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**

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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:** ……

SPECIMEN