



CIVIL AVIATION AUTHORITY PNG

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. PNG CAA ID Number:	
3. Given Names (First).		4. Title:	Mr Mrs Miss Ms
5. Address for Service: <i>Civil Aviation Act 2000, requires applicants to provide an address for service (ie, a physical address) and to notify the Director of any changes. Act 2000, Part 4, Division one, (48) refers.</i>			
6. Postal Address: <i>(If different from Address for Service.)</i>			
7. Date of Birth:		8. Age:	9. Gender: Male Female
10. Contact Details:	Tel: Country Area Code		Mobile:
	Tel: Private:		Home Fax:
	Tel: Business		Work Fax:
11. Email			
12. Occupation:		13. Employer	
14. Aviation licence(s) currently held:	<input type="checkbox"/> LAME <input type="checkbox"/> ATC <input type="checkbox"/> Student <input type="checkbox"/> PPL <input type="checkbox"/> CPL ATPL		
15. Certificate applied for Extended Currency	<input type="checkbox"/> Class 1 Yes/No	<input type="checkbox"/> Class 2 Yes/No	<input type="checkbox"/> Class 3 Yes/No
16. INITIAL ISSUE only			
Has a civil aviation licence or medical certificate ever been issued to you within, or outside of Papua New Guinea? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Give year, country and licence Type/Number _____			
17. Aircraft types flown recently:		18. Total pilot time:	To Date Last 90 Days
19. General Practitioner's Name:			
Address:			
Telephone:			

20. MEDICAL HISTORY: Have you ever experienced any of the following listed below : If “NO” to all below, tick the “NO” box here = <input type="checkbox"/> and continue to the next page. If “YES” tick in the “Y” boxes below.					
20.1	Eye or vision trouble	Y	20.36	Diagnosed depression	Y
20.2	Needed new glasses or contact lenses since last PNG CAA medical.	Y	20.37	Anxiety disorder/panic Disorder	Y
20.3	Eye or corneal surgery	Y	20.38	Learning difficulty	Y
20.4	Hay fever	Y	20.39	Attention deficit or hyperactivity Disorder	Y
20.5	Middle ear infection	Y	20.40	Post traumatic stress disorder	Y
20.6	Sinusitis	Y	20.41	Suicide attempt	Y
20.7	Hearing trouble	Y	20.42	Any other Mental illness	Y
20.8	Problems with balance	Y	20.43	Substance dependence or substance abuse	Y
20.9	Any other Ears, Nose & Throat problems or surgery	Y	20.44	Use of legal or illegal recreational drugs or substances	Y
20.10	Asthma or wheezing	Y	20.45	Alcohol dependence or abuse	Y
20.11	Chronic Cough	Y	20.46	Muscle, bone or joint injury	Y
20.12	Any other lung problem	Y	20.47	Back pain, injury or “back trouble”	Y
20.13	Any shortness of breath	Y	20.48	Swollen or painful joints	Y
20.14	Pulmonary embolism or deep vein thrombosis	Y	20.49	Suffered any pain severe enough to be disabling	Y
20.15	Coughed or vomited blood	Y	20.50	Passed blood with or in urine or faeces	Y
20.16	Any severe allergy	Y	20.51	Kidney, bladder or prostatic disease	Y
20.17	Heart problem	Y	20.52	Tiredness on waking up after sleep	Y
20.18	Vascular problem	Y	20.53	Easy fatigue-ability or sleep in the day	Y
20.19	Suffered any chest pain	Y	20.54	Investigations for abnormal glucose tolerance, high blood sugar, or diabetes	Y
20.20	Rheumatic fever	Y	20.55	Medical Certificate for absence of 7 or more days from work or school	Y
20.21	High or low blood pressure	Y	20.56	Rejection or premium loading for life or health insurance	Y
20.22	Severe abdominal pain	Y	20.57	Rejection or retirement from employment on medical grounds	Y
20.23	Hernia	Y	20.58	Admission to hospital, psychiatric or in patient facility	Y
20.24	Oesophagus, Stomach, liver gall bladder or intestinal trouble	Y	20.59	Taken any type of medicine or alternative medicine for more than 2 weeks	Y
20.25	Diagnosed or treated for cancer, tumour, growth or malignancy (including skin cancer)	Y	20.60	Had a positive laboratory test for HIV infection	Y
20.26	Anaemia or blood disease	Y	20.61	Investigation for any disorder	Y
20.27	Migraine	Y	20.62	Any major medical or surgical procedure	Y
20.28	Other frequent or severe headaches	Y	20.63	Day surgery	Y
20.29	Dizziness or fainting spell	Y	20.64	Any other illness, disability, debility, infirmity, treatment or surgery	Y
20.30	Unconsciousness for any reason	Y	Females only		
20.31	Head injury	Y	20.65	Any troubling menstrual problems	Y
20.32	Seizures/fits	Y	20.66	Menstrual psychiatric problem	Y
20.33	Stroke	Y	20.67	Other gynaecological problem	Y
20.34	Paralysis	Y	20.68	Breast lump or other breast problem	Y
20.35	Any other neurological disorder	Y	21. PREGNANCY:	Are you pregnant?	Y

22. Has a medical certificate ever been denied, suspended, or revoked within or outside of Papua New Guinea? <input type="checkbox"/>Yes <input type="checkbox"/>No					
23. Has any assessment been deferred? <input type="checkbox"/>Yes <input type="checkbox"/>No					
24. Have you ever been convicted , of an alcohol or drug-related offence, in Papua New Guinea? <input type="checkbox"/>Yes <input type="checkbox"/>No					
25. Have you received any Notice , under the PNG Civil Aviation Act 2000, part XV1, (Offences and Penalties), during the period of the current or last medical certificate? <input type="checkbox"/>Yes <input type="checkbox"/>No					
26. FAMILY HISTORY: Have any members of your family had vascular disease, hypertension, diabetes, heart disease, psychiatric disease, or neurological disease? <i>(Please mention age)</i>					
	Mother	Father	Siblings	Grandparents	Other
Name of disease and age when discovered					
27. SMOKING Have you ever smoked? <input type="checkbox"/>Yes <input type="checkbox"/>No If Yes, in what year did you start smoking? _____ How much did you smoke? _____ packs/week What year did you last stop smoking? _____ How much do you now smoke? _____			28. ALCOHOL How much alcohol do you drink per week?		
			Beer (Cans)	Wine (Glasses/Bottles)	Spirits
					I usually drink... only on weekends
			Total number of Units of alcohol per week =		
29. VISIT to health professional within last 2 years? <input type="checkbox"/>Yes <i>(explain below)</i> <input type="checkbox"/>No					
Date	GP/Specialist	Reason			
30. MEDICATION, taken now or in past 2 years for 2 weeks or more					
Name	Purpose	Dosage	Date started	Date finished	
31. If you answered "Yes" to any questions from 20 to 30, please provide all details of each instance – use extra pages or attach any documents as required.					

32. 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 organization.

I understand that the Director may provide my personal relevant medical information, to other international aviation jurisdictions, for the purpose of aviation medical certification, as and when required.

33. Acknowledgement

I acknowledge and understand the following:

- 1. That under the Privacy Act, I have the right to access information about me held by the Director and to request the correction of such information at any time.
- 2. That if I do not meet the medical standards prescribed by the PNG Civil Aviation Rules, the Director may issue a medical certificate by relying on flexibility under PNG CAA Rule Part 67-63. Reliance on flexibility is conditional, upon the **Director** obtaining an Accredited Medical Conclusion, which may lengthen the period of time taken to process my application.
- 3. That I have obligations under the PNG Civil Aviation Act 2000, and Part 67, in relation to –
 - (a) 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
 - (b) 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. I understand that I am obliged, and responsible for, the requirements, stated in the PNG Civil Aviation Act 2000, and rule Part 67, Subpart (E).
 - (c) the notes below.

Notes:

- i. *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 Part XV1 (283), of the PNG Civil Aviation Act 2000, and is subject, in the case of an individual, to imprisonment for a term not exceeding 12 months, or to a fine not exceeding K25,000, or both.*

I have read this application form, familiarised myself with it and understood its contents, including the consent and acknowledgement in paragraphs 32 and 33. 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 (DAME)

Date...../...../.....