

# Update Questionnaire



Welcome back to our Aviation Medical Office. We take pride in servicing the medical needs of some of the best pilots in the world! To expedite your medical, please answer the following questions, which are the same ones found on the Transport Canada Medical Form.

Type of Permit/Licence Desired	Aviation Permit/Licence Held	Permit/Licence Number
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Personal Information			
First Name	Middle Name	<input type="checkbox"/> I have no middle name	
Surname	Former Surname (if applicable)		
Has your mailing address changed? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please provide.			
Phone - Business	Phone - Home	Phone - Cell	
Email	Date of Birth (Y/M/D)	Country of Birth	
Health Care Number & Province <input type="checkbox"/> no change	Family Doctor ( <i>Dr. Adams is not your family doctor</i> )	Next of Kin	
Highest Level of Education Completed	Citizenship		
Occupation	Employer		

Pilot Flight Time	Last 90 Days	Last 12 Months	Total
City, Province of Last Aviation Medical	Date of Last Aviation Medical (Y/M/D)	Date of Last Audiogram (Y/M/D) <input type="checkbox"/> unknown	Date of Last ECG (Y/M/D) <input type="checkbox"/> unknown
Primary type of flying intended <input type="checkbox"/> recreational <input type="checkbox"/> business <input type="checkbox"/> career			
Have you <b>ever</b> been denied an aviation license for medical reasons?			<input type="checkbox"/> yes <input type="checkbox"/> no
Have you had an aircraft accident since your last medical?			<input type="checkbox"/> yes <input type="checkbox"/> no
Are you receiving a pension or disability income?			<input type="checkbox"/> yes <input type="checkbox"/> no
Do you drink alcohol?	<input type="checkbox"/> yes <input type="checkbox"/> no	Number of drinks per week	
Do you smoke?	<input type="checkbox"/> yes <input type="checkbox"/> no	Number of cigarettes per day	

**Please Turn Over**

Do you wear <input type="checkbox"/> glasses <input type="checkbox"/> reading glasses <input type="checkbox"/> contacts <input type="checkbox"/> had eye surgery	
Hair Color <input type="checkbox"/> bald <input type="checkbox"/> black <input type="checkbox"/> blonde <input type="checkbox"/> brown <input type="checkbox"/> grey <input type="checkbox"/> red <input type="checkbox"/> salt/pepper	Eye Color <input type="checkbox"/> black <input type="checkbox"/> blue <input type="checkbox"/> brown <input type="checkbox"/> green <input type="checkbox"/> grey <input type="checkbox"/> hazel
Do you have color vision difficulties? <span style="float: right;"><input type="checkbox"/> yes    <input type="checkbox"/> no</span> If yes, have you passed the color lantern test? <span style="float: right;"><input type="checkbox"/> yes    <input type="checkbox"/> no</span>	
Do you take, or have recently stopped taking, any medications? <span style="float: right;"><input type="checkbox"/> yes    <input type="checkbox"/> no</span>	Details
Since your last medical, have you had surgery? <span style="float: right;"><input type="checkbox"/> yes    <input type="checkbox"/> no</span>	Details
Have you developed any new medical concerns? <span style="float: right;"><input type="checkbox"/> yes    <input type="checkbox"/> no</span>	Details
Since your last medical, have you seen a doctor for <b>any</b> reason? <span style="float: right;"><input type="checkbox"/> yes    <input type="checkbox"/> no</span>	Details
Do you now have any medical problems of note that might be relevant to holding an aviation licence? <span style="float: right;"><input type="checkbox"/> yes    <input type="checkbox"/> no</span>	Details
Since your last medical, has anyone in your family developed new medical problems? <i>(We are particularly interested in diabetes, cardiovascular, and mental health issues in people genetically related to you.)</i> <span style="float: right;"><input type="checkbox"/> yes    <input type="checkbox"/> no</span>	Details

Anything else concerning you not mentioned above?

**Thank you for your kind cooperation in answering all the questions.  
It will make your medical go more smoothly – honest!**