



Consent Form for an Aviation Medical Assessment

Why this medical assessment is needed

I understand that this medical assessment is required under aviation regulations to confirm that I am medically fit to work safely as a pilot or cabin crew member. The assessment will be carried out by an approved Aviation Medical Examiner (AME).

What the assessment may include

- Review of my medical history including GP records, specialist reports and UK CAA CELLMA records
- Physical examination including visual acuity, hearing tests, lung function tests
- Urinalysis, blood tests, ECG (if required)
- Any other tests required by aviation regulations or considered necessary by the AME

Access to and use of my medical information

I give consent for Aviation Medical Services North East and the AME to:

- Collect and record my personal and medical information needed to assess my fitness to fly
- Access my UK CAA medical records through the UK CAA CELLMA medical records system
- Share relevant medical information with the appropriate aviation authority (such as the CAA)
- Report any medical condition that may affect aviation safety where required by law
- Store my medical records in line with legal and clinical requirements

I understand that my medical information will be kept confidential unless disclosure is required by law or for maintaining public safety.

My rights and responsibilities

I understand that:

- This medical assessment is required to obtain or maintain my aviation medical certificate
- I may refuse any part of the assessment, but this may affect my medical certification
- I can ask questions and request explanations at any time

Declaration and consent

I confirm that:

- The health information I have provided is complete and accurate
- I understand that providing false or incomplete information may result in loss of medical certification and in some cases, the matter reported to the relevant authorities
- I understand the purpose and nature of this medical assessment
- I voluntarily consent to undergo this medical assessment and any required tests

Signature: _____

Date: _____

Name: _____

CAA Ref. No. _____