



# Update Questionnaire



Type of Medical Category Desired	Aviation Medical Category Held	Permit/Licence Number
<b>Please fill out even if there are no changes from your last medical.</b>		
First Name	Middle Name	<input type="checkbox"/> I have no middle name
Surname	Former Surname (if applicable)	
Home Address		
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 <b>ever</b> been denied an aviation license for medical reasons?			<input type="checkbox"/> yes <input type="checkbox"/> no
Have you had an aircraft or vehicle accident since your last medical?			<input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever had impaired driving charges?			<input type="checkbox"/> yes <input type="checkbox"/> no
Are you receiving a pension or disability income?			<input type="checkbox"/> yes <input type="checkbox"/> no

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



# 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. Adams, Dr. Gautama or 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 licence 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.