

*Dr. Roberto Corrao*

Aviation Medical Examiner  
IT1013

To send to: [cabincrew@aviomed.it](mailto:cabincrew@aviomed.it)

## CABIN CREW APPOINTMENT FORM

**Attention: If you haven't data don't worry leave the field blank!**

GENERAL INFORMATION			
First Name:		Last Name:	
Date of birth:		Place of birth:	
Nationality:		Other info (not necessary):	

CABIN CREW ATTESTATION (LICENCE)			
COMPETENT AUTHORITY OF YOUR ATTESTATION		CURRENT Attestation Number	
Date of INITIAL application:		Authority of INITIAL application:	
Expiry date of your CURRENT MEDICAL REPORT		Name and/or code of your LAST Doctor (A.M.E.)	
<b>LIMITATIONS :</b>  <i>Sign your CURRENT limitations.</i>	<input type="checkbox"/> <b>CVL</b> A requirement for visual Correction <input type="checkbox"/> <b>CCL</b> Correction by means of contact lenses only <input type="checkbox"/> <b>HAL</b> Valid only when wearing aids are worn <input type="checkbox"/> <b>MCL</b> Only in multi – Cabin Crew operations <input type="checkbox"/> <b>OAL</b> Restricted to a demonstrated aircraft type <input type="checkbox"/> <b>TML</b> Time Limitation <input type="checkbox"/> <b>SSL</b> Special Restriction <input type="checkbox"/> <b>SIC</b> Contact Auth. <input type="checkbox"/> <b>OOL</b> Restriction to a specified type of operation		
Have you ever had a cabin crew certificate and / or Cabin Crew Medical Report denied, suspended or revoked by any licensing authority?			<input type="checkbox"/> YES <input type="checkbox"/> NO

IDENTITY & ADDRESS INFORMATION				
CURRENT Fiscal residence		Mailing Address:		
Email:		Tel. / Mob.		
ID Doc Type	<input type="checkbox"/> Passport <input type="checkbox"/> IDCard <input type="checkbox"/> _____ No: _____	Issued By	Issued Date	Expiry Date

**CONSENT TO RELEASE OF MEDICAL INFORMATION:** I hereby authorize the release of all information contained in this report and any or all attachments to the AME and, where necessary, to the medical assessor of the licensing authority, recognizing that these documents and or electronically stored data are to be used for completion of a medical assessment and will become and remain the property of the licensing authority, providing that I or my physician may have access to them according to national law. Medical Confidentiality will be respected at all times.

**CONSENT TO CONTACT AUTHORITY AND A.M.E.s** I hereby authorize A.M.E. Dr. Roberto Corrao ( AME IT 1013) to contact Authority, E.A.S.A., Other A.M.E. or other institution to perform the renewal / initial examination and to request documents, including past medical examination, or introduce documents.

**PLACE AND DATE**

**SIGNATURE**