



TRINIDAD AND TOBAGO CIVIL AVIATION AUTHORITY

CONFIDENTIAL MEDICAL EXAMINATION FOR GRANT/RENEWAL OF ATPL/CPL/PPL/ATCO LICENCE

Surname		First Name		Sex <input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth		Address		Telephone No:
Type of Licence applied for	Initial <input type="checkbox"/> Renewal <input type="checkbox"/>	ATPL <input type="checkbox"/> ATCO <input type="checkbox"/>	PPL <input type="checkbox"/> Other	CPL <input type="checkbox"/>
Have you previously been Examined for aviation duties?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, where and when	Were you declared	Fit <input type="checkbox"/> Unfit <input type="checkbox"/>
Licence Number	Flying time:	Total	Last six months	
Aircraft presently flown	Jet <input type="checkbox"/>	Prop <input type="checkbox"/>	Helicopter <input type="checkbox"/>	Other

MEDICAL HISTORY (To be completed by Medical Examiner)

Have you ever had or have you now any of the following: *(elaborate yes answers under remarks)*

	Yes	No		Yes	No
Frequent or severe headaches			Nervous trouble of any kind		
Dizziness or fainting spells			Any drug or narcotic habit		
Unconsciousness for any reason			Excessive drinking habit		
Eye trouble except glasses			Attempted suicide		
Hay fever			Motion sickness requiring drugs		
Asthma			Rejection for life insurance		
Heart trouble			Admission to hospital in the last two years		
High or low blood pressure			Aviation accidents		
Stomach trouble			Other accidents		
Kidney stone or blood in urine			Gynaecological/Obstetrical conditions		
Sugar or albumen in urine			Do you currently use any medication		
Epilepsy or fits			Do you smoke (if yes average per week)		
Colour Blindness			Other illness		
Is there any family history of Diabetes <input type="checkbox"/> Cardiovascular disease <input type="checkbox"/> Tuberculosis <input type="checkbox"/>					
Are you in good physical and mental health as far as you know and believe? Yes <input type="checkbox"/> No <input type="checkbox"/>					

REMARKS

APPLICANT'S DECLARATION

I hereby certify that all statements and answers provided by me in this Examination form are complete and true to the best of my knowledge.	
Date _____	Signature _____

