**APPENDIX B: 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 **MEDICAL IN CONFIDENCE**

**+**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname:** | **Previous surname(s):** | | **Title:** | | | | | | |
| **Forenames:** | **Date of birth:** | | **Sex:**  **Male**   **Female**  | | | | | | |
| **Place and country of birth:** | **Nationality:** | |  | | | | | | |
| **Address:**  **Postcode: Country:**  **Telephone No: Mobile No:** | | **GP Name: Address:**  **Telephone No:** | | | | | | | |
| Alcohol – state average weekly intake in units: | | Do you currently use any medication? Yes  No   If YES, state name of medication, dose, date started and why | | M | M | Y | Y | Y | Y |
| Do you smoke tobacco? Never  No Yes   If no, date stopped: | |

**Since your last medical assessment 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:** ………………………………….