

# Application for a Medical Certificate



I apply to the Director of Civil Aviation for a medical certificate, and hereby request a Medical Examiner to examine me for that purpose. I understand that I must pay the required Medical Certificate Application Fee **before** I attend an appointment with a Medical Examiner.

**Manual Payment Option Details:** Cheque  as attached **OR** Visa  MasterCard  complete below.

**DO NOT SEND CASH AND DO NOT COMPLETE THE FOLLOWING PAYMENT DETAILS IF YOU HAVE PAID THE FEE ONLINE**

Name on Card															
Card Number															Expiry Date (mm/yyyy) /
Signature															

**Electronic Payment Option Details:** (CASA Medical Examiner to complete).

**Receipt Number:** \_\_\_\_\_ (attach confirmation) **Date Payment Made:** \_\_\_\_\_

**My personal, licence, and medical details are as follows:**

<b>1. Surname:</b> <i>If changed recently, give previous surname in brackets</i>		<b>2. Title:</b>		<b>3. CAA Client ID:</b>	
		Mr Mrs Miss Ms ____			
<b>4. Given Name:</b>				<b>5. Gender:</b>	
				M F	
<b>6. Known as:</b>			<b>7. Date of Birth:</b>		<b>8. Age:</b>
<b>9. Address for Service:</b> <i>Civil Aviation Act, s48, requires applicants to provide an address for service (ie, a physical PNG address) and to promptly notify the Director of any changes.</i>			<b>10. Postal Address:</b> <i>(If different from Address for Service.)</i>		
<b>11. Tel Business:</b> ( )		<b>Work Fax:</b> ( )			
<b>Tel Private:</b> ( )		<b>Home Fax:</b> ( )			
<b>12. Email:</b>		<b>13. Mobile:</b>			
<b>14. Preferred method for urgent written contact:</b> <i>(If we have to contact you urgently about personal medical information, we need to know your preferred means of communication.)</i>		Email <input type="checkbox"/>		Home Fax <input type="checkbox"/>	
				Neither <input type="checkbox"/>	
<b>15. Certificate applied for:</b>		Class 1 & 2 <input type="checkbox"/>		Class 2 <input type="checkbox"/>	
		Class 2 – No IFR <input type="checkbox"/>		Class 3 <input type="checkbox"/>	
<b>PNG Aviation document currently held:</b>		ATPL <input type="checkbox"/>		CPL <input type="checkbox"/>	
		Private <input type="checkbox"/>		ATC <input type="checkbox"/>	
				None yet <input type="checkbox"/>	
<b>16. Other or previous licences:</b> Have you ever had a civil aviation licence or medical certificate issued before, either in PNG or from another authority? <i>(Give year, country and licence Type/Number)</i>					
<b>17. Employer / Training Facility:</b>			<b>Occupation:</b>		
<b>18. Aircraft types flown recently:</b>			<b>Total Hours:</b>		<b>Last 6 months</b>
<b>19. General Practitioner contact details:</b>					

**20. MEDICAL HISTORY:** Have you ever experienced any of the following? (Circle correct answer eg. **Y**)

20.1	Eye or vision trouble	Y	N
20.2	Needed new glasses or contact lenses since last CAA medical Examination	Y	N
20.3	Eye or corneal surgery	Y	N
20.4	Hay fever	Y	N
20.5	Middle ear infection	Y	N
20.6	Sinusitis	Y	N
20.7	Hearing trouble	Y	N
20.8	Problems with balance	Y	N
20.9	Any other Ears, Nose & Throat problems or surgery	Y	N
20.10	Asthma or wheezing	Y	N
20.11	Chronic Cough	Y	N
20.12	Any other lung problem	Y	N
20.13	Any shortness of breath	Y	N
20.14	Pulmonary embolism or deep vein thrombosis	Y	N
20.15	Coughed or vomited blood	Y	N
20.16	Any severe allergy	Y	N
20.17	Heart problem	Y	N
20.18	Vascular problem	Y	N
20.19	Suffered any chest pain	Y	N
20.20	Rheumatic fever	Y	N
20.21	High or low blood pressure	Y	N
20.22	Severe abdominal pain	Y	N
20.23	Hernia	Y	N
20.24	Oesophagus, Stomach, liver gall bladder or intestinal trouble	Y	N
20.25	Diagnosed or treated for cancer, tumour, growth or malignancy (including skin cancer)	Y	N
20.26	Anaemia or blood disease	Y	N
20.27	Headaches/migraines which have interfered in any way with daily living?	Y	N
20.28	Headaches/migraines requiring medication?	Y	N
20.29	Dizziness or fainting spell	Y	N
20.30	Unconsciousness for any reason	Y	N
20.31	Head injury	Y	N
20.32	Seizures/fits	Y	N
20.33	Stroke	Y	N
20.34	Paralysis	Y	N
20.35	Any other neurological disorder	Y	N
20.36	Diagnosed depression	Y	N
20.37	Anxiety disorder/panic Disorder	Y	N

20.38	Learning difficulty	Y	N
20.39	Attention deficit or hyperactivity Disorder	Y	N
20.40	Post traumatic stress disorder	Y	N
20.41	Suicide attempt	Y	N
20.42	Any other Mental illness	Y	N
20.43	Substance dependence or substance abuse	Y	N
20.44	Use of legal or illegal recreational drugs or substances	Y	N
20.45	Alcohol dependence or abuse	Y	N
20.46	Muscle, bone or joint injury	Y	N
20.47	Back pain, injury or "back trouble"	Y	N
20.48	Swollen or painful joints	Y	N
20.49	Suffered any pain severe enough to be disabling	Y	N
20.50	Passed blood with or in urine or faeces	Y	N
20.51	Kidney, bladder or prostatic disease	Y	N
20.52	Easy fatigue-ability or sleep in the day	Y	N
20.53	Investigations for abnormal glucose tolerance, high blood sugar, or diabetes	Y	N
20.54	Medical Certificate for absence of 7 or more days from work or school	Y	N
20.55	Rejection or premium loading for life or health insurance	Y	N
20.56	Rejection or retirement from employment on medical grounds	Y	N
20.57	Admission to hospital, psychiatric or in patient facility	Y	N
20.58	Taken any type of medicine or alternative medicine for more than 2 weeks	Y	N
20.59	Had a positive laboratory test for HIV infection	Y	N
20.60	Investigation for any disorder	Y	N
20.61	Any major medical or surgical procedure	Y	N
20.62	Day surgery	Y	N
20.63	Any other illness, disability, debility, infirmity, treatment or surgery	Y	N
<b>Females only</b>			
20.64	Any troubling menstrual problems	Y	N
20.65	Other gynaecological problem	Y	N
20.66	Any obstetric problem	Y	N
20.67	Breast lump or other breast problem	Y	N
20.68	PREGNANCY: Are you pregnant?	Y	N

<b>21. Has any medical certificate ever been denied, suspended, or revoked within or outside of PNG?</b> <span style="float:right">.. Yes .. No</span>					
<b>22. Have you ever been convicted of an alcohol or drug-related offence, including a drink-driving offence, or is any action pending for such an offence?</b> <span style="float:right">.. Yes .. No</span>					
<b>23. Have you received any Notice under Section 64I or 64H of the Civil Aviation Act (suspension, restriction, endorsements, etc) during the period of the current or last medical certificate?</b> <span style="float:right">.. Yes .. No</span>					
<b>24. FAMILY HISTORY:</b> Have any members of your family had vascular disease, hypertension, diabetes, heart disease, psychiatric disease or neurological disease? (Please mention age) <span style="float:right">.. Yes .. No</span>					
	Mother	Father	Siblings	Grandparents	Other
Name of disease and age when discovered					
<b>25. SMOKING:</b> Have you ever smoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes:			<b>26. ALCOHOL:</b> Do you drink alcohol? <span style="float:right">.. Yes .. No</span> If yes, how much do you drink per week? (be specific)		
In total, how many years have you smoked for? _____ Average quantity smoked? _____ (Packs/week) Are you still smoking or have you smoked within the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No			Beer (Cans)	Wine (Glasses)	Spirits (Measures)
					Total Units Weekly
			I usually drink: at weekends <input type="checkbox"/> most days <input type="checkbox"/>		
<b>27. Have you VISITED a health professional within last 3 years?</b> <span style="float:right">.. Yes (explain below) .. No</span>					
Date	GP/Specialist	Reason			
<b>28. Have you taken any MEDICATION in past 3 years for 2 weeks or more?</b> <span style="float:right">.. Yes (explain below) .. No</span>					
Name	Dosage	Purpose	Date started	Date finished	
<b>29. If you answered "Yes" to any questions from 20 to 28, please provide all details of each instance – use extra pages or attach any documents as required.</b>					
Question No:	Details:				

**30. Consent**

I consent to the disclosure to the Director and, or his delegate, of any medical information relating to me, which is held by a registered medical practitioner, hospital or other organisation. I consent to the disclosure to the Director, of information about convictions for alcohol or substance abuse from the Land Transport Agency or other organisations.

I hereby authorize the Director to use information obtained concerning me for any purpose authorised by law. I authorise such information to be disclosed by the Director to any person who requires such information to carry out any function authorised by law. I understand that the Director may provide relevant medical information to other international jurisdictions for the purpose of aviation medical certification.

**31. Acknowledgement**

I acknowledge and understand the following:

That I have obligations under the Civil Aviation Act 2000, in relation to -

1. the provision of information, for the purpose of obtaining a medical certificate. I understand that failing to comply with these obligations is an offence, and
2. advising a medical examiner or reporting to the Director if I become aware of, or suspect that there is any change in my medical condition or the existence of a previously undetected medical condition that may interfere with the safe exercise of the privileges to which my medical certificate relates, and
3. the making or causing to be made of any fraudulent, misleading, or intentionally false statement for the purpose of obtaining a medical certificate constitutes an offence under section 283 of the Civil Aviation Act 2000, and is subject, in the case of an individual, to imprisonment for a term not exceeding 12 months or to a fine not exceeding K25,000, and
4. the failure to notify Director of any change in medical condition or the existence of a previously undetected medical condition constitutes an offence under section 283 of the Civil Aviation Act 2000, and is subject, in the case of an individual, to imprisonment for a term not exceeding 12 months or to a fine not exceeding K25,000.

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I have read this application form, familiarised myself with it and understand its contents, including the consent and acknowledgement in paragraphs 30 and 31. I confirm that all the information that I have entered onto this form is true and accurate in all respects:

Applicant's Signature

Date    /    /

I have explained this form to the applicant and confirm that he/she has signed it in my presence.

Witnessed by (ME)

Date:    /    /