



## EASA / CAA MEDICAL CONSENT FORM

Tick

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).

I hereby give my explicit consent for FlyingMedicine Ltd to process my personal data (GDPR articles 6.1a-f and 9.2) and understand FlyingMedicine Ltd has a legal obligation under data protection laws (GDPR) to share my personal data with any relevant regulatory bodies e.g. UK Civil Aviation Authority, European Aviation Safety Agency (EASA).

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 I give my informed consent for FlyingMedicine Ltd to request copies of my medical records from my primary health doctors in order to complete my medical process

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 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 agree that Flying Medicine Ltd will not be held liable for ANY costs incurred should relevant medical standards not be met and or due to a delay in licensing.

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

I understand I am liable for the full payment for the entire medical including all additional tests (ECGs/ Audiograms/ Blood checks) PRIOR to issuance of the medical certificate

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

I would like to be kept updated with offers/ newsletter and other relevant information

Name:

Signature:

Date:

UK CAA License Number (if relevant):