

Application for a Medical Certificate



I apply to the Director of Civil Aviation for a medical certificate, and hereby request a Medical Examiner to examine me for that purpose. My personal, licence, and medical details are as follows:

1. Surname: <i>If changed recently, give previous surname in brackets</i>	2. Title: Mr Mrs Miss Ms ____	3. CAA Client ID:
4. Given Name:	5. Gender: M F	
6. Known as:	7. Date of Birth:	8. Age:

9. Address for Service: <i>Civil Aviation Act, s8, requires applicants to provide an address for service (ie, a physical NZ address) and to notify the Director of any changes.</i>		10. Postal Address: <i>(If different from Address for Service.)</i>	
11. Tel Business: ()	Work Fax: ()		
Tel Private: ()	Home Fax: ()		
12. Email:	13. Mobile:		
14. Preferred method for urgent written contact: <i>(If we have to contact you urgently about personal medical information, we need to know your preferred means of communication.)</i>		Email <input type="checkbox"/>	Home Fax <input type="checkbox"/>
		Neither <input type="checkbox"/>	

15. Certificate applied for:	Class 1 & 2 <input type="checkbox"/>	Class 2 <input type="checkbox"/>	Class 2 – No IFR <input type="checkbox"/>	Class 3 <input type="checkbox"/>
NZ Aviation document currently held:	ATPL <input type="checkbox"/>	CPL <input type="checkbox"/>	Private <input type="checkbox"/>	ATC <input type="checkbox"/>
16. Other or previous licences: Have you ever had a civil aviation licence or medical certificate issued before, either in New Zealand or from another authority? <i>(Give year, country and licence Type/Number)</i>				
17. Employer / Aero club / Training Facility:		Occupation:		
18. Aircraft types flown recently:		Total Hours:	Last 6 months	
19. General Practitioner contact details:				

20. MEDICAL HISTORY: Have you ever experienced any of the following? (Circle correct answer eg. Y)							
20.1	Eye or vision trouble	Y	N	20.36	Diagnosed depression	Y	N
20.2	Needed new glasses or contact lenses since last CAA medical Examination	Y	N	20.37	Anxiety disorder/panic Disorder	Y	N
20.3	Eye or corneal surgery	Y	N	20.38	Learning difficulty	Y	N
20.4	Hay fever	Y	N	20.39	Attention deficit or hyperactivity Disorder	Y	N
20.5	Middle ear infection	Y	N	20.40	Post traumatic stress disorder	Y	N
20.6	Sinusitis	Y	N	20.41	Suicide attempt	Y	N
20.7	Hearing trouble	Y	N	20.42	Any other Mental illness	Y	N
20.8	Problems with balance	Y	N	20.43	Substance dependence or substance abuse	Y	N
20.9	Any other Ears, Nose & Throat problems or surgery	Y	N	20.44	Use of legal or illegal recreational drugs or substances	Y	N
20.10	Asthma or wheezing	Y	N	20.45	Alcohol dependence or abuse	Y	N
20.11	Chronic Cough	Y	N	20.46	Muscle, bone or joint injury	Y	N
20.12	Any other lung problem	Y	N	20.47	Back pain, injury or "back trouble"	Y	N
20.13	Any shortness of breath	Y	N	20.48	Swollen or painful joints	Y	N
20.14	Pulmonary embolism or deep vein thrombosis	Y	N	20.49	Suffered any pain severe enough to be disabling	Y	N
20.15	Coughed or vomited blood	Y	N	20.50	Passed blood with or in urine or faeces	Y	N
20.16	Any severe allergy	Y	N	20.51	Kidney, bladder or prostatic disease	Y	N
20.17	Heart problem	Y	N	20.52	Easy fatigue-ability or sleep in the day	Y	N
20.18	Vascular problem	Y	N	20.53	Investigations for abnormal glucose tolerance, high blood sugar, or diabetes	Y	N
20.19	Suffered any chest pain	Y	N	20.54	Medical Certificate for absence of 7 or more days from work or school	Y	N
20.20	Rheumatic fever	Y	N	20.55	Rejection or premium loading for life or health insurance	Y	N
20.21	High or low blood pressure	Y	N	20.56	Rejection or retirement from employment on medical grounds	Y	N
20.22	Severe abdominal pain	Y	N	20.57	Admission to hospital, psychiatric or in patient facility	Y	N
20.23	Hernia	Y	N	20.58	Taken any type of medicine or alternative medicine for more than 2 weeks	Y	N
20.24	Oesophagus, Stomach, liver gall bladder or intestinal trouble	Y	N	20.59	Had a positive laboratory test for HIV infection	Y	N
20.25	Diagnosed or treated for cancer, tumour, growth or malignancy (including skin cancer)	Y	N	20.60	Investigation for any disorder	Y	N
20.26	Anaemia or blood disease	Y	N	20.61	Any major medical or surgical procedure	Y	N
20.27	Headaches/migraines which have interfered in any way with daily living?	Y	N	20.62	Day surgery	Y	N
20.28	Headaches/migraines requiring medication?	Y	N	20.63	Any other illness, disability, debility, infirmity, treatment or surgery	Y	N
20.29	Dizziness or fainting spell	Y	N	Females only			
20.30	Unconsciousness for any reason	Y	N	20.64	Any troubling menstrual problems	Y	N
20.31	Head injury	Y	N	20.65	Other gynaecological problem	Y	N
20.32	Seizures/fits	Y	N	20.66	Any obstetric problem	Y	N
20.33	Stroke	Y	N	20.67	Breast lump or other breast problem	Y	N
20.34	Paralysis	Y	N	20.68	PREGNANCY: Are you pregnant?	Y	N
20.35	Any other neurological disorder	Y	N				

21. Has any medical certificate ever been denied, suspended, or revoked within or outside of New Zealand? Yes No

22. Have you ever been convicted of an alcohol or drug-related offence, including a drink-driving offence, or is any action pending for such an offence? Yes No

23. Have you received any Notice under Section 271 or 27H of the Civil Aviation Act (suspension, restriction, endorsements, etc) during the period of the current or last medical certificate? Yes No

24. FAMILY HISTORY: Have any members of your family had vascular disease, hypertension, diabetes, heart disease, psychiatric disease or neurological disease? (Please mention age) Yes No

	Mother	Father	Siblings	Grandparents	Other
Name of disease and age when discovered					

25. SMOKING: Have you ever smoked? Yes No
If yes:

26. ALCOHOL: Do you drink alcohol? Yes No
If yes, how much do you drink per week? (be specific)

In total, how many years have you smoked for? _____
Average quantity smoked? _____ (Packs/week)
Are you still smoking or have you smoked within the last 12 months? Yes No

Beer (Cans)	Wine (Glasses)	Spirits (Measures)	Total Units Weekly
I usually drink: at weekends <input type="checkbox"/> most days <input type="checkbox"/>			

27. Have you VISITED a health professional within last 3 years? Yes (explain below) No

Date	GP/Specialist	Reason

28. Have you taken any MEDICATION in past 3 years for 2 weeks or more? Yes (explain below) No

Name	Dosage	Purpose	Date started	Date finished

29. If you answered "Yes" to any questions from 20 to 28, please provide all details of each instance – use extra pages or attach any documents as required.

Question No:	Details:

30. Consent

I consent to the disclosure to the Director and, or his delegate, of any medical information relating to me, which is held by a registered medical practitioner, hospital or other organisation. I consent to the disclosure to the Director, of information about convictions for alcohol or substance abuse from the Land Transport Safety Authority or other organisations.

I hereby authorize the Director to use information obtained concerning me for any purpose authorised by law. I authorise such information to be disclosed by the Director to any person who requires such information to carry out any function authorised by law. I understand that the Director may provide relevant medical information to other international jurisdictions for the purpose of aviation medical certification.

31. Acknowledgement

I acknowledge and understand the following:

That I have obligations under the Civil Aviation Act 1990, in relation to -

1. the provision of information, for the purpose of obtaining a medical certificate. I understand that failing to comply with these obligations is an offence, and
2. advising a medical examiner or reporting to the Director if I become aware of, or suspect that there is any change in my medical condition or the existence of a previously undetected medical condition that may interfere with the safe exercise of the privileges to which my medical certificate relates, and
3. the making or causing to be made of any fraudulent, misleading, or intentionally false statement for the purpose of obtaining a medical certificate constitutes an offence under section 46B of the Civil Aviation Act 1990, and is subject, in the case of an individual, to imprisonment for a term not exceeding 12 months or to a fine not exceeding \$10,000, and
4. the failure to notify Director of any change in medical condition or the existence of a previously undetected medical condition constitutes an offence under section 46C of the Civil Aviation Act 1990, and is subject, in the case of an individual, to imprisonment for a for a term not exceeding 12 months or to a fine not exceeding \$5,000.

I have read this application form, familiarised myself with it and understand its contents, including the consent and acknowledgement in paragraphs 30 and 31. I confirm that all the information that I have entered onto this form is true and accurate in all respects:

Applicant's Signature

Date / /

I have explained this form to the applicant and confirm that he/she has signed it in my presence.

Witnessed by (ME)

Date: / /