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(1) Previous summaries : (12) Application: Initial Report Section (13) Reference number: (12) Application: Initial Report Section (13) Reference number: (13) Reference number: (14) Type of licence applied for: (15) Decapation (principal). (15) Decapation (principal). (16) Employer: (16)		in bi	OCK C	apitals - Refer to Instructions for	comp	_		(lass 1	MEDICAL IN CONFI	DEN	ICE	
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Mobile No: E-mail: (18) Avision literace(s) held (type): Leannee(s) number(s): (20) Have you ever had a medical certificate denied, suspended or revoked? (21) Flight time total: No Yes Date: (22) Flight time since last aero-medical caratinate held No Yes Details (23) Arcraft class-lype(s) currently flown: No No Yes Date: (24) Ary avision accident or reported incident since last aero-medical examination? (24) Ary avision accident or reported incident since last aero-medical examination? (25) Type of flying intended: (26) Current flying activity: Current ATCO activity: No Yes No Yes No No No No No Yes No State medication, dose, date standed and wity: (26) Current flying activity: No Yes No Family history of: 112 Mead injury or concussion 113 Feedurent or severe headaches 113 Head injury or concussion 114 Frequent or severe headaches 115 Spectascleor andire contact loneses prescriptions change since last medical accura. 116 Experience(s) held No Yes No Yes No Yes No Yes No Family history of: 1170 Heart flesses 1171 High blood pressure 118 Discusses of raining spells 118 Discusses of raining spells 118 Discusses of raining spells 119 Nusculcakeletal illness impairment 1177 Mental illness 177 Mental illness 178 Inherited discorders 179 Nerolupidationers ince last aero-medical examination 177 High or low blood pressure 178 High arched discorders 178 High examination 178 Inherited discorders 178 Inherited d													
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C20 Have you ever had a medical certificate denied, suspended or revoked? (21) Flight time total:	` ' ' '					(1	Any limitations on license(s)/medical certif	icate h	eld	No Yes			
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Details: (26) Current ATCO activity: ADI APS ACS (27) Do you drink alcohol? No Yes If yes, amount (29) Do you smoke tobacco? No, never No, stopped State date: Yes State type and amount: General and medical history: Do you have, or have you ever had, any of the following? Please tick (X) and If yes, give details in remarks section (30) Yes No Yes No Family history of: 112 Nose, throat or speech disorder 102 Spectacles and/or contact lenses ever won 103 Spectacle/contact lense prescriptions change since last medical exam. 104 Hay fever, other allergy 105 Asthma, lung disease 107 High or low blood pressure 108 In Place: (26) Current flying activity: ADI APS ACS (27) Do you drink alcohol? No Wes No Yes No State medication, dose, date started and why: (28) Do you currently use any medication? No Yes State medication, dose, date started and why: (29) Do you smoke tobacco? No, never No, stopped State date: Yes State type and amount: 113 Have dinjury or concustion 123 Malaria or other tropical disease 177 High cholesterol level 178 Epilepsy 178 Epilepsy 178 Epilepsy 178 Epilepsy 178 Epilepsy 179 Epilepsy 178 Epilepsy 179 Epilepsy 179 Epilepsy 179 Epilepsy, seizure, paralysis, etc. 116 Unconsciousness for any reason 127 Musculoskeletal illness/impairment 177 Mental illness 177 Milergylasthma/eczema 178 Inherited disorders 177 Allergylasthma/eczema 178 Inherited disorders 178 Inherite						È	, , , , , , , , , , , , , , , , , , , ,						
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	107 High or low blood pressure	H	H		Ш	Ш		Ш	Ш	178 Inherited disorders		Ħ	
108 Kidney stone or blood in urine 119 Alcohol/drug/substance abuse 131 Refusal of life insurance 179 Glaucoma	108 Kidney stone or blood in urine		Ī	119 Alcohol/drug/substance abuse			131 Refusal of life insurance			179 Glaucoma		ī	
109 Diabetes, hormone disorder 120 Attempted suicide 132 Refusal of pilot/ATCO licence Females only:	109 Diabetes, hormone disorder			120 Attempted suicide			132 Refusal of pilot/ATCO licence			Females only:			
110 Stomach, liver or intestinal trouble 2 121 Motion sickness requiring medication 2 133 Medical rejection from or for military service 2 150 Gynaecological, menstrual problems	110 Stomach, liver or intestinal trouble												
111 Deafness, ear disorder	111 Deafness, ear disorder						134 Award of pension or compensation for injury or illness			151 Are you pregnant?			
(30) Remarks: If previously reported and no change since, so state.	(30) Remarks: If previously reported and	l no ch	nange	L since, so state.			<u> </u>	l	l		1		



APPLICATION FORM FOR A MEDICAL CERTIFICATE

APPLICATION FORM FOR A	MEDICAL CERTIFICATE	Reference number:
	made above and to the best of my belief they are completed false or misleading statements in connection with this	ete and correct and that I have not withheld any relevant information or made any application, or fail to release the supporting medical information, the licensing to any other action applicable under national law.
	nat these documents or electronically stored data are to	is report and any or all attachments to the AME and, where necessary, to be used for completion of a medical assessment and will become and ional law. Medical confidentiality will be respected at all times.
Date	Signature of applicant	Signature of AME / (Medical assessor)