# Initial Pilot Questionnaire

| Type of Medical Category Desired | Aviation Medical Category Held | Permit/Licence Number |
|---|---|---|
| | ☐ Initl Medical | |

## Personal Information

| First Name | Middle Name ☐ I have no middle name |
|---|---|
| Surname | Former Surname (if applicable) |
| Home Address<br>City | Province Postal Code |

| Phone - Business | Phone – Home | Phone – Cell |
|---|---|---|
| | | |

| Email | Date of Birth (dd/MM/yy) | Country of Birth |
|---|---|---|
| | | |

| Health Care Number & Province | Family Doctor | Citizenship |
|---|---|---|
| | | |

| Occupation | Employer | Highest Level of Education Completed |
|---|---|---|
| | | |

| Flight Time – **Last 12 months** | Flight Time – **Total** | Date of Last ECG | Date and Location of Last Aviation Medical |
|---|---|---|---|
| | | | |

| | | |
|---|---|---|
| Have you **ever** been denied an aviation license for medical reasons? | ☐ yes | ☐ no |
| Have you had an aircraft or vehicle accident since your last medical? | ☐ yes | ☐ no |
| Have you ever had impaired driving charges? | ☐ yes | ☐ no |
| Are you receiving a pension or disability income? | ☐ yes | ☐ no |

| **In the past twelve months have you:** | | |
|---|---|---|
| Used **ANY** medications?<br>(prescription, over the counter, herbal etc.) | ☐ yes<br>☐ no | If yes, please list |
| Used tobacco or any product containing nicotine?<br>(cigarettes, cigars, vaping, gum, nicotine patches) | ☐ yes<br>☐ no | Type & frequency of use |
| Used alcohol? | ☐ yes<br>☐ no | Number of drinks per week |
| Used marijuana, cannabis, CBD oil or any cannabis derived product? | ☐ yes<br>☐ no | Date of last use |
| Used any recreational drugs? | ☐ yes<br>☐ no | Type & date of last use |

| | | |
|---|---|---|
| Do you wear | ☐ glasses<br>☐ reading glasses<br>☐ contacts | ☐ no correction<br>☐ had eye surgery |
| Do you have colour vision difficulties? | ☐ yes | ☐ no |

| | |
|---|---|
| Have you ever had surgery? ☐ yes ☐ no | Details |
| Have you ever been in the hospital for anything other than surgery? ☐ yes ☐ no | Details |
| Have you ever been treated for a medical reason? *(high blood pressure, depression, etc)* ☐ yes ☐ no | Details |
| Do you have any allergies? ☐ yes ☐ no | Details |
| Is there family history of heart disease before age 55? ☐ yes ☐ no | Details |

Do you have any of the following conditions/concerns?

| | | | | | |
|---|---|---|---|---|---|
| ☐ alcohol abuse | ☐ bladder | ☐ colour vision | ☐ epilepsy | ☐ kidney | ☐ skin |
| ☐ allergies | ☐ bleeding | ☐ constipation | ☐ gallbladder | ☐ liver | ☐ sleeping |
| ☐ anxiety | ☐ blood pressure | ☐ cough | ☐ headaches | ☐ nerves | ☐ stomach |
| ☐ appetite | ☐ bronchitis | ☐ depression | ☐ hearing | ☐ pneumonia | ☐ swelling |
| ☐ arthritis | ☐ bruising | ☐ diabetes | ☐ heart | ☐ seizures | ☐ thyroid |
| ☐ asthma | ☐ cancer | ☐ digestion | ☐ jaundice | ☐ sexual concerns | ☐ vision |
| ☐ blackouts | ☐ chest pain | ☐ drug abuse | | | |

** In particular, we are interested in diabetes, heart disease, stroke, high blood pressure and mental illness. Are there any of these conditions that seem to run in your family?*

| Relative | Age (If Alive) | Current Health Details * | Age at Death | Cause of Death | How Long Ill? |
|---|---|---|---|---|---|
| Father | | ☐ healthy | | | |
| Mother | | ☐ healthy | | | |
| Siblings ☐ M ☐ F | | ☐ healthy | | | |
| ☐ M ☐ F | | ☐ healthy | | | |
| Spouse | | ☐ healthy | | | |
| Children ☐ M ☐ F | | ☐ healthy | | | |
| ☐ M ☐ F | | ☐ healthy | | | |

***Thank you for your kind cooperation in answering all the questions.***
***It will make your medical go more smoothly – honest!***

# Consent

There has on occasion, arisen some confusion regarding your Aviation Medical concerning what information gets sent to Transport (Regional Aviation Medical Officer - RAMO). The short answer is "everything".

Aeronautics Act 6.5 (see reverse) states this explicitly. This includes prescription information, and medical information that exists on databases such as Pharmacy Information Network and NetCare – to which this office has access – and forms part of your medical record.

***Please note, we will be accessing NetCare to review your medical history & medications – this consent specifically gives us permission to do this – and is valid until revoked by yourself. Please further note, that Transport Canada may ask us to check or clarify some detail of your medical history in NetCare – and you are permitting us to do that.***

When you sign the Medical Examination Report completed here you are stating – in a legally binding fashion - that the information you have given is complete. This includes:

- all medication you are taking or recently stopped (in the last 2 years)
- all diagnoses/medical consultations, current or past
- all investigations, current or past

If you're not sure - discuss it with Dr. Forsyth. If you elect to omit/conceal any of the foregoing, you will be signing a document stating you haven't – and that is illegal. You therefore have no valid medical – and are operating without a valid license and insurance.

In the past we have had pilots omit items such as extensive past/current psychiatric histories, substance abuse/addiction histories, cancer, neurologic or cardiac disease etc. from their form. Typically, these items come to light later and the results vary from embarrassing to permanent loss of flight privileges. This document has been prepared to inform you, and to avoid the consequences flowing from such omissions for both the pilot and this office. ***We appreciate you taking the time to read this and be informed.***

***I certify that I have read this document concerning consent and disclosure of any/all my medical information to Transport Canada by YBW Aeromedical Clinic, its staff and physicians.***

| Date | Name | Signature |
|---|---|---|
| | | |

# Aeronautics Act - Medical and Optometric Information

**Minister to be provided with information**
**6.5 (1)** Where a physician or an optometrist believes on reasonable grounds that a patient is a flight crew member, an air traffic controller or other holder of a Canadian aviation document that imposes standards of medical or optometric fitness, the physician or optometrist shall, if in his opinion the patient has a medical or optometric condition that is likely to constitute a hazard to aviation safety, inform a medical adviser designated by the Minister forthwith of that opinion and the reasons there for.

**Patient to advise**
**(2)** The holder of a Canadian aviation document that imposes standards of medical or optometric fitness shall, prior to any medical or optometric examination of his person by a physician or optometrist, advise the physician or optometrist that he is the holder of such a document.

**Use by Minister**
**(3)** The Minister may make such use of any information provided pursuant to subsection (1) as the Minister considers necessary in the interests of aviation safety.

**No proceedings shall lie**
**(4)** No legal, disciplinary or other proceedings lie against a physician or optometrist for anything done by him in good faith in compliance with this section.

**Information privileged**
**(5)** Notwithstanding subsection (3), information provided pursuant to subsection (1) is privileged and no person shall be required to disclose it or give evidence relating to it in any legal, disciplinary or other proceedings and the information so provided shall not be used in any such proceedings.

**Deemed consent**
**(6)** The holder of a Canadian aviation document that imposes standards of medical or optometric fitness shall be deemed, for the purposes of this section, to have consented to the giving of information to a medical adviser designated by the Minister under subsection (1) in the circumstances referred to in that subsection.
R.S., 1985, c. 33 (1st Supp.), s. 1.