



EASA / CAA MEDICAL CONSENT FORM

I hereby give my informed consent to undergo a EASA/ CAA Class I, II, ATC, LAPL or Cabin Crew medical examination (including substance abuse testing if required) and to the disclosure of the results and outcomes of such an examination to the UK Civil Aviation Authority, European Aviation Safety Agency (EASA) and any other relevant authorised body.

I require / do not require a chaperone for the clinical examination

I confirm I give my permission for Flying Medicine Ltd to send my reports electronically and or in hard copy to the relevant bodies.

I confirm that I will FULLY disclose ALL my past and current medical information on the relevant forms and to the Aeromedical Examiner (AME) and understand that failure to be honest, full and complete with my statements can lead the authorities to seek criminal convictions.

I agree that Flying Medicine Ltd will not be held liable for ANY costs incurred should relevant medical standards not be met.

I further agree that Flying Medicine Ltd and the examining AME will not be held liable for the costs of any further, additional investigations, tests, specialist consultations and or downtime from work that may be deemed necessary to attain the medical standards and that I will therefore remain solely liable for ALL additional costs incurred.

I am aware that there is an appeals process via the UK Civil Aviation Authority.

I confirm I have carefully read the above statements and sought clarification where necessary

Name:

Signature:

Date:

UK CAA License Number (if relevant):