

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

Surname:

Dr Philip Ranger AME MB BS DRCOG/GMC 1619 586 AME 554226K Office: 01737 823550

Title:

E-Mail: info@pilotsmedical.co.uk

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

Previous Surname(s):

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

Place and country of birth: Nationality: Address: Postcode: Country: Address: Postcode: Country: Address: Postcode: Country: Alcohol – State average weekly intake in Units: Name of medication Date started Reason for medication Postcode: Po	Forename(s):	Date of birth:		Sex:		
Place and country of birth: Postcode: Country:						
Mobile Number: Surgery Address: Mobile Number: Postcode: Country:						
Surgery Address: Postcode: Country:	Place and country of birth:	Nationality:		Address:		
Surgery Address: Postcode: Country: Country:	GP Name:	Mahila Number:		- 		
Alcohal – State average weekly intake in units: Do you smoke tobacco? Never Yse	Gr Name.	Widdle Number.				
Alcohol – State average weekly intake in units: Do you smoke tobacco? Never Yes No If yes, please state:	Surgery Address:			Postcode:		
Alcohol – State average weekly intake in units: Do you smoke tobacco? Never Yes No If yes, please state:						
units: Name of medication Date started Reason for medication				Country:		
units: Name of medication Date started Reason for medication	Alcohol – Stato avorago wookly intako in	Do you currently use any medication? Yes				
Name of medication Date started Reason for medication		bo you carrettly use any medication. Tes - No - Nyes, please state.				
New		Name of medication	Date started	Reason for medication		
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.	Do you smoke tobacco?					
No	Never □				_	
Since your last medical assessment, have you Y N					_	
Since your last medical assessment, have you 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.	_				-	
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.	ii iio, date stopped.					
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.						
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.						
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.						
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.	Since your last medical assessm	ient, have you			ΥI	N
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.	1. Remained in good health?					
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.						
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.	2. Developed any medical condition or received treatment for any illness not declared at previous medical assessments?					
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.	,	,				
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.	2. Natical and detaileration of distant or place vision 2.					
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.	3. Noticed any deterioration of distant or close vision?					
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.					4	
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.	4. Been prescribed glasses or contact lenses?					
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.						
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.	5. Noticed any deterioration of hearing	?				
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.						
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.	6. Had any ear, nose, sinus or throat problem?					
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.						
that I have not withheld any relevant information or made any misleading statement.	If you have ticked YES to any of the que	stions please give details:				
that I have not withheld any relevant information or made any misleading statement.						
that I have not withheld any relevant information or made any misleading statement.						
that I have not withheld any relevant information or made any misleading statement.						
that I have not withheld any relevant information or made any misleading statement.						
				the best of my belief they are complete and co	rrect a	nd
Signature:	that I have not withheld any relevant inform	ation or made any misleading s	tatement.			
Signature:						
	Signature:		Date:			