



## PRIVACY NOTICE AND DECLARATION FOR AVIATION MEDICAL EXAMINATIONS

### Privacy Notice

The personal information you provide to Transport Canada (TC) will be collected by the Civil Aviation Medicine Branch under the legal authority of section 404.04 of the *Canadian Aviation Regulations* and handled in accordance with the *Privacy Act*.

#### Why are we collecting your personal information?

Your personal information is collected for the purpose of establishing medical fitness for the issuance or renewal of medical certificates that validate aviation licenses.

#### Will we use or share your personal information for any other reason?

Your personal information may be used for aviation safety purposes and program administration including invoicing, audit, and evaluation. Your personal information may be disclosed to the Transportation Appeals Tribunal of Canada as part of its review of licensing decisions and to the Transportation Safety Board for the purpose of safety investigations. Personal information may also be disclosed pursuant to subsection 8(2) of the *Privacy Act* and to TC senior management for reporting purposes.

#### What happens if you don't want to provide your personal information?

If you do not provide your personal information, the Civil Aviation Medicine Branch will suspend assessment of your medical certificate and/or application, with no entitlement for a refund.

#### What are your rights?

You have the right to request access to, and correction of, your personal information. You also have a right to file a complaint with the [Office of the Privacy Commissioner of Canada](#) if you feel your personal information has been handled improperly. For more information about these rights, or about how we handle your personal information, please contact the [Civil Aviation Medical Branch](#).

For more information:

The collection of your personal information is described on the [TC Info Source webpage](#). Refer to the personal information bank (PIB) [TC PPU 020 - Medical Assessments](#).

### Declaration

**I declare** that I have read and understood the Privacy Notice Statement (PNS) and how Transport Canada (TC) will collect, use, and disclose my personal information for the purposes outlined therein.

Additionally, **I hereby** authorize TC to collect and review any additional information about me from third parties that may be deemed necessary to establish that I meet the requirements for the medical certification of licensed aviation personnel, as specified in the *Canadian Aviation Regulations*. This includes, but is not limited to, information contained in healthcare provider records, laboratory reports, medical test results, medical record systems, and pharmacy databases.

**I understand** that refusal to provide the required information will result in TC suspending the assessment of my medical certificate application with no entitlement for a refund.

I acknowledge that it is an offence under section 7.3 of the *Aeronautics Act* to knowingly make any false representation(s), including providing false information or omitting information, that may be important for TC's assessment of my application, for the purpose of obtaining a TC medical certificate or its privileges.

\_\_\_\_\_  
Date (yyyy-mm-dd)

Applicant signature

\_\_\_\_\_  
Date (yyyy-mm-dd)

Witness signature



## CIVIL AVIATION MEDICAL EXAMINATION REPORT

**PART A**

Has the applicants mailing address changed since their last medical?  Yes  No

Type of medical category desired	Aviation medical category held	Permit or Licence number <b>5802-</b>	
Given Names	Family Name	Former Surname	
Home Address (Number, street, apartment)			
City	Province	Country	Postal Code

Is the home address the same as the mailing address?  Yes  No (if no, provide details)

Mailing Address (Number, street, apartment)			
City	Province	Country	Postal Code
Telephone number (999-999-9999)	Business telephone (999-999-9999)	Cell number (999-999-9999)	E-mail
Date of Birth (yyyy-mm-dd)	Sex <input type="radio"/> Male <input type="radio"/> Female	Citizenship	Language of correspondence <input type="radio"/> English <input type="radio"/> French
Employer		Education	

Has the applicant undergone a practical flight test to assess medical fitness to fly? Example: Cockpit assessment due to hearing loss.

No  Yes ( if yes, provide details)

Aircraft/vehicle accident since last exam?	Pilot flying time last 12 months	Pilot total flying time	Refusal of issue or renewal of medical certificate?
<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Yes <input type="radio"/> No

Has the applicant consulted a physician or other health care provider since their last aviation medical?  No  Yes ( if yes, provide details)

Is the applicant in receipt of a pension or other compensation for injury?  No  Yes (if yes, please list all associated medical conditions)

Entered in CAMIS \_\_\_\_\_

Name	Permit or Licence number 5802-	Date of Birth (yyyy-mm-dd)	Date of examination (yyyy-mm-dd)
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**PART B** (To be completed by examiner)

**REVIEW OF SYSTEMS**

Has the applicant ever had or been treated for any of the following conditions?

- |  |  |  |  |
|--|--|--|--|
| 1. Head injury, dizziness, loss of consciousness       | <input type="radio"/> Yes <input type="radio"/> No | 10. Cardiovascular disorders, hypertension, coronary artery disease, arrhythmia  | <input type="radio"/> Yes <input type="radio"/> No |
| 2. Neurological problems, epilepsy, seizures           | <input type="radio"/> Yes <input type="radio"/> No | 11. Musculo - skeletal disorders   | <input type="radio"/> Yes <input type="radio"/> No |
| 3. Ear disease or deafness                             | <input type="radio"/> Yes <input type="radio"/> No | 12. Allergies  | <input type="radio"/> Yes <input type="radio"/> No |
| 4. Gastrointestinal disorders                          | <input type="radio"/> Yes <input type="radio"/> No | 13. Menstrual Issues   | <input type="radio"/> Yes <input type="radio"/> No |
| 5. Genito-urinary disorders                            | <input type="radio"/> Yes <input type="radio"/> No | 14. Vision or eye problems including refractive surgery, cataract surgery, orthokeratology, or intraocular lens implants | <input type="radio"/> Yes <input type="radio"/> No |
| 6. Alcohol or substance abuse, impaired driving events | <input type="radio"/> Yes <input type="radio"/> No | 15. Diabetes   | <input type="radio"/> Yes <input type="radio"/> No |
| 7. Frequent or severe headaches, migraines             | <input type="radio"/> Yes <input type="radio"/> No | 16. Cancer   | <input type="radio"/> Yes <input type="radio"/> No |
| 8. Psychiatric, anxiety, depression, ADHD              | <input type="radio"/> Yes <input type="radio"/> No | 17. Any other medical conditions   | <input type="radio"/> Yes <input type="radio"/> No |
| 9. Pulmonary disorders including asthma, COPD, OSA     | <input type="radio"/> Yes <input type="radio"/> No |  |  |

Does the applicant have a significant family history of ischemic heart disease (first degree relative with an event before age 55 (if male) or 60 (if female) ?

- Yes  No

Please Elaborate on all positive responses above; List relevant family history, past surgical history, and serious illnesses (additional space is available on page 3).

In the past twelve months has the applicant:

1. Used ANY medication to treat a medical condition? (This includes prescription, non-prescription, over-the-counter, herbal medications, cannabis, or cannabis-derived products. *Examples: acetaminophen for backpain, cannabis for anxiety, cannabidiol (CBD) for chronic pain*)  Yes  No  
(If yes, please list medication name, dose, and route of administration, frequency, and reason for use)
2. Used tobacco or any product containing nicotine? This includes cigarettes, vaping devices, gum, hookah, cigars, or nicotine patches?  Yes  No  
(If yes, please list Product name or type, dose, route of administration, and frequency)
3. Used alcohol? (If yes, average units per week): \_\_\_\_\_  Yes  No
4. Used Cannabis or cannabis derived product for non-medical purposes?  Yes  No
5. Used any other drug or substance (excluding cannabis and alcohol), for recreational or non-medical purposes?  Yes  No  
(If yes, please list)

Additional Comments