

DEPARTMENT OF CIVIL AVIATION
REPUBLIC OF CYPRUS

**Instructions for completion of the Application Form for an
Aviation Medical Certificate**

This Application Form, all attached Report .Forms and Reports are required in accordance with ICAO Instructions and will be transmitted to the **Aeromedical Section**. Medical confidentiality will be respected at all times.

The Applicant must personally complete in full all questions (boxes) on the Application Form. Writing must be in Block Capitals using a ball point pen and be legible. Exert sufficient pressure to make legible copies. If more space is required to answer any question, use a plain sheet of paper bearing the information, your signature and the date signed. The following numbered instructions apply to the numbered headings on the application form.

NOTICE: Failure to complete the application form in full or to write legibly will result in non-acceptance of the application form. The making of False or Misleading statements or the Withholding of relevant information in respect of this application may result in criminal prosecution, denial of this application and/or withdrawal of any medical certificate(s) granted.

<p>1. JAA STATE APPLIED TO: State name of Country this application is to be forwarded to.</p>	<p>17. LAST MEDICAL APPLICATION: State date (day, month, year) and place (town, country); Initial applicants state 'NONE'.</p>
<p>2. CLASS OF MEDICAL CERTIFICATE: Tick appropriate box. Class 1: Professional Pilot Class 2: Private Pilot Others: All other uses, e.g. ATC, Cabin Crew</p>	<p>18. AVIATION LICENSE HELD: State type of licenses held as answered in Question 14. Enter license number and State of issue for each license. If no licenses are held, state 'NONE'.</p>
<p>3. SURNAME: State Surname/ Family name.</p>	<p>19. ANY LIMITATIONS- ON THE LICENSE/MEDICAL CERTIFICATE: Tick appropriate box and give details of any limitations on your licenses/medical certificates, e.g. vision, colour vision, safety pilot, etc.</p>
<p>4. PREVIOUS SURNAME(S): If your surname or family name has changed for any reason, state previous name(s).</p>	<p>20. MEDICAL CERTIFICATE DENIAL OR REVOCATION: Tick 'YES' box if you have ever had a medical certificate denied or revoked even if only temporary. If 'YES', state date (DD/MM/YYYY) and Country where occurred.</p>
<p>5. FORENAMES: State first and middle names (maximum three).</p>	<p>21. PILOT FLIGHT TIME TOTAL: State total number of hours flown.</p>
<p>6. DATE OF BIRTH: Specify in order Day(DD), Month(MM), Year(YYYY) in numerals, e.g. 22-08-1950.</p>	<p>22. PILOT FLIGHT TIME SINCE LAST MEDICAL: State number of hours flown since your last medical examination.</p>
<p>7. SEX: Tick appropriate box.</p>	<p>23. AIRCRAFT PRESENTLY FLOWN: State name of principal aircraft flown, e.g. Boeing 737, Cessna 150, etc.</p>

<p>8. PLACE OF BIRTH: State Town and Country of birth.</p>	<p>24. AIRCRAFT ACCIDENT/INCIDENT: If 'YES' box ticked, state Date (DD/MM/YYYY) and Country of Accident/Incident.</p>
<p>9. NATIONALITY: State name of country of Citizenship.</p>	<p>25. TYPE OF FLYING INTENDED: State whether airline, charter, single-pilot commercial air transport carrying passengers, agriculture, pleasure, etc.</p>
<p>10. PERMANENT ADDRESS: State permanent postal address and country. Enter telephone area code as well as number.</p>	<p>26. PRESENT FLYING ACTIVITY: Tick appropriate box to indicate whether you fly as the SOLE pilot or not.</p>
<p>11. POSTAL ADDRESS: If different from permanent address, state full current postal address including telephone number and area code. If the same, enter 'SAME'.</p>	<p>27. DO YOU DRINK ALCOHOL: Tick applicable box. If yes, state weekly alcohol consumption e.g. 2 litres beer,</p>
<p>12. APPLICATION: Tick appropriate box.</p>	<p>28. DO YOU CURRENTLY USE ANY MEDICATION: If 'YES', give full details - name, how much you take and when, etc. Include any non-prescription medication.</p>
<p>13. REFERENCE NUMBER: State Reference Number allocated to you by your National Aviation Authority. Initial Applicants enter 'reference no provided by AME'</p>	<p>29. DO YOU SMOKE TOBACCO? Tick applicable box. Current smokers state type (cigarettes, cigars, pipe) and amount (e.g. 2 cigars daily; pipe - 1 oz. weekly)</p>
<p>14. TYPE OF LICENSE APPLIED FOR (OR INTENDED): State type of licence applied for from the following list: Aeroplane Transport Pilot License Commercial Pilot License/Instrument Rating Commercial Pilot License Private Pilot License/Instrument Rating Private Pilot And whether Fixed Wing / Rotary Wing / Both Other - Please specify</p>	<p>GENERAL AND MEDICAL HISTORY: All items under this heading from number 101 to 179 inclusive must have the answer 'YES' or 'NO' ticked. You MUST tick 'YES' if you have ever had the condition in your life and describe the condition and approximate date in the 30. REMARKS box. All questions asked are medically important even though this may not be readily apparent. Items numbered 170 to 179 relate to immediate family history whereas items numbered 150 to 151 must be answered by female applicants only.</p> <p>If information has been reported on a previous application form and there has been no change in your condition, you may state 'Previously Reported, No Change Since'. However, you must still tick 'YES' to the condition. Do not report occasional common illnesses such as colds.</p>
<p>15. OCCUPATION::</p>	
<p>16. EMPLOYER: If principal occupation is pilot, then state employer's name or if self-employed, state 'self'.</p>	<p>31. DECLARATION AND CONSENT TO OBTAINING AND RELEASING INFORMATION: Do not sign or date these declarations until indicated to do so by the AME who will act as witness and sign accordingly.</p>

AN APPLICANT HAS THE RIGHT TO REFUSE ANY TEST AND TO REQUEST REFERRAL TO THE DCA (AMS). HOWEVER THIS MAY RESULT IN TEMPORARY DENIAL OF MEDICAL CERTIFICATION.