

EASA MENTAL HEALTH QUESTIONNAIRE

1. Personal details (to be completed by the applicant)

Reference Number						Medical certificate applied for: Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/>									
Surname						Forename(s)									
2. Applicant						3. AME									
Please answer the following:		Y	N	Do you have any of the following:		Y	N	Consider referral to a specialist if 'yes' to any of the following:		Y	N	Do you have any concerns about the following:		Y	N
Do you have any current work and / or life stressors?				Loss of interest / energy in personal or work-related activities				Psychotic disorder				Appearance			
Have you been able to apply coping strategies under periods of psychological stress or pressure, in the present or the past, including seeking advice from others?				Sleep problems				Organic mental disorder				Attitude			
				Change in eating habits or unexpected weight changes				Psychoactive medication							
				Increased use of alcohol or use of other substances, including illicit or prescribed drugs, to help cope with stress				Disorders due to alcohol or other psychoactive substance(s) use or misuse				Behaviour			
Do you have any difficulties with operational crew resource management (CRM), or with your employer or work colleagues?				Low mood / suicidal thoughts				Anxiety, stress-related or somatoform disorder				Mood			
				Anger, agitation or high mood				Personality or behavioural disorders				Speech			
				Feelings of detachment from events or loss of control				Functional / neurodiverse traits such as autism or learning disability				Thought process and content			
Do you have any significant interpersonal or relationship issues, including difficulties with relatives, friends or work colleagues?				Family history of psychiatric disorders, including suicide, or addiction disorders				Mood disorder				Perception			
								Deliberate self-harm or suicide attempt				Cognition			
Have you suffered any periods of anxiety affecting your behaviour or ability to cope?				Anything else causing concern that you would like to discuss, mental or physical (please specify on next page)				Any additional clinical concerns (please specify on next page)				Insight			
												Judgement			
***If the applicant or the AME has responded YES to any of the above, please give details on the next page***															

**4. Additional information**

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**5. Declaration (to be signed by the applicant and countersigned by the AME):** To the best of my belief I have answered completely and correctly. I understand that if I have withheld any relevant information or made any false or misleading statements, the licensing authority may refuse to grant me a medical certificate or withdraw any medical certificate granted.

**Signature of applicant** ..... **Date** .....

**Signature of AME** .....