

**CHECKLIST FOR MENTAL HEALTH**  
MEDICAL IN CONFIDENCE



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

CAA reference number				Medical certificate applied for: Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/>							
Surname				Forename(s)							
<b>2. Applicant</b>			<b>3. AME</b>			<b>4. Applicant</b>			<b>5. AME</b>		
<b>Please answer the following:</b>	<b>Y</b>	<b>N</b>	<b>Consider referral to a specialist if 'yes' to any of the following:</b>	<b>Y</b>	<b>N</b>	<b>Do you have any of the following:</b>	<b>Y</b>	<b>N</b>	<b>Are the following satisfactory:</b>	<b>Y</b>	<b>N</b>
Do you have any current work and life stressors?			Psychotic disorder			Loss of interest / energy in personal or work-related activities			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?			Organic mental disorder			Sleep problems not related to employment			Attitude		
			Psychoactive medication			Change in eating habits or unexpected weight changes			Behaviour		
			Schizophrenia, schizotypal or delusional disorder			Increased use of alcohol or use of other substances, including illicit drugs, to help cope with stress			Mood		
Do you have any difficulties with operational crew resource management (CRM), or with your employer or work colleagues?			Mood disorder			Low mood / suicidal thoughts			Speech		
			Neurotic, stress-related or somatoform disorder			Anger, agitation or high mood			Thought process and content		
			Personality or behavioural disorders			Feelings of detachment from events or loss of control			Perception		
Do you have any interpersonal or relationship issues, including difficulties with relatives, friends or work colleagues?			Functional / neurodiverse traits such as autism or learning disability			Family history of psychiatric disorders, particularly suicide			Cognition		
			Disorders due to alcohol or other psychoactive substance(s) use or misuse			Anything else causing concern that you would like to discuss, mental or physical (please specify below)			Insight		
Have you suffered with any periods of anxiety affecting your behaviour or ability to cope?			Deliberate self-harm or suicide attempt						Judgement		
			Any additional clinical concerns (please specify below)								

**Additional information** .....

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**6. 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** .....