



WINDMILL AVIATION

S E R V I C E S

Room 8, Aero 16, Redhill Aerodrome
Kings Mill Lane, RH1 5JY

Dr Philip Ranger AME
MB BS DRCOG/GMC 1619 586
AME 554226K

Office: 01737 823550
E-Mail: info@pilotsmedical.co.uk

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

Surname:	Previous surname(s):	Title:
Forenames:	D.O.B:	SEX: Male <input type="checkbox"/> Female <input type="checkbox"/>
Place and country of birth:	Nationality:	
Address:	GP Name and address:	
Postcode:	GP Tel:	
Country:		
Do you currently use any medication? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES , state name of medication, dose, date started and why:		
Alcohol - State average weekly intake in units:		
Do you smoke tobacco? If no, date stopped:		
Never <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>		

Please see overleaf



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SERVICES

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General and medical history: Do you have, or have you ever had, any of the following? YES (Y) NO (N) must be ticked after each question. If you have answered YES, please 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			Family History of:		
Glasses or contact lense worn			Ear disorder			Attempted suicide			Heart disease		
Eye disease or surgery			Hearing problem			Anaemia, sickle cell or any other diseases			High blood pressure		
Hay fever			Nose, throat or sinus disorder			Malaria or other tropical diseases			High cholesterol		
Allergy			Speech difficulties			A positive HIV test			Diabetes		
Asthma or lung problem			Headache or migraine			Infectious disease			Epilepsy		
Heart/vascular disease or stroke			Epilepsy or seizure			Admission to hospital			Mental Illness		
High blood pressure			Dizziness, fainting or unconscious for any reason			Illness or injury not otherwise specified			Tuberculosis		
Kidney stone or blood in urine			Neurological disorders			Skin disorder			Allergy, Asthma or Eczema		
									Inherited disorder		
Diabetes or hormone disorder			Psychiatric or psychological trouble of any sort			Disorder affecting strength, movement or arthritis			FEMALES ONLY:		
									Gynaecological or menstrual problems		
									Are you pregnant		

Details:

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

Signature:.....Date:.....