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

Personal Information

First Name	Middle Name ☐ I have no middle name
Surname	Former Surname (if applicable)

Has your mailing address changed? ☐ yes ☐ 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 ☐ no change	Family Doctor *(Dr. Adams is not your family doctor)*

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) ☐ unknown	Date of Last ECG (Y/M/D) ☐ unknown

Primary type of flying intended ☐ recreational ☐ business ☐ career

Have you **ever** been denied an aviation license for medical reasons?			☐ yes ☐ no
Have you had an aircraft accident since your last medical?			☐ yes ☐ no
Are you receiving a pension or disability income?			☐ yes ☐ no
Do you drink alcohol?	☐ yes ☐ no		Number of drinks per week
Do you smoke?	☐ yes ☐ no		Number of cigarettes per day
Have you used marijuana?	☐ yes ☐ no		Date of last use
Have you used other recreational drugs?	☐ yes ☐ no		Type & date of last use

Please Turn Over

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