APPENDIX A: CABIN CREW INITIAL MEDICAL ASSESSMENT IN ACCORDANCE WITH PART-MED MED.C.005

Complete this page 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 ☐
Do you smoke tobacco? Never ☐ No ☐ Yes ☐ If no, date stopped:	If YES, state name of medicine, dose, date started and why

M	M	Y	Y	Y	Y

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.

	Y	N		Y	N		Y	N		Y	N
Problems with distant or close vision			Stomach, liver or intestinal trouble			Alcohol, drug or substance abuse			**Females Only**		
Glasses or contact lenses worn			Ear disorder			Attempted suicide			Gynaecological or menstrual problems		
Eye disease or surgery			Hearing problems			Anaemia, sickle cell disease or other blood disorders			Are you pregnant		
Hay fever			Nose, throat or sinus disorder			Malaria or other tropical disease					
Allergy			Speech difficulties			A positive HIV test			**Family history of:**		
Asthma or lung problems			Headaches or migraines			Infectious disease			Heart disease		
Any form of heart disease or stroke			Epilepsy or seizures			Admission to hospital			High blood pressure		
									High cholesterol level		
High blood pressure			Dizziness, episodes of fainting or unconsciousness for any reason reason			Illness or injury not otherwise specified			Epilepsy		
									Mental illness		
									Diabetes		
									Tuberculosis		
Kidney stone or blood in urine			Neurological disorders			Skin disorders			Allergy, asthma or eczema		
Diabetes or hormone disorder			Psychiatric or psychological trouble of any sort			Disorder effecting strength or movement or arthritis			Inherited disorder		
									Glaucoma		

Details:

Declaration: I hereby declare the 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 statements.

Signature:		**Date:**	