



EASA / UK CAA/ FAA / GCAA MEDICAL CONSENT FORM

Tick

- I hereby give my informed consent to undergo a EASA/ FAA /UKCAA /GCAA Class I, II, III, ATCO, LAPL or Cabin Crew medical examination or assessment (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), Federal Aviation Administration (FAA)/ General Civil Aviation Authority (GCAA). Further information can be found via our privacy policy at www.flyingmedicine.uk

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 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 legal redress and possible custodial sentences.
- I agree that Flying Medicine Ltd will not be held liable for ANY costs incurred should relevant medical standards not be met on the day or there is a delay in licensing.
- 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 am aware that there is an appeals process via the relevant Civil Aviation Authority.
- I understand I am liable for the full payment for the entire medical process including all additional tests (ECGs/ Audiograms/ Blood checks) PRIOR to issuance of the medical certificate/ reports
- 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:

Date of Birth:

License number (if applicable):

Signature:

Date: