



APPLICATION FORM FOR AN AVIATION MEDICAL ASSESSMENT

I apply to the Director of Civil Aviation for a Medical Certificate and hereby request a Designated Aviation Medical Examiner to examine me for that purpose

Complete this page fully using a black ballpoint pen and in block letters – see instruction page for details.

MEDICAL IN CONFIDENCE

(1) Surname:	(2) Previous surname(s):	(3) National identification number (if applicable)	
(4) Forename(s):	(5) Date of birth:	(6) Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	(7) Application Initial <input type="checkbox"/> Renewal <input type="checkbox"/>
(8) Country of license issue:	(9) Class of Medical Assessment applied for: 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> other <input type="checkbox"/>	(10) Type of license applied for (if initial application):	
(11) Place and country of birth:	(12) Nationality	(13) Occupation (principal):	
(14) Permanent address: Postcode: Country: Telephone No: Mobile Cell No: Email:	(15) Postal address (if different): Postcode: Country: Telephone No:	(16) Employer (principal):	
		(17) Last medical examiner Date: Place:	
		(18) Aviation license(s) held (type): License number(s): Country(ies) of issue:	
(19) Family physician's name and address: Email: Telephone No:		(20) Any limitation on License/Medical Assessment? No <input type="checkbox"/> Yes <input type="checkbox"/> Details:	
(21) Have you ever had an aviation Medical Assessment denied, suspended or revoked by any licensing authority? If yes, discuss with medical examiner. No <input type="checkbox"/> Yes <input type="checkbox"/> Date: Place: Details:		(22) Total flight time (hours):	(23) Flight time (hours) since last medical:
		(24) Aircraft currently flown (e.g. Boeing 737, Cessna C150):	
(25) Any aircraft accident or reported incident since last medical? No <input type="checkbox"/> Yes <input type="checkbox"/> Date: Place: Details:		(26) Type of flying intended (1) e.g. commercial air transport, flying instruction private:	
		(27) Type of flying intended (2): Single-crew <input type="checkbox"/> Multi-crew <input type="checkbox"/>	

Name:

Client ID:

<p>(28) Do you drink alcohol beverages? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If YES, state average weekly intake in units:</p>	<p>(30) Do you currently use any medication, including non-prescribed medication? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If YES, state name of medication, date commenced, daily or weekly dose, and cause (diagnosis):</p>
<p>(29) Do you smoke tobacco products?</p> <p>Never <input type="checkbox"/></p> <p>Previously <input type="checkbox"/> Date stopped:</p> <p>Currently <input type="checkbox"/> State type, amount and number of years:</p>	

(31) 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. Elaborate YES answers in the remarks section and discuss them with the medical examiner.

	Y	N		Y	N		Y	N		Y	N
101 Eye disorder/eye surgery			112 Nose or throat disease or speech disorder			123 Malaria or other tropical disease			Family history of:		
102 Spectacles and/or contact lenses ever worn			113 Head injury or concussion			124 A positive HIV test			140 Heart disease		
103 Spectacle/contact lens prescriptions/change since last medical exam			114 Frequent or severe headaches			125 Sexually transmitted disease			142 High cholesterol level		
104 Hay fever, other allergy			115 Dizziness or fainting spells			126 Admission to hospital			143 Epilepsy		
105 Asthma, lung disease			116 Unconsciousness for any reason			127 Any other illness or injury			144 Mental illness		
106 Heart or vascular disease			117 Neurological disorders; stroke, epilepsy, seizure, paralysis, etc			128 Visit to medical practitioner since last medical examination			145 Diabetes		
107 High or low blood pressure			118 Psychological/psychiatric trouble of any sort			129 Refusal of life insurance			146 Tuberculosis		
108 Kidney stone or blood in urine			119 Alcohol/drug/substance abuse			130 Refusal of issue or revocation of aviation licence			147 Allergy/asthma/eczema		
109 Diabetes, liver or intestinal trouble			120 Attempted suicide			131 Medical rejection from or for military service			148 Inherited disorders		

Name:

Client ID:

	Y	N		Y	N		Y	N		Y	N
110 Stomach, liver or intestinal trouble			121 Motion sickness requiring medication			132 Award of pension or compensation for injury or illness			149 Glaucoma		
111 Deafness, ear disease			122 Anaemia/Sickle cell trait/other blood disorders						Females Only: 150 Gynaecological disorders (including menstrual)		
									151 Are you pregnant?		

(152) **Remarks:** If previously reported and unchanged, so state:

(32) **DECLARATION:** I hereby declare that I have carefully considered the statements I have made above and that to the best of my belief they are complete and correct. I further declare that I have not withheld any relevant information or made any misleading statements. I understand that if I have made any false or misleading statement in connection with this application, or if I do not consent to release the supporting medical information, the **Director** may refuse to grant me a Medical Certificate or may withdraw any Medical Certificate granted, without prejudice to any other legal action applicable pursuant to Section 64I of the PNG Civil Aviation Act 2000 as amended.

CONSENT TO RELEASE OF MEDICAL INFORMATION: I hereby give my consent that all relevant medical information may be released and submitted to the **Director**. I also 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 organization. I understand that the **Director** may provide my personal relevant information to other international aviation jurisdiction for the purpose of aviation medical certification, as and when required.

Notes:

- Medical confidentiality will be respected at all times.
- The making or causing to be made of fraudulent, misleading or intentionally false statement, for the purpose of obtaining a medical certificate constitutes an offence under Part XVI (283), of the PNG 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 or both.

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Date

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Signature of applicant

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Signature of medical examiner (Witness)