**FORMË APLIKIMI PËR ÇERTIFIKATË MJEKËSORE TË AVIACIONIT CIVIL**

**APPLICATION FORM FOR AVIATION MEDICAL CERTIFICATE**

COMPLETE THIS PAGE FULLY AND IN BLOCK CAPITALS – REFER TO INSTRUCTIONS PAGES FOR DETAILS

 PLOTESOHENI KETE FLETE PLOTESISHT DHE ME SHKRONJA KAPITALE-REFEROJUNI FLETEVE INSTRUKTUESE PER DETAJE

 **PLOTESOHENI KETE FLETE TERESISHT DHE ME SHKRONJA KAPITALE-REFEROJUNI INSTRUKSIONEVE PER PLOTESIMIN**

 *COMPLETE THIS PAGE FULLY AND IN BLOCK CAPITALS – REFER TO INSTRUCTIONS FOR COMPLETION*

 **Medical in Confidence/ Mjekesore ne kofidence**

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| --- | --- | --- | --- |
| (3) Mbiemri: *Surname* | (4) Mbiemri I meparshem : *Previous surname(s)* | Titulli:*Title* | (13) ACAA Reference number:**AL:** |
| (5) Emri : *Forenames* | (6) Ditelindja : *Date of birth* | (7) Sex | (12) ApplicationFillestar/ *Initial* Rivalidim/ *Revalidation* Rinovim/*Renewal*  |
| (1) Shteti Leshues I licenses :*State of licence issue*  | (2) Medical certificate applied for: 1 2 LAPL | (14) Type of licence applied for: |
| (8) Place and country of birth: | (9) Nationality: | (15) Occupation (principal) |
| (10) Permanent address:**Tel: Email:** | (11) Postal address (if different)**Tel: Email:** | 1. Employer
2. Last medical examination Date:

Place: |
| (18) Aviation licence(s) held (type): Licence number:State of issue: |
| (500) GP Name: Address:Telephone Number: | (19) Any Limitations on No Yes Licence(s)/Medical Certificate heldDetails: |
| (20) Have you ever had an aviation medical certificate No Yes denied, suspended or revoked by any licensing authority? If yes, discuss with AMEDate: Place:Details: |
| (21) Flight time total: | (22) Flight time since last medical: | (23) Aircraft Class /Type(s) presently flown: |
| (24) Any aviation accident or reported incident since last No Yes medical examination?Date: Place:Details: | (25) Type of flying intended: |
| (26) Present flying activity Single pilot Multi pilot  |
| (27) Alcohol – state average weekly intake in units: |
| (29) Do you smoke tobacco? Never No Yes  Date stopped:State type, amount & number of years: |

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*APPLICATION FORM FOR AVIATION MEDICAL CERTIFICATE*

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| (28) Do you currently use any medication? No Yes If YES, state medication, dose, date started and why |

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 **APPLICATION FORM FOR AVIATION MEDICAL CERTIFICATE**

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| *(3) Mbiemri:* *Surname* | (4) Mbiemri imeparshem : *Previous surname(s)* | Titulli:*Title* | (13) ACAA Reference number:**AL:** |

**Historia e përgjithshme dhe mjekësore**: A keni, apo keni pasur ndonjëherë ndonjë problem si me poshte? PO ose JO (ose siç tregohet) duhet të jetë e shënuar pas çdo pyetjeje. Shpjegoni pergjigjet PO në seksionin e vërejtjeve.

***General and medical history:*** *Do you have, or have you ever had, any of the following? YES or NO (or as indicated) must be ticked after each question. Elaborate YES answers in the remarks section.*

Yes No Yes No Yes No Yes No

|  |  |  |  |  |  |  |  |  |  |
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| 101 Eye trouble/eye operation |  |  | 112 Nose, throat or speech disorder |  |  | 123 Malaria or other tropical disease |  |  | **Females only:** |
| 102 Spectacles and/or contact lenses ever worn |  |  | 113 Head injury or concussion |  |  | 124 A positive HIV test |  |  | 150 Gynaecological, menstrual problems |  |  |
| 103 Spectacle/contact lens prescriptions/change since last medical exam |  |  | 114 Frequent or severe headaches |  |  | 125 Sexually transmitted disease |  |  | 151 Are you pregnant? |  |  |
| 104 Hay fever, other allergy |  |  | 115 Dizziness or fainting spells |  |  | 126 Admission to hospital |  |  | **Family history of:** |
| 105 Asthma, lung disease |  |  | 116 Unconsciousness for any reason |  |  | 127 Any other illness or injury |  |  | 170 Heart disease |  |  |
| 106 Heart or vascular trouble |  |  | 117 Neurological disorders; stroke, epilepsy, seizure, paralysis, etc |  |  | 128 Visit to medical practitioner since last medical examination |  |  | 171 High blood pressure |  |  |
| 107 High or low blood pressure |  |  | 118 Psychological/psychiatric trouble of any sort |  |  | 129 Sleep Apnoea |  |  | 172 High cholesterol level |  |  |
| 108 Kidney stone or blood in urine |  |  | 119 Alcohol/drug/substance abuse |  |  | 130 Musculoskeletal illness |  |  | 173 Epilepsy |  |  |
| 109 Diabetes, hormone disorder |  |  | 120 Attempted suicide |  |  | 131 Refusal of Life insurance |  |  | 174 Mental illness |  |  |
| 110 Stomach, liver or intestinal trouble |  |  | 121 Motion sickness requiring medication |  |  | 132 Refusal of Flying licence |  |  | 175 Diabetes |  |  |
| 111 Deafness, ear disorder |  |  | 122 Anaemia/Sickle cell trait/other blood disorders |  |  | 133 Medical rejection from or for military service |  |  | 176 Tuberculosis |  |  |
|  | 134 Award of pension or compensation for injury or illness |  |  | 177 Allergy/asthma/eczema |  |  |
|  | 178 Inherited disorders |  |  |
| 179 Glaucoma |  |  |
| (30) **Verejtje:**Ne se eshte raportuar me siper dhe nderkohe nuk ka pasur ndryshime, shpjegoni.***Remarks:*** *If previously reported and no change since, so state.* |

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 **APPLICATION FORM FOR AVIATION MEDICAL CERTIFICATE**

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| (31**) Deklarate**:Une, I poshteshenuari deklaroj se kam shqyrtuar me kujdes deklaratat e bëra më lart dhe se, me bindjen time te plote, ato ato janë te plota dhe te sakta dhe nuk kam mbajtur tefshehte asnjë informacion përkatës dhe nuk kam bërë asnjë deklaratë false. Unë gjithashtu kuptoj se nëse kam bërë ndonjë deklaratë false ose mashtruese në lidhje me këtë aplikim ose nuk kam dhene informacion mjekësor mbështetës, Autoriteti i Licencimit mund të refuzojë të më japë një certifikatë mjekësore ose mund të tërheqë çdo certifikatë mjekësore të dhënë, pa paragjykime ndaj çdo veprimi tjetër të zbatueshëm sipas ligjit kombëtar. I hereby declare that I have carefully considered the statements made above and that to the best of my belief they are comple te and correct and that I have not withheld any relevant information or made any misleading statement. I understand, that if I have made any false or misleading statement in connection with this application, or fail to release the supporting medical information, the Licensing Authority may refuse to grant me a medical certificate or may withdraw any medical certificate granted, without prejudice to any other action applicable under national law.MIRATIM PER DHENIE TE INFORMACIONIT MJEKSOR: Ju lutemi lexoni deklaraten me poshte ne lidhje me zbulimin e informacionit. AAC e konsideron te rendesishme sigurine e informacionit tuaj personal. Informacioni mund t ju zbulohet vetem personave qe jane subjekte te detyres per konfidencialitetit dhe ne se jane marre masa sigurie te mjaftueshme per mbrojtjen e te dhenave personale. Ne se nuk e miratoni kete zbulim te informacionit sic pershkruhet me poshte, mund te kontaktoni nepermjet adreses zyrtare te AAC.CONSENT TO RELEASE OF MEDICAL INFORMATION: Please read the statement below in relation to disclosure of information. The ACAA takes the security of your personal information very seriously. Information is only disclosed to persons who are subject to a duty of confidentiality and where there are sufficient security measures in place to protect personal data. If you do not consent to the d isclosure of information as described below, you may make representations to ACAA webside Me dorezimin e ketij aplikimi, une miratoj zbulimin ndaj paleve te treta te informacionit qe I kam dorezuar AAC lidhur me mua personalisht. Une e kuptoj qe ky informacion do t I zbulohet vetem paleve te treta nga AAC per qellime rregullatore. Kjo mund te perfshije dhenie te informacionit profesionisteve te tjeremjeksore, punonjesve administrative dhe/ose Punonjesve te IT qe ndihmojne AAC ne realizimin e funksioneve te saj rregullatore,te cileve ju jepet akses perinformacione personale ne kuader te ushtrimit te detyrave te tyre profesionale.In submitting this application, I am consenting to the disclosure to third parties of all information which I have provided to the CAA and that relates to me. I understand that information would only be disclosed to third parties by the CAA for regulatory purposes. This may include providing information to other medical professionals.Administrative workers and/or IT workers who are assisting the CAA with its regulatory functions may also be given access to personal information in the course of their professional duties.My attention has been drawn to the CAA Medical Department’s Fair Processing Notice which is published on the CAA’s website. Date Signature of applicant Signature of AME (Witness) |

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| Forma e RSH-së sipas **MED 160 14072015** | **Page 1 of 3** | **CAA Ref:** |

**FAQE INSTRUKTUESE PËR PLOTSIMIN E FORMËS SË APLIKIMIT PËR CERTIFIKATË MJEKËSORE TË AVIACIONIT CIVIL**

***INSTRUCTION PAGE FOR COMPLETION OF THE APPLICATION FORM FOR AN AVIATION MEDICAL CERTIFICATE***

Ky formular aplikimi dhe të gjitha format e raportit bashkelidhur do të përcillen tek autoriteti licencues. Konfidencialiteti mjekësor duhet të respektohet në çdo kohë.

*This application form and all attached report forms will be transmitted to the licensing authority. Medical confidentiality shall be respected at all time s.*

Aplikanti duhet te plotesoje personalisht te gjitha pyetjet ne Formen e Aplikimit.Shkrimi duhet te jete ne shkronja kapitale duke perdorur nje stilolaps me boje dhe te jete e lezueshme.Nqs nevojitet me shume hapesire per tiu pergjigjur pyetjeve,perdorni nje leter te thjeshte per te shkruar informacionet, nenshkrueni me firmen tuaj dhe vendosni daten.Instruksionet e meposhteme me numra perdoren ne te njejten teme me te njejtin numer ne Formen e Aplikimit.

*The applicant must personally complete in full all questions (boxes) on the Application Form. Writing must be in block capitals using a ball-point pen and be legible. Completion of this form by typing/printing is also acceptable If more space is required to answer any question, use a plain sheet of paper bearing the information, your signature and the date signed. The following numbered instructions apply to the numbered headings on the application form.*

|  |
| --- |
| **Shenim**: Pamundesia per te plotesuar plotesisht formen e Aplikimit ose per te shkruar qarte mund te rezultoje ne nje forme te pa-pranueshme Aplikimi. Berja e deklaratave te gabuara ose mbajtja e disa informacioneve qe perkojne me kete aplikim mund te rezultoje me procedim penal, mohimi I ketij aplikimi dhe/ose terheqja e ndonje certificate mjekesore te ofruar.**NOTICE*:*** *Failure to complete the application form in full or to write legibly will result in non-acceptance of the application form. The making of false or misleading statements or the withholding of relevant information in respect of this application may result in criminal prosecution, denial of this application and/or withdrawal of any medical certificate(s) granted.* |
| **1. SHTETI KU APLIKOHET/*STATE APPLIED TO:***Deklaroni emrin e vendit ku do te dergohet ky aplikim.*State name of Country this application is to be forwarded to* | **17. APLIKIMI I FUNDIT MJEKESORE/*LAST MEDICAL APPLICATION*:** Deklaroni (diten, muajin, vitin) dhe vendin (Qytetin, shtetin)*State date (day, month, year) and place (Town, Country)**Aplikantet fillestare vendosin”ASNJE”**Initial applicants state “NONE”* |
| **2. KLASA E CERTIFIKATES MJEKESORE/*CLASS OF MEDICAL CERTIFICATE*:** | **18. LICENSA E AVIACIONIT E MBAJTUR/*AVIATION LICENCE HELD*:** Vendosni tipin e licenses te mbajtur si pergjigje ne Pytjen(14).Vendosni numrin e licenses dhe shtetin e leshimit.Nese ska pasur anje license te mbajtur, deklarohet ”ASNJE”*State type of licences held as answered in Question (14). Enter licence number and State of issue for each licence. If no licences are held, state “NONE*” |
| Shenoni kutine perkatese/*Tick appropriate box*:Klasa 1: Pilote profesionale/*Class 1: Professional Pilot*Klasa 2: Pilote Private/*Class 2: Private Pilot*LAPL |
| **3. MBIEMRI/*SURNAME***Vendosni mbiemrin*State Surname/Family name* | **19.NDONJE LIMITIM NE LICENSE APO CRTIFIKATE MJEKESORE/** ***ANY LIMITATIONS ON THE LICENCE/MEDICAL CERTIFICATE:*** Shenoni kutine perkatesedhe jepni detajet per ndonje limitim ne licensen tuaj ose certifikaten mjekesore, psh te paret, kolori etj. |
|  | Tick appropriate box and give details of any limitations on your licences / medical certificates, e.g. vision, colour vision, safety pilot, etc. |
|  |
| **4. MBIEMRA TE MEPARSHEM /*PREVIOUS SURNAM (S*** | **20.MOHIMI OSE REVOKIMI I CERTIFIKATES MJEKESORE/** ***MEDICAL CERTIFICATE DENIAL OR REVOCATION:*** Vendosni “PO” ne kuti nese keni pasur ndonjehere certificate mjekesore te mohuar ose revokuar edhe nese perkohesisht.Nse “PO” vendosni daten(DD/MM/YYYY) |
| Nese mbiemri ose emri I familjes juaj ka ndryshuar per ndonje arsye, vendosni emra/mbiemrat e meparshem.*If your surname or family name has changed for any reason, state previous name(s)* | *Tick “YES” box if you have ever had a medical certificate denied or revoked even if only temporary. If ‘YES’, state date (DD/MM/YYYY) and Country where occurred* |
| **5.EMRA TE NDERMJETEM /*FORENAMES:*** | **21.KOHA TOTALE E FLUTURIMIT TE PILOTIT/ *PILOT FLIGHT TIME TOTAL:***  |
| Vendosni emrin e pare e te mesem( maksimum tre)*State first and middle names (maximum three)* | Vendosni numrin total te oreve te fluturimit *State total number of hours flown* |
| **6.DATA E LINDJES/ *DATE OF BIRTH:***  | **22.KOHA E FLUTURIMIT E PILOTIT QE NGA EKZAMINIMI MJEKESORE I FUNDIT*/*** ***PILOT FLIGHT TIME SINCE LAST MEDICAL:*** Vendosni numrin e oreve te fluturimit qe nga ekzaminimi mjekesore i fundit. |
| Specifikoni ne rregull Dita(DD),Muaji(MM), Viti(YYYY) me numra.*Specify in order Day(DD), Month(MM), Year(YYYY) in numerals,* | *State number of hours flown since your last medical examination* |
| *e.g. 31-01-1990* |  |
| **7. GJINIA/*SEX:*** Shenoni Kutine Perkatese | **23. AVIONI QE FLUTURONI MOMENTALISHT/AIRCRAFT PRESENTLY FLOWN:** Vendosni emrin e avionit qe fluturoni, p.sh Boeing 737, Cessna 150, etj |
| Tick appropriate box  | State name of principal aircraft flown, e.g. Boeing 737, Cessna 150, etc.  |
|  |  |
|  |
| **8.VENDI I LINDJES/ *PLACE OF BIRTH:***  | **24.AKSIDENTE/INCIDENTE ME AVIONIN/ AIRCRAFT ACCIDENT/INCIDENT:**  |
| Vendosni Qytetin e Shtetin e Lindjes*State Town and Country of birth* | Nese “PO” sheno ne kutine perkatese Daten(DD,MM,YYYY) dhe vendin e Aksidentit/incidentitIf ‘YES’ box ticked, state Date (DD/MM/YYYY) and Country of accident/incident |
| **9.KOMBESIA/ *NAZIONALITY:*** **Vendosni emrin e Shtetit ku jeni qytetar** | **25. TIPI QE DO TE FLUTURONI/TYPE OF FLYING INTENDED:** Vendosni nese eshte linje ajrore,transport ajror tregtare me Pilot te vetem I cili mban pasagjere,agriculture,etj. |
| *State name of Country of citizenship* | *State whether airline, charter, single-pilot commercial air transport carrying passengers, agriculture, pleasure, etc.*  |
| **10.ADRESA/ *PERMANENT ADDRESS:***  | **26. AKTIVITETI FLUTURUES I MOMENTIT/*PRESENT FLYING ACTIVITY:*** **Shenoni kutine e pershtatshme nese ju fluturone Pilot SOLO ose jo.**  |
| Vendosni adresen postale dhe shtetin.Shenoni kodin telefonik te zones ashtu dhe numrin*State permanent postal address and country. Enter telephone area* | *Tick appropriate box to indicate whether you fly as the SOLE pilot or not* |
| *code as well as number* |  |
| **11. ADRESA POSTARE/*POSTAL ADDRESS:*** Nese eshte e ndryshme nga adresa e vazhdueshme, vendosni adressen e plote postare te momentit perfshire numrin e telefonit dhe kodin e zones.nese eshte I njejti shkruaj “njesoj “*If different from permanent address, state full current postal address**including telephone number and area code. If the same, enter “SAME”* | **27. A PINI ALKOOL?/*DO YOU DRINK ALCOHOL?***Shenoni ne kutine perkatese “PO’, vendosni pirje e paket e alkoolit p.sh 2 l birreTick applicable box. If “YES”, state weekly alcohol consumption, e.g. 2 liters beer |
| **12. APLIKIMI/*APPLICATION:***Plotesoni kutine perkatese *Tick appropriate box*  | **28.A PERDORNI MOMENTALISHT NDONJE MEDIKAMENT? /** ***DO YOU CURRENTLY USE ANY MEDICATION?:***Neses “PO” jepni detaje te plota- emir, sa pini dhe kur etj.Perfshini ndonje ilac pa recete mjekesore. |
| *If “YES”, give full details - name, how much you take and when, etc. Include any non-prescription medication*  |
| **13.NUMRI I REFERENCES/ *REFERENCE NUMBER:***  | **29. A PINI CIGARE?/ *DO YOU SMOKE TOBACCO*?:**  |
| Vendosni numrin e references te vendosur per ju nga Autoriteti I Aviacionit Kombetare. Aplikantet filestare vendosin”Asnje”*State Reference Number allocated to you by your National Aviation Authority. Initial Applicants enter “NONE”* | Duhanpiresit momentale shenojne llojin e cigars( Cigare, pipe etj.) dhe sasine psh 2 cigare ne dite .*Tick applicable box. Current smokers state type (cigarettes, cigars, pipe) and amount (e.g. 2 cigars daily, pipe – 1 oz. weekly)* |
|  |
| **14. TIPI I LICENSES QE PO APLIKONI OSE(SYNONI *)*** ***/TYPE OF LICENCE APPLIED FOR (OR INTENDED):*** Vendosni tipin e licenses qe do te aplikoni qe nga lista e meposhteme/ *State type of licence applied for from the following list:*License Transporti per Piloteper Avione/ *Aeroplane Transport Pilot Licence.*License piloti Tregtare me IR/*Commercial Pilot Licence/Instrument Rating*Icense Piloti Tregtare/*Commercial Pilot Licence*License Private Piloti me IR/*Private Pilot Licence/Instrument Rating*Pilot Privat/*Private Pilot*Pilot Student/*Student Pilot*Dhe nese me krahe te fiksuar/ te Rrotullueshem/ ose te dyja*and whether Fixed Wing/ Rotary Wing/ Both* | **30.HISTORIK I PERGJITHSHEM MJEKESORE:/ *GENERAL MEDICAL HISTORY:*** Te gjithe artikujt nen numrin 101 e deri 179 duhet te kene pergjigjen “PO” ose “JO” . JU duhet te shenoni “PO” nese keni pasur ndonje gjendje mjekesore dhe pershkruani kushtet dhe daten e perafert ne kutine `30 **VEREJTJE`.** Te gjitha pyetjet jane te rendesishme per nga ana mjekesore.Njesia 170 dhe 179 lidhen me historikun momental te familjes ndersa numrat 150 e 151 duhet te plotesohen vetem nga aplikantet femra**.****Nese informacioni eshte marre nga aplikimet e juaja te mepareshme dhe ska pasur ndryshime ne gjendjen tuaj, ju mund te deklaroni ” RAPORTUAR ME PARE. Asnje ndryshim, Gjithsesi ju duhet te shkruani** “PO” ne gjendjen. Mos rapotoni semundje te rastesishme e te zakondhme te tilla si Gripi.*All items under this heading from number 101 to 179 inclusive must have the answer “YES” or “NO” ticked. You MUST tick “YES” if you have ever had the condition in your life and describe the condition and approximate date in the* ***‘30. REMARKS’*** *box. All questions asked are medically important even though this may not be readily apparent. Items numbered 170 to 179 relate to immediate family history whereas items numbered 150 to 151 must be answered by female applicants only.**If information has been reported on a previous application form and there has been no change in your condition, you may state “Previously reported. No change since” However, you must still tick “YES” to the condition. Do not report occasional common illnesses such as colds* |
| **15.PUNESIMI/ *OCCUPATION:*** |
| **16.PUNEDHENESI/ *EMPLOYER:*** Nese punesimi kryesor eshte Pilot atehere vendosni emrin e punedhenesit ose nese eshte vete-punesim,deklaro “vete”. | **31. DEKLARIMI DHE PELQIMI PER TE MARRE E DHEN INFORMACION/*****DECLARATION AND CONSENT TO OBTAINING AND RELEASING INFORMATION:***Mos e firmosni ose vendosni daten e kesaj deklarate derisa tiu thuhet nga AME I cili do te firmose e shikoje pershtashmerine  |
| *If principal occupation is pilot, then state employer’s name or if self-employed, state “self”* | *Do not sign or date these declarations until indicated to do so by the AME who will act as fitness and sign accordingly* |
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| Forma e RSH-së sipas**MED 160 14072015** | **Page 3 of 3** | **Instructions for completion** |