



WINDMILL AVIATION

SERVICES

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

Complete this page fully in black ball point pen and in block capitals

Surname:	Previous Surname(s):	Title:																								
Forename(s):	Date of birth:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>																								
Place and country of birth:	Nationality:	Address:																								
GP Name:	Mobile Number:																									
Surgery Address:		Postcode:																								
		Country:																								
Alcohol – State average weekly intake in units:	Do you currently use any medication? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state:																									
Do you smoke tobacco? Never <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, date stopped:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Name of medication</th> <th style="width: 20%;">Date started</th> <th style="width: 40%;">Reason for medication</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		Name of medication	Date started	Reason for medication																					
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Since your last medical assessment, have you

Y N

1. Remained in good health?		
2. Developed any medical condition or received treatment for any illness not declared at previous medical assessments?		
3. Noticed any deterioration of distant or close vision?		
4. Been prescribed glasses or contact lenses?		
5. Noticed any deterioration of hearing?		
6. Had any ear, nose, sinus or throat problem?		
If you have ticked YES to any of the questions please give 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 any misleading statement.		
Signature:..... Date:.....		