



## CIVIL AVIATION TELEMEDICINE FORM

PART A – APPLICANT DETAILS			
Has the applicants mailing address changed since their last medical? <input type="radio"/> Yes <input type="radio"/> No			
Type of medical category desired	Aviation medical category held	Permit or Licence number <b>5802-</b>	
Given Names	Family Name	Former Surname	
Home Address (Number, street, apartment)			
City	Province	Country	Postal Code
Is the home address the same as the mailing address? <input type="radio"/> Yes <input type="radio"/> No (if no, provide details)			
Mailing Address (Number, street, apartment)			
City	Province	Country	Postal Code
Telephone number (999-999-9999)	Business telephone (999-999-9999)	Cell number (999-999-9999)	E-mail
Date of Birth (yyyy-mm-dd)	Sex <input type="radio"/> Male <input type="radio"/> Female	Citizenship	Language of correspondence <input type="radio"/> English <input type="radio"/> French
Employer		Education	
Has the applicant undergone a practical flight test to assess medical fitness to fly? Example: Cockpit assessment due to hearing loss. <input type="radio"/> Yes ( if yes, provide details) <input type="radio"/> No			
Aircraft/vehicle accident since last exam? <input type="radio"/> Yes <input type="radio"/> No	Pilot flying time last 12 months	Pilot total flying time	Refusal of issue or renewal of medical certificate? <input type="radio"/> Yes <input type="radio"/> No
Has the applicant consulted a physician or other health care provider since their last aviation medical? <input type="radio"/> Yes ( if yes, provide details) <input type="radio"/> No			
Is the applicant in receipt of a pension or other compensation for injury? <input type="radio"/> Yes (if yes, please list all associated medical conditions) <input type="radio"/> No			

Entered in CAMIS \_\_\_\_\_

