

**INITIAL UK CAA CABIN CREW MEDICAL APPLICATION – MEDICAL IN CONFIDENCE**

Complete page 1 fully in BLOCK CAPITALS using a BLACK pen

<b>Surname:</b>	<b>Forename:</b>	<b>(if applicable) Airline Identifier:</b>
<b>Title:</b> <i>(Mr, Miss, etc.)</i>	<b>Date of birth:</b> <i>(dd/mm/yyyy)</i>	<b>Sex:</b> <b>Male:</b> <input type="checkbox"/> <b>Female:</b> <input type="checkbox"/>
<b>Place and country of birth:</b>	<b>Nationality:</b>	
<b>Home Address:</b>  <b>Postcode:</b> <b>Country:</b> <b>Telephone No:</b> <b>Mobile No:</b>	<b>GP Name:</b> <b>Address:</b>  <b>Postcode:</b> <b>Country:</b> <b>Telephone No:</b>	
<b>Alcohol – state average weekly intake in units:</b>	<b>Do you currently use any medication?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Do you smoke tobacco?</b> Never <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>  <b>If no, date stopped:</b>	<b>If YES, state name of medication, dose, and why <i>(in space below)</i></b>	

**GENERAL AND MEDICAL HISTORY:** Do you have, or have you ever had, any of the following? YES (Y) or NO (N) must be ticked after each question. *If you have ticked YES give details below.* You should declare any condition that you have or have ever had on this form even if you have previously disclosed the condition to an AME before.

	Y	N		Y	N
Mental health issue			Dizziness, fainting or passing out for any reason		
Glasses or contact lenses worn			Condition of brain or nerves or spinal cord		
Eye condition or surgery			Problem with distant or near vision		
Hay fever			Eating disorder		
Allergy			Issues with alcohol, drug or substance abuse		
Asthma or lung problem			Attempted suicide		
Any condition of heart or circulatory system or stroke			Low red blood cells/haemoglobin or sickle cell disease or blood condition		
High or low blood pressure			Malaria or other tropical disease condition		
Removal of spleen			Problem with the immune system		
Kidney stone or blood in urine			Infectious disease		
Diabetes or hormone condition			Admission to hospital		
Stomach, liver or intestinal/bowel condition(s)			Any other illness or injury or condition not otherwise specified		
Ear condition or hearing problems			Skin condition		
Nose, throat or sinus condition			Condition affecting strength or movement or joint		
Speech difficulties			Flown as Crew previously		
Headaches or migraine			<b>Females only:</b>		
Epilepsy or seizure			Gynaecological or menstrual problems		
Motion sickness requiring medication			Are you pregnant?		
Refusal or deferral of Cabin Crew medical					
<b>Details <i>(if you have ticked YES give details below)</i>:</b>					

**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 \_\_\_\_\_

Page 2 will be completed at your medical by the AME

PHYSICAL EXAMINATION			MEDICAL IN CONFIDENCE	
Nature and purpose including extent of examination explained to and agreed by the applicant (tick).				
Photographic ID checked (tick):				
<b>DISTANT VISUAL ACUITY (6M):</b> both eyes open or one eye if monocular.			ISHIHARA: 9 of the first 15 plates of the 24-plate edition.	
6/9 or better met with correction if required?			Yes	No
Glasses / contacts worn to meet standard? (If Yes, delete one).			Yes	No
<b>NEAR VISION (30-50 cms):</b> both eyes open or one eye if monocular.			Safe / Unsafe	
N5 chart read at 30-50 cms with correction if required?			Yes	No
Glasses / contacts worn to meet this standard? (If Yes, delete one).			Yes	No
			HEIGHT (cm)	WEIGHT (Kg)
			BLOOD PRESSURE (mmHg)	PULSE (per min)
			URINE:	
			ADDITIONAL TESTS:	
<b>ASSESSMENT BY AME</b>				
Indicate that you have undertaken the following examinations by a tick and add additional clinical notes as appropriate.				
Notes:				
ENT (including otoscopy and whisper test and audiometry if clinically indicated):				
Visual system (including ophthalmoscopy):				
Musculoskeletal (neck, back and joints movement):				
Cardiovascular:				
Respiratory:				
<b>CHAPERON NAME:</b>			<b>CHAPERON SIGNATURE:</b>	
<b>Conclusions:</b>			MCL	Multi-cabin Crew Operations only
Fit	Defer decision	Not currently fit	OAL/OOL	Specific aircraft types / type of operation only
			TML	Valid for specified time only – less than regulatory minimum 5 yrs.
			SIC	Required to undergo periodic specific medical examination
<b>Comments:</b>			CVL / CCL	Visual correction required / with contact lens only
			HAL	Hearing aid required
			SSL	Special restriction as specified.
<b>NAME OF AME (Print):</b>			<b>SIGNED:</b>	<b>DATE SIGNED:</b>
<b>GMC NUMBER:</b>			<b>CAA AME:</b>	