





Company Name

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**ETHIOPIAN CIVIL AVIATION AUTHORITY**

Document No

**ECAA/PEL/OF/030**

Document Title

**Application Form for Medical Examination**

Issue No

1

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(21) Have you ever had an aviation Medical Assessment denied, suspended or revoked by any licensing authority? If yes, discuss with medical examiner.

No  Yes 

Date: Place:

Details:

(22) Total flight

Time (hours):

(23) Flight time (hours)

since last medical:

(24) Aircraft currently flown (e.g.

Boeing 737, Cessna C150):

(25) Any aircraft accident or reported incident since last medical?

No  Yes 

Date:

Place:

Details:

(26) Type of flying intended (1) e.g.

Commercial air transport, flying instruction,

Private

(27) Type of flying intended (2):

Single-crew Multi-crew 

(28) Do you drink alcoholic beverages?

No  Yes 

If YES, state average weekly intake in units:

(30) Do you currently use any medication, including non-prescribed medication?

Yes  No 

If YES, state name of medication, date commenced, daily or weekly dose, and cause (diagnosis):

(29) Do you smoke tobacco products

Never Previously  Date stopped:Currently  State type, amount and number of years

31) **General and medical history:** Do you have, or have you ever had, any of the following? YES or NO must be

PLEASE MAKE SURE THAT THIS IS THE CORRECT ISSUE BEFORE USE







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Yes No

Yes No

Yes No

Yes No

111 Deafness, ear disease

122 Anaemia/Sickle cell  
trait/other blood disorders

150 Gynaecological disorders  
(including menstrual)

151 Are you pregnant?

(152) **Remarks:** If previously reported and unchanged, so state.

(32) **Declaration:** I hereby declare that I have carefully considered the statements I have made above and that to the best of my belief they are complete and correct. I further declare that I have not withheld any relevant information or made any misleading statements. I understand that if I have made any false or misleading statement in connection with this application, or if I do not consent to release the supporting medical information, the Authority may refuse to grant me a Medical Assessment or may withdraw any Medical

Assessment granted, without prejudice to any other legal action applicable pursuant to *ECARAS Part 2.11*.

**CONSENT TO RELEASE OF MEDICAL INFORMATION:** I hereby give my consent that all relevant medical information may be released and submitted to the Medical Assessor of the Licensing Authority. Note: Medical confidentiality will be respected at all times.

Date

Signature of applicant

Signature of medical examiner (Witness)





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<p><b>Application Form for Medical Examination</b></p> <p>10. TYPE OF LICENCE APPLIED FOR (if initial application): If applying for the first issuance of a licence to this licensing authority, please state type of licence applied for.</p>	21. HAVE YOU EVER HAD AN AVIATION MEDICAL ASSESSMENT DENIED, SUSPENDED OR REVOKED BY ANY LICENSING AUTHORITY? IF YES, DISCUSS WITH THE MEDICAL EXAMINER: Tick "Yes" if you have ever had a Medical Assessment denied, suspended or revoked, even if temporarily. Provide the date, place and details, and discuss with the medical examiner.	Page 7 of 8
11. PLACE AND COUNTRY OF BIRTH: State city/town and country of birth.	22. TOTAL FLIGHT TIME (HOURS): For pilots, state total number of hours flown in an operating capacity. Non-pilots state "Not applicable".	
23. FLIGHT TIME (HOURS) SINCE LAST MEDICAL EXAMINATION: State number of hours flown in an operating capacity since last aviation medical examination.	28. IF YOU DRINK ALCOHOLIC BEVERAGES STATE AVERAGE WEEKLY INTAKE IN UNITS State weekly intake e.g. 12 units (beer and wine) Note: 1 unit ~ 12 g alcohol; this corresponds to the amount of alcohol in a standard (0.34L) can or bottle of beer, a glass of wine, etc.	
24. AIRCRAFT CURRENTLY FLOWN: State the name of aircraft currently flown e.g. Boeing 737, Airbus A 330, Cessna 150.	29. DO YOU SMOKE TOBACCO PRODUCTS? Tick applicable box. Current smokers should state type and amount e.g. 20 cigarettes per day; pipe, 30 grams weekly.	
25. ANY AIRCRAFT ACCIDENT OR REPORTED INCIDENT SINCE LAST MEDICAL EXAMINATION? If "Yes" provide details.	30. DO YOU CURRENTLY USE ANY MEDICATION INCLUDING NON-PRESCRIBED MEDICATION? State medications prescribed by a medical practitioner and also non-prescribed medication e.g. herbal remedies, medications bought without prescription ("over the counter"). If "Yes" is ticked, provide details: name of medication, date treatment was commenced, daily/weekly dose and the condition or problem for which the medication is taken.	
26. TYPE OF FLYING INTENDED (1): Provide details of intended flying e.g. commercial air transport flying instruction, private.	31. GENERAL AND MEDICAL HISTORY: All items under this heading from number 101 to 149 inclusive (101 to 151 for females) 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 <b>REMARKS</b> box. All questions asked are medically important even though this may not be readily apparent. Items numbered 140 to 149 relate to immediate family history. Items numbered 150 to 151 should be completed only by female applicants. If information has been reported on a previous application form	

