Department:	**Aviation Medicine**	Form Number: CA 67-08	
Telephone number:	0860 267 435	*Fax Number:*	**011-545-1459**
Physical address	**12 Byls Bridge Boulevard, Building No 2, Byls Bridge Office Park Centurion**		
Postal address:	**Private Bag X73, Halfway House 1685**	*Website:* **www.caa.co.za**	

AVIATION MENTAL SCREENING QUESTIONNAIRE

POPIA CONSENT AGREEMENT

In accordance with the provisions of the Protection of Personal Information Act No. 4 of 2013 ("POPIA"), all personal information must be processed lawfully and in a manner that does not infringe upon the data subject's right to privacy.

By completing this form in accordance with the Civil Aviation Act No. 13 of 2009 , you consent to the collection, processing, and, where necessary, the disclosure of the personal information provided herein for purposes strictly related to regulatory, administrative, operational, and compliance requirements .This may include, but is not limited to, processing the information for approvals, certification, communication, publication, or any related function reasonably required to fulfil the purpose for which the information was submitted.
Such information will only be shared with authorised third parties, including regulatory bodies such as the Department of Transport, service providers, consultants, or other relevant stakeholders, solely to the extent necessary to discharge the aforementioned obligations.
The South African Civil Aviation Authority ("SACAA") recognises the importance of protecting personal information and undertakes to process and/or publish such information with the highest level of care and in full compliance with the safeguards and obligations imposed by POPIA. (For more information on how the SACAA processes your personal information, kindly refer to our Privacy policy on the SACAA website (link: https://www.caa.co.za/paia-and-privacy/).

1.	**PERSONAL INFORMATION**			
1.1.	Surname			
1.2.	First name(s)			
2.	**SUGGESTED QUESTIONS FOR DEPRESSION**			
2.1.	Do you have, or have you ever had, any of the following? Yes or No must be ticked after each question.		**YES**	**NO**
2.1.1.	During the past three months, have you often been bothered by feeling down, depressed, or hopeless?			
2.1.2.	During the past three months, have you often been bothered by having little interest or pleasure in doing things?			
2.1.3.	During the past three months, have you been bothered by having problems falling asleep, staying asleep, or sleeping too much, that is unrelated to sleep disruption from night flying or trans meridian operations?			
2.1.4.	In the past three months, has there been a marked elevation in your mood lasting for more than one week?			
2.1.5.	Other, please specify in detail:			
3.	***SUGGESTED QUESTIONS FOR ANXIETY/PANIC ATTACK***		**YES**	**NO**
3.1.	In the past three months, have you had an episode of feeling sudden anxiety, fearfulness, or uneasiness?			
3.2.	In the past three months, have you experienced sensations of shortness of breath, palpitations (racing heartbeat) or shaking while at rest without reasonable cause?			
3.3.	In the past year have you needed to seek urgent medical advice because of anxiety?			
4.	**SUGGESTED QUESTIONS CONCERNING ALCOHOL USE:**		**YES**	**NO**
4.1.	Have you ever felt that you should cut down on your drinking?			
4.2.	Have people annoyed you by criticizing your drinking			
4.3.	Have you ever felt guilty about your drinking?			
4.4.	Have you ever needed a drink first thing in the morning?			
4.5.	How many alcoholic drinks would you have in a typical week?			
4.6.	How many alcoholic drinks would you have on a typical day when you are drinking?			
5.	**SUGGESTED QUESTIONS CONCERNING DRUG USE:**		**YES**	**NO**

ID Number/Passport No.		Date	

5.1.	Have you used drugs other than those required for medical reasons?		
5.2.	Which non-prescription (over the counter) drugs have you used? When did you last use this drug(s)?		
6.	Other -please provide information		

Aviation Medical Examiner to comment in full on all items marked YES. Please attach additional pages if space is insufficient & Applicants not required to sign this section

NOTICE

SIGNATURE	**NAME IN BLOCK LETTERS**	**DATE**