

CHECKLIST FOR MENTAL HEALTH
 (Completion of this form is optional but requirements for mental health assessment
 can be found at [Mental Health Guidance Material](#))

1. Personal details (to be completed by the applicant)

CAA reference number	Medical certificate applied for: Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/>
Surname	Forename(s)

2. Applicant	3. AME
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Please answer the following:	Y	N	Do you have any of the following:	Y	N	Consider referral to a specialist if 'yes' to any of the following:	Y	N	Do you have any concerns about the following:	Y	N
Do you have any current work and / or life stressors?			Loss of interest / energy in personal or work-related activities			Psychotic disorder			Appearance		
Do you have difficulty applying coping strategies during periods of psychological stress or pressure, including seeking advice from others?			Sleep problems			Organic mental disorder				Attitude	
			Change in eating habits or unexpected weight changes			Psychoactive medication			Behaviour		
			Increased use of alcohol or use of other substances, including illicit or prescribed drugs, to help cope with stress			Disorders due to alcohol or other psychoactive substance(s) use or misuse			Mood		
Do you have any difficulties with operational crew resource management (CRM), or with your employer or work colleagues?			Low mood / suicidal thoughts			Anxiety, stress-related or somatoform disorder			Speech		
			Anger, agitation or high mood			Personality or behavioural disorders			Thought process and content		
			Feelings of detachment from events or loss of control			Functional / neurodiverse traits such as autism or learning disability			Perception		
Do you have any significant interpersonal or relationship issues, including difficulties with relatives, friends or work colleagues?			Family history of psychiatric disorders, including suicide, or addiction disorders			Mood disorder			Cognition		
						Deliberate self-harm or suicide attempt			Insight		
Have you suffered any periods of anxiety affecting your behaviour or ability to cope?			Anything else causing concern that you would like to discuss, mental or physical (please specify on next page)			Any additional clinical concerns (please specify on next page)			Judgement		

*****If the applicant or the AME has responded YES to any of the above, please give details on the next page*****

4. Additional information

5. Declaration (to be signed by the applicant and countersigned by the AME): To the best of my belief I have answered completely and correctly. I understand that if I have withheld any relevant information or made any false or misleading statements, the licensing authority may refuse to grant me a medical certificate or withdraw any medical certificate granted.

Signature of applicant **Date**

Signature of AME