# APPLICATION FORM FOR A MEDICAL CERTIFICATE



**Civil Aviation Directorate** 

Transport Malta – Civil Aviation Directorate, Pantar Road, Lija, LJA 2021, Malta. Tel:+356 2555 5665 Fax:+356 2123 9278 civil.aviation@transport.gov.mt www.transport.gov.mt

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Complete this page fully and in (1) State of licence issue:	K CAPITALS – Refer to it	(2) Medical certificate applied for:								
(1) State of ficence issue.			Class 1	ai certificate applied foi Cla	Class 2					
(3) Surname:				us surname(s):	Class 3   (12) Application:					
(3) Surname.			(4) Fievio	us surname(s).		(12) Application: Initial □				
						Revalidation/Rene	wal			
(5) Forename(s):			(6) Data o	f birth(dd/mm/yyyy):	(7) Sex:	(13) Reference nur		ш		
(3) Forename(s).				i birui(dd/iiiii/yyyy).	Male □	(13) Kelelelice liul	noer.			
					Female					
(8) Place and country of birth:			(9) Nationa	lity	Temate 🗆	(14) Type of licence	annlied for			
(6) I face and country of birtin.			()) Ivationa	nty.		(14) Type of ficence	applica for	•		
(10) Permanent address:			(11) Postal	address (if different):		1				
(,			(,			(15) Occupation (prin	ncinal):			
			Country:		(16) Employer:					
Country:			Telephone	No.:						
Telephone No.:					(17) I 1:1:					
Mobile No.: E-mail:					(17) Last aero-medical examination: Date:					
E-man.						Place:				
(18) Licence(s) held (type):			l	(19) Any limitations o	n licence(s)/medie					
Licence number:				No □	Details:					
				Yes $\square$						
(20) Have you ever had a medica	al certific	eate denied, suspended or re	evoked?	(21) Flight time total:		(22) Flight time since last medical:				
No 🗆				***	, -	**	_			
Yes □ Date: Details:		Country:		Hrs	n/a □	Hrs	n/a			
Details:	23) Aircraft class/type(s) presently flown:									
				23) Afficiant class/type	(s) presently flow					
	iation accident or reported incident since last medical examination?  (25) Type of flying intended:									
(24) Any aviation accident or rep	orted in	cident since last medical ex	amination?	(25) Type of flying int	ended:					
No □ n/a							n/a			
Yes   Date:		Place:		(26) Present flying act	ivity: Single pilot	☐ Multi p	silot □			
Details:				Current ATCO activity						
				Current 111 CO deli 111	ACS		_			
(27) Do you drink alashal?				(20) Do you aumontly	yaa amu madiaatia	-m <sup>2</sup>				
(27) Do you drink alcohol? No □ Yes	□ If	yes, amount		(28) Do you currently No	use any medican	on:				
100 🗖 103		yes, amount			nedication, dose,	date started and why:				
(29) Do you smoke tobacco? No	, Never	□,			, ,	·				
No, Stopped □	State da									
Yes $\square$	State ty	pe and amount:								
General and medical history: I				_ <b> </b>						
	Oo you h	•	, any of the f	ollowing? (Please tick). It	f yes, give details	in remarks section (3	0).			
		ave, or have you ever had		_	-		0).	Yes No		
101 Eye trouble/eye operation	Oo you h	ave, or have you ever had	Yes	_	Yes	in remarks section (3) No Family history of: 170 Heart disease	0).	Yes No		
		ave, or have you ever had	Yes	No	Yes	No Family history of:		Yes No		
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## APPLICATION FORM FOR A MEDICAL CERTIFICATE



## **Civil Aviation Directorate**

Transport Malta - Civil Aviation Directorate, Pantar Road, Lija, LJA 2021, Malta. Tel:+356 2555 5665 Fax:+356 2123 9278 civil.aviation@transport.gov.mt www.transport.gov.mt

#### **Data Protection Notice**

All data collected in this form is processed in accordance with the Privacy Laws that include General Data Protection Regulation (EU) 2016/679 and Chapter 586 of the Laws of Malta (Data Protection Act). The data provided may be exchanged with other Public Authorities and/or Government Departments as required and permitted by Maltese Law. Transport Malta of Triq Pantar, Lija, Malta LJA2021 is the data controller for the purpose of the privacy laws. The Privacy Notice attached with this application sets out the way in which personal information/data is collected and processed by Transport Malta, as well as the steps that are taken to protect such information.

#### **Data Protection Privacy Notice**

Transport Malta of Triq Pantar, Lija, Malta LJA2021 is the Data Controller for the purpose of the Data Protection Act CAP. 586 and General Data Protection Regulation (EU) 2016/679 (GDPR). This Privacy Notice sets out the way in which we collect and process your Personal Information, as well as the steps we take to protect such information.

### 1. The information we collect and how we use it

- 1.1. From this application form Transport Malta collects different types of information which information is that required by Law and is used explicitly for your particular application. It is to be noted that if the required information is not provided the said application cannot be processed.
- 1.2. The primary purpose for collecting information is mainly to process the application for the service being applied for, however, your personal information may also be used for related purposes that amongst other include: sending notifications, renewal of licence/certificate after expiry period, and for the provision of information with regards to any legislative amendments which may affect the services offered to you.

#### 2. To whom we disclose information

- 2.1. This information will be solely used for the reasons detailed above. However there may be cases where personal iinformation is shared with the following third parties for reasons listed below:
  - Any third party offering assistance in providing the required service;
  - Any law enforcement body who may have any reasonable requirement to access your personal information;
  - Third party entities responsible for the data processing contracted by Transport Malta.

### 3. Data Subject Rights

- 3.1. With respect to your privacy rights, Transport Malta is obliged to provide you with reasonable access to the Personal Data that you have provided to us. Your other principal rights under data protection law are:
  - a. the right for information;
  - b. the right to access;
  - c. the right to rectification;
  - d. the right to erasure;
  - e. the right to restrict processing;
  - f. the right to object to processing;
  - g. the right to data portability;
  - h. the right to complain to a supervisory authority; and
  - i. the right to withdraw consent.
- 3.2. If you wish to access or amend any Personal Data we hold about you, or to request that we delete any information about you, you may contact us by sending a request to <a href="mailto:dataprotection.tm@transport.gov.mt">dataprotection.tm@transport.gov.mt</a>. We will acknowledge your request within seventy-two (72) hours and will do our utmost to handle it promptly. We will respond to these requests within a month, with a possibility to extend this period for particularly complex requests in accordance with Applicable Law.
- 3.3. At any time, you may object to the processing of your Personal Data, on legitimate grounds, except if otherwise permitted by applicable law.
- 3.4. In accordance with Applicable Law, we reserve the right to withhold personal data if disclosing it would adversely affect the rights and freedoms of others. Moreover, we reserve the right to charge a fee for complying with such requests if they are deemed manifestly unfounded or excessive.

## 4. Retention period

- 4.1. Personal data will be retained for not more than 3 months from date of application should the application not be submitted complete or is rejected.
- 4.2. Once the service related to your application is provided, we will retain your information for as long as needed to provide you with our service, or to comply with our legal obligations, resolve disputes and enforce our agreements.

## 5. Security

- 5.1. We take appropriate security measures to protect against loss, misuse and unauthorized access, alteration, disclosure, or destruction of your information. Additionally, steps will also be taken to ensure the ongoing confidentiality, integrity, availability, and resilience of systems and services processing personal information, and will restore the availability and access to information in a timely manner in the event of a physical or technical incident. All information gathered is kept confidential and is used solely for the purpose indicated herein.
- 5.2. If we learn of a security systems breach, we will inform you of the occurrence of the breach in accordance with applicable law.

# 6. Governing Law

All data collected in this form is processed in accordance with the Privacy Laws that include General Data Protection Regulation (EU) 2016/679 and Chapter 586 of the Laws of Malta (Data Protection Act).

### 7. Data Protection Officer

7.1. Transport Malta has a Data Protection Officer ("DPO") who is responsible for matters relating to privacy and data protection. The DPO can be reached at the above address or by email: <a href="mailto:dataprotection.tm@transport.gov.mt">dataprotection.tm@transport.gov.mt</a>

### 8. Contacting us

8.1. Please address any questions, comments and requests regarding the application process to <a href="mailto:civil.aviation@transport.gov.mt">civil.aviation@transport.gov.mt</a>

# AERO-MEDICAL EXAMINATION REPORT FORM FOR CLASS 1, CLASS 2 & CLASS 3 **APPLICANTS**



# **Civil Aviation Directorate**

Transport Malta – Civil Aviation Directorate, Pantar Road, Lija, LJA 2021, Malta. Tel:+356 2555 5665 Fax:+356 2123 9278 civil.aviation@transport.gov.mt www.transport.gov.mt MEDICAL IN CONFIDENCE

All areas re	quire c	comple	tion										WILDI	CILL III	CONTIDENCE	
(201) Examination category		,	(202) Height (203) Weight		` /	04) Colour (205) Colo				(207) Pulse - r						
Initial				(cm)		(kg)		eye		hair	seated (mmHg)			(bpm)	ppm) Rhythm: regular $\square$	
Revalidation		Rene	wal $\square$								Systolic	Diastolic	_		irregular 🗆	
Referral																
Clinical exam: Check each item Normal Abnormal (208) Head, face, neck, scalp									Normal Abnormal (218) Abdomen, hernia, liver, spleen							
(209) Mouth, throat, teeth						(219) Anus, rectum										
(210) Nose, sinuses					o-urinary system	1										
(211) Ears, drums, eardrum motility (212) Eyes - orbit & adnexa; visual fields							(221) Endocrine system									
(213) Eyes - orbit & adnexa; visual fields (213) Eyes - pupils and optic fundi								(222) Upper & lower limbs, joints (223) Spine, other musculoskeletal								
(214) Eyes - ocular motility; nystagmus								(224) Neurologic - reflexes, etc.								
(215) Lungs, chest, breasts							(225	) Psych	niatric							
(216) Heart						(226) Skin, identifying marks and lyr					tics					
(217) Vascular system (227) General systemic (228) <b>Notes:</b> Describe every abnormal finding. Enter applicable item number before each comment.																
(228) Notes: 1	Jeschio	e every a	авногна	ı ıınaı	ng. Ente	аррис	able item num	ber before e	each co	mment.						
Visual acuity																
(229) Distant								(23	86) <b>Pul</b> ı	monary function		(237) <b>H</b>	aemogl	lobin		
	Un	corrected	d			Spect		FE	V1/FVC	C%					(unit)	
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(232) Spectac Yes □ No	ies o □					(233) <b>(</b> Yes	Contact lenses  □ No □	¬ └─								
Type:						Type		(24	7) <b>AM</b>	E recommendation	on:					
						71			Name of applicant Date of birth: Reference number							
Refraction		S	Sph Cyl		Axi	s Add										
Right eye								_								
Left eye								_   _	Fit fo	r class:						
(233) Colour	Vision		l l	No	ormal $\square$	Abno	rmal 🗆	_   _		cal certificate issu		signed (cop	y attach	ed) for c	lass:	
Colour vision testing method/s:									☐ Unfit for class:							
Results:   Deferred for further evaluation. If yes, why and to whom?																
(234) Hearing	-															
(when 239/241 not performed) Right ear								(24	(248) Comments, limitations							
Conversational voice test (2m)  with back turned to examiner  No						Yes □ No □	_									
Audiometry No				, ப	I NO L	-										
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