Tuberculosis (TB)			
Problems with your immune system			
Anaemia, sickle cell disease or any other blood disorders			

Full Name:			
Do you have or have you ever had or been told you have:	No	Yes	Details if answered 'yes'
A positive HIV test			
Positive Hepatitis B surface antigen test			
Positive Hepatitis C Antibody (Anti HCV) test			
Hay fever, asthma, or respiratory problems			
Any allergies to vaccinations?			
Any allergies to medications?			
Heart complaints of any kind, e.g. heart surgery, irregular heart beats, heart disease, stroke			
High blood pressure-If you have had a recent blood pressure reading please provide result:			
Stomach pain or bowel problems other than occasional indigestion e.g. ulcers, colitis, irritable bowel etc.			
Spleen removal			
Kidney or bladder diseases e.g. stones			
Sleep problems lasting for more than a few days or snoring problems			
Diabetes, impaired glucose regulation or endocrine disorders			
Have you had a vision check in the last year?			
Do you wear glasses?			
Do you wear contact lens?			
Corrective eye surgery or eye problems, other than wearing glasses or contact lenses			
Colour deficiency/ blindness			
Nose, Throat, Speech disorders or Sinus problems			
Ear or hearing problems/ Hearing aids			
Significant pain in the ears when flying			
Skin diseases e.g. Psoriasis			
Do you have identifying marks e.g. birth marks or tattoos?			
Back trouble e.g. lumbago, sciatica, slipped disc or significant scoliosis			
Rheumatism, Arthritis, joint or limb problems			

Full name:		
Do you have or have you ever had or been told you have:	No	Yes
Any surgical operations including cosmetic procedures	<input type="checkbox"/>	<input type="checkbox"/>
Growths, tumours or malignancies	<input type="checkbox"/>	<input type="checkbox"/>
If female, any gynaecological problems	<input type="checkbox"/>	<input type="checkbox"/>
Any illness that caused you to take time off work for a period longer than 20 days in a single year	<input type="checkbox"/>	<input type="checkbox"/>
Sustained any serious injury, e.g. fracture or dislocation, resulting in on going problems?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any learning disabilities e.g. dyslexia?	<input type="checkbox"/>	<input type="checkbox"/>
Drug and or Alcohol addiction or being diagnosed with Substance Use disorder ever.	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been charged with an offence relating to drugs or alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
Any illness / condition not mentioned above	<input type="checkbox"/>	<input type="checkbox"/>
Any admissions to the hospital	<input type="checkbox"/>	<input type="checkbox"/>
Please list any medications/ food supplements/ diet pills/herbal treatments or other substances that you are currently taking: If not applicable please tick "NO"	<input type="checkbox"/>	<input type="checkbox"/>
<p>NB: if you answer YES to any of these questions please bring a report or letter from your treating doctor detailing the condition and or any treatment.</p> <p>Failure to provide the information MAY result in a delay to your application and license issuance.</p>		

I hereby declare that I have carefully considered my statements made above and that 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 am aware that failure to make a full and honest declaration may result in my application and certification being invalidated or withdrawn or in disciplinary action by my employers.

Signature: Date:



EASA / CAA MEDICAL CONSENT FORM

Tick

- I hereby give my informed consent to undergo a EASA/ CAA Class I, II, ATC, LAPL or Cabin Crew medical examination (including substance abuse testing if required).

- I hereby give my explicit consent for FlyingMedicine Ltd to process my personal data (GDPR articles 6.1a-f and 9.2) and understand FlyingMedicine Ltd has a legal obligation under data protection laws (GDPR) to share my personal data with any relevant regulatory bodies e.g. UK Civil Aviation Authority, European Aviation Safety Agency (EASA).

I require / do not require a chaperone for the clinical examination

- I confirm I give my permission for Flying Medicine ltd to send my reports electronically and or in hard copy to the relevant bodies.

- I confirm I give my informed consent for FlyingMedicine Ltd to request copies of my medical records from my primary health doctors in order to complete my medical process

- I confirm that I will FULLY disclose ALL my past and current medical information on the relevant forms and to the Aeromedical Examiner (AME) and understand that failure to be honest, full and complete with my statements can lead the authorities to seek criminal convictions.

- I further agree that Flying Medicine Ltd and the examining AME will not be held liable for the costs of any further, additional investigations, tests, specialist consultations and or downtime from work that may be deemed necessary to attain the medical standards and that I will therefore remain solely liable for ALL additional costs incurred.

- I agree that Flying Medicine ltd will not be held liable for ANY costs incurred should relevant medical standards not be met and or due to a delay in licensing.

- I am aware that there is an appeals process via the UK Civil Aviation Authority.

- I understand I am liable for the full payment for the entire medical including all additional tests (ECGs/ Audiograms/ Blood checks) PRIOR to issuance of the medical certificate

- I confirm I have carefully read the above statements and sought clarification where necessary

- I would like to be kept updated with offers/ newsletter and other relevant information

Name:

Signature:

Date:



Please follow the check list to renew your Cabin Crew medical:

Requirements	Completed	N/A
Read the appropriate web page on www.flyingmedicine.uk to ensure you're all set for your medical		
You are requested to get patient summary record from your own doctor (You can request this directly from your doctor but sometimes it takes 48 hrs to be processed)		
Complete the medical declaration form		
Complete the medical consent forms		
Bring in your glasses and contact lenses ** but wear your glasses		
Bring in an up to date opticians report if you don't have one dated within the past 2 years		
Bring in your passport for ID purposes		
Bring in a passport sized photograph		
Bring in your last medical certificate if applicable		
Bring a full bladder for your urine check		
Bring a chaperone if you wish to bring your own for the clinical examination		
Come relaxed with a smile		
Come with a means to pay if not done so already		
Call us on 03334043232 if you have any questions or email info@flyingmedicine.uk		