Medical Certificate
Application form

I apply to the Director of Civil Aviation for a medical certificate, and hereby request a Medical Examiner to examine me for that purpose. I understand that I must pay the required Medical Certificate Application Fee (including GST) as required by the Civil Aviation Fees and Charges **before** I attend an appointment with a Medical Examiner.

PAYMENT DETAILS

CAA Medical Examiner to complete

Receipt Number *(attach confirmation)* :

Date Payment Made:

CAA Medical Examiner to sight and verify confirmation ◯

For more information www.mcaa.gov.mn

YOUR INFORMATION *(to be completed by applicant)*

Title: Mr ◯ Mrs ◯ Miss ◯ Ms ◯ ________ ◯

First Names:

Surname: *(If changed recently, give previous surname in brackets & attach evidence)*

Known As:

CAA Client ID:

Age:

Date of Birth: *(DD/MM/YYYY)*

Gender: *(please tick)* M ◯ F ◯

Address for Service:

CAR, requires applicants to provide an address for service (ie, a physical NZ address) and to promptly notify the Director of any changes.

City/Town:

Postcode:

Postal Address: *(If different from Address for Service)*

City/Town:

State:

Country:

Postcode:

Phone No: *(Business)*

Phone No: *(Private)*

Mobile:

Email:

Certificate applied for:

Class 1 & 2 ◯ Class 2 ◯ Class 2 – No IFR ◯ Class 3 ◯

NZ Aviation document currently held:

ATPL ◯ CPL ◯ Private ◯ RPL ◯ ATC ◯ None Yet ◯

Other or previous licences: *Have you ever had a civil aviation licence or medical certificate issued before, either in Mongolia or from another authority? (Please give the year, country and licence type/number)*

Employer:

Aero Club / Training Facility:

Occupation:

Aircraft types flown recently:

Hours you have flown:

Total:

Last 6 months:

General Practitioner contact details: *(must be supplied)*

Name: ______________________ Client ID: ______________________

MEDICAL HISTORY *Have you ever experienced any of the following: (please tick the correct answer)*

		Yes	No
1.1	Eye or vision trouble	◯	◯
1.2	Needed new glasses or contact lenses since last CAA medical examination	◯	◯
1.3	Eye or corneal surgery	◯	◯
1.4	Hay fever	◯	◯
1.5	Middle ear infection	◯	◯
1.6	Sinusitis	◯	◯
1.7	Hearing trouble	◯	◯
1.8	Problems with balance	◯	◯
1.9	Any other ears, nose & throat problems or surgery	◯	◯
1.10	Asthma or wheezing	◯	◯
1.11	Chronic cough	◯	◯
1.12	Any other lung problems	◯	◯
1.13	Any shortness of breath	◯	◯
1.14	Pulmonary embolism or deep vein thrombosis	◯	◯
1.15	Coughed or vomited blood	◯	◯
1.16	Any severe allergy	◯	◯
1.17	Heart problem	◯	◯
1.18	Vascular problem	◯	◯
1.19	Suffered any chest pain	◯	◯
1.20	Rheumatic fever	◯	◯
1.21	High or low blood pressure	◯	◯
1.22	Severe abdominal pain	◯	◯
1.23	Hernia	◯	◯
1.24	Oesophagus, stomach, liver, gall bladder or intestinal trouble	◯	◯
1.25	Diagnosed or treated for cancer, tumour, growth or malignancy (including skin cancer)	◯	◯
1.26	Anaemia or blood disease	◯	◯
1.27	Headaches/migraines which have interfered in any way with daily living	◯	◯
1.28	Headaches/migraines requiring medication	◯	◯
1.29	Dizziness or fainting spell	◯	◯
1.30	Unconsciousness for any reason	◯	◯
1.31	Head injury	◯	◯
1.32	Seizures/fits	◯	◯
1.33	Stroke	◯	◯
1.34	Paralysis	◯	◯
1.35	Any other neurological disorder	◯	◯
1.36	Diagnosed depression	◯	◯

		Yes	No
1.37	Anxiety disorder/panic disorder	◯	◯
1.38	Learning difficulty	◯	◯
1.39	Attention deficit or hyperactivity disorder	◯	◯
1.40	Post traumatic stress disorder	◯	◯
1.41	Suicide attempt	◯	◯
1.42	Any other mental illness	◯	◯
1.43	Substance dependence or substance abuse	◯	◯
1.44	Use of legal or illegal recreational drugs or substances	◯	◯
1.45	Alcohol dependence or abuse	◯	◯
1.46	Muscle, bone or joint injury	◯	◯
1.47	Back pain, injury or 'back trouble'	◯	◯
1.48	Swollen or painful joints	◯	◯
1.49	Suffered any pain severe enough to be disabling	◯	◯
1.50	Passed blood with or in urine or faeces	◯	◯
1.51	Kidney, bladder or prostatic disease	◯	◯
1.52	Easy fatigue-ability or sleep in the day	◯	◯
1.53	Investigations for abnormal glucose tolerance, high blood sugar, or diabetes	◯	◯
1.54	Medical Certificate for absence of 7 or more days from work or school	◯	◯
1.55	Rejection or premium loading for life or health insurance	◯	◯
1.56	Rejection or retirement from employment on medical grounds	◯	◯
1.57	Admission to hospital, psychiatric or in patient facility	◯	◯
1.58	Taken any type of medicine or alternative medicine for more than 2 weeks	◯	◯
1.59	Had a positive laboratory test for HIV infection	◯	◯
1.60	Investigation for any disorder	◯	◯
1.61	Any major medical or surgical procedure	◯	◯
1.62	Day surgery	◯	◯
1.63	Any other illness, disability, debility, infirmity, treatment or surgery	◯	◯
FEMALES ONLY			
1.64	Any troubling menstrual problems	◯	◯
1.65	Other gynaecological problem	◯	◯
1.66	Any obstetric problem	◯	◯
1.67	Breast lump or other breast problem	◯	◯
1.68	Pregnancy – Are you pregnant?	◯	◯

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	Yes	No
2. Have you ever had any medical certificate denied, suspended, or revoked within or outside of Mongolia?	◯	◯
3. 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?	◯	◯
4. Have you ever received any Notice under the Civil Aviation Act (suspension, restriction, endorsements, etc) during the period of the current or last medical certificate?	◯	◯

FAMILY HISTORY

5. Have any members of your family had vascular disease, hypertension, diabetes, heart disease, psychiatric disease or neurological disease? (If Yes, please mention below the name of the disease and the age when discovered) ◯ ◯

Mother ______________ *Father* ______________

Siblings ______________ *Grandparents* ______________

Other ______________

SMOKING

6. Have you ever smoked? Yes ◯ No ◯

If yes – 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 ◯

ALCOHOL (LAST 12 MONTHS)

7. How often do you have a drink containing alcohol?

Never ◯ Monthly or less ◯ 2-4 times a month ◯ 2-3 times a week ◯ 4 or more times a week ◯

8. How many drinks containing alcohol do you have on a typical day when you are drinking?

1 or 2 ◯ 3 or 4 ◯ 5 or 6 ◯ 7 or 9 ◯ 10 or more ◯ Total number of units per week ☐

9. How often do you have six or more drinks on one occasion?

Never ◯ Less than monthly ◯ Monthly ◯ Weekly ◯ Daily or almost daily ◯

10. Have you **VISITED** a health professional within the last 3 years? *(If yes, explain below)* Yes ◯ No ◯

Date visited:	GP/Specialist:	Reason for visit:

11. Have you taken any **MEDICATION** in the past 3 years for two weeks or more? *(If yes, explain below)* Yes ◯ No ◯

Name:	Dosage:	Purpose:	Date started:	Date finished:

If you have answered 'Yes' to any questions from 1-11, please provide all details of each instance *(Please use extra pages or attach documents as required)*

Question No:	Details:

CONSENT

I consent to the disclosure to the Director and/or his delegate, of any medical or health information relating to me which is held by a registered medical practitioner, hospital or other organisation.

I consent to government agencies including the Mongolian Transport Agency and the Ministry of Justice disclosing to the Director information about any convictions I have or current charges against me.

I consent to the Civil Aviation Authority and the Director of Civil Aviation using information about me for any reasonable purpose:

- related to this medical certificate application, and/or
- related to the powers, duties and functions of the Civil Aviation Authority and the Director of Civil Aviation.

I consent to the Civil Aviation Authority and Director disclosing this information to any person who requires such information to carry out any function authorised by law.

I understand that the Civil Aviation Authority and Director may provide relevant medical information to other international jurisdictions in the interests of aviation safety.

ACKNOWLEDGEMENT

I acknowledge and understand the following:

That I have obligations under the Civil Aviation Act and CAR, 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. advising a medical examiner or reporting to the Director if I am charged with any alcohol or drug related offence, and

4. 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 the Civil Aviation Act, Violation Law, and is subject, in the case of an individual, to a fine equal to 300 unit MNT under Violation Law 14.8(3), and

5. the failure to notify the Director of any change in medical condition or the existence of a previously undetected medical condition constitutes an offence under the Civil Aviation Act and Violation Law, and is subject, in the case of an individual, to a fine equal to 300 unit MNT under Violation Law 14.8(3).

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

Applicant's Signature: X

Date:

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

Medical Examiner's Signature: X

Date:

Medical Examiner's Name and/or Stamp: X