

INSTRUCTION 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. 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 question, 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 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 this application is to be forwarded to.	17. LAST APPLICATION FOR A MEDICAL CERTIFICATE: State date (day, month, year) and place (Town, Country) Initial applicants state "NONE"
2. MEDICAL CERTIFICATE APPLIED FOR: Tick appropriate box: Class 1: Professional Pilot Class 2: Private Pilot LAPL Class 3: ATC/FIS	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"
3. SURNAME State surname/family name	19. ANY LIMITATIONS ON THE LICENCE(S)/MEDICAL CERTIFICATE: Tick appropriate box and give details of any limitations on your licence(s) / medical certificates, e.g. vision, colour vision, safety pilot, etc.
4. PREVIOUS SURNAME (S): If your surname or family name has changed for any reason, state previous name(s)	20. MEDICAL CERTIFICATE DENIAL OR REVOCATION: Tick "YES" box if you have ever had a medical certificate denied, suspended or revoked even if only temporary. If "YES", state date (dd/mm/yyyy) and Country where it occurred.
5. FORENAME(S): State first and middle names (maximum three)	21. FLIGHT TIME TOTAL: State total number of hours flown.
6. DATE OF BIRTH: Specify in order dd/mm/yyyy	22. FLIGHT TIME SINCE LAST MEDICAL: State number of hours flown since your last medical examination.
7. SEX: Tick appropriate box	23. AIRCRAFT CLASS/TYPE PRESENTLY FLOWN: State name of principal aircraft flown, e.g. Boeing 737, Cessna 150, etc.
8. PLACE OF BIRTH: State Town and Country of birth	24. ANY AVIATION AIRCRAFT ACCIDENT OR REPORTED INCIDENT SINCE LAST MEDICAL EXAMINATION: If 'YES' box ticked, state Date (dd/mm/yyyy) and Country of accident/incident
9. NATIONALITY: State name of Country of citizenship	25. TYPE OF FLYING INTENDED: State whether airline, charter, single-pilot commercial air transport, carrying passengers, agriculture, pleasure, etc.
10. PERMANENT ADDRESS: State permanent postal address and country. Enter telephone area code as well as number	26. PRESENT FLYING ACTIVITY: Tick appropriate box to indicate whether you fly as the SOLE pilot or not.
11. POSTAL ADDRESS: If different from permanent address, state full current postal address including telephone number and area code. If the same, enter "SAME"	27. DO YOU DRINK ALCOHOL?: Tick applicable box. If yes, state weekly alcohol consumption, e.g. 2 liters beer.
12. APPLICATION: Tick appropriate box	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.
13. REFERENCE NUMBER: State reference number allocated to you by your licensing authority. Initial applicants enter "NONE"	29. DO YOU SMOKE TOBACCO?: Tick applicable box. Current smokers state type (cigarettes, cigars, pipe) and amount (e.g. 2 cigars daily, pipe – 1 oz. weekly).
14. TYPE OF LICENCE APPLIED FOR : State type of licence applied for from the following list: Aeroplane Transport Pilot Licence Multi-Pilot Licence Commercial Pilot Licence/Instrument Rating Commercial Pilot Licence Private Pilot Licence/Instrument Rating Private Pilot Sailplane Pilot Licence Light Aircraft Pilot Licence and whether Fixed Wing/ Rotary Wing/ Both Other-Please specify	GENERAL MEDICAL HISTORY: All items under this heading from number 101 to 179 inclusive must 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 (30) remarks section. All questions asked are medically important even though this may not be readily apparent. Items numbered 170 to 179 relate to immediate family history, whereas items numbered 150 to 151 must be answered by female applicants only. If information has been reported on a previous application form for a medical certificate and there has been no change in your condition, you may state "Previously reported; no change since" However, you should still tick "YES" to the condition. Do not report occasional common illnesses such as colds.
15. OCCUPATION: Indicate your principal employment	
16. EMPLOYER: If principal occupation is pilot, then state employer's name or if self-employed, state "self"	31. DECLARATION AND CONSENT TO OBTAINING AND RELEASING INFORMATION: Do not sign or date these declarations until indicated to do so by the AME who will act as witness and sign accordingly.