MEDICAL IN CONFIDENCE

CABIN CREW PERIODIC MEDICAL ASSESSMENT IN ACCORDANCE WITH PART-MED MED.C.005

Complete this page fully using a black ball point pen and in block capitals

Surname:	Previous Surname(s):	Title:
Forenames:	Date of Birth:	Sex: Male ☐ Female ☐

Place and country of birth:	Nationality:
Address: Postcode: Country: Tel number: Mobile number:	GP Name: GP Address: Postcode: Tel number:
Alcohol – state weekly average in units:	Do you currently use any medication? Yes ☐ No ☐
Do you smoke tobacco: Never ☐ No ☐ Yes ☐ If yes, quantity: If no date stopped:	If YES state name of medication, dose, date started and reason why

Since your last medical have you:	YES	NO
1. Remained in good health?		
2. Developed any medical condition or had treatment for any illness not declared at a previous medical assessment?		
3. Noticed any deterioration of distant or close vision?		
4. Been prescribed glasses or contact lenses?		
5. Noticed any deterioration of hearing?		
6. Had any ear, nose, sinus or throat problem?		
If you have ticked yes for any of the questions please give details:		

Declaration: I hereby declare that I have carefully considered the 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 statement.

Signature: …… **Date:** ……