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

AME Partners Ltd

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:							

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
Problem 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 problem			Anaemia, sickle cell disease or other blood disorder			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 problem			Headaches or migraine			Infectious disease			Heart disease		
									High blood pressure		
Any form of heart or vascular disease or stroke			Epilepsy or seizure			Admission to hospital			High cholesterol level		
									Epilepsy		
High blood pressure			Dizziness, episode of fainting or unconsciousness for any reason			Illness or injury not otherwise specified			Mental illness		
									Diabetes		
Kidney stone or blood in urine			Neurological disorders			Skin disorder			Tuberculosis		
									Allergy, asthma or eczema		
Diabetes or hormone disorder			Psychiatric or psychological trouble of any sort			Disorder affecting strength or movement or arthritis			Inherited disorder		
									Glaucoma		

Details:

Declaration: I hereby declare that I have carefully considered the statements made above and that to the best of my belief they are comple te and correct and that I have not withheld any relevant information or made any misleading statement.

Signature: …… **Date:** ……