

APPLICATION FORM FOR A MEDICAL CERTIFICATE

Complete this page fully and in block capitals - Refer to instructions for completion.

MEDICAL IN CONFIDENCE

(1) State of licence issue:		(2) Medical certificate applied for: CC class 1 <input type="checkbox"/> class 2 <input type="checkbox"/> LAPL <input type="checkbox"/> class 3 <input type="checkbox"/>	
(3) Surname:		(4) Previous surname(s):	(12) Application: Initial Revalidation/Renewal
(5) Forename(s):		(6) Date of Birth All dates = (ddmm yyyy):	(7) Sex: Male Female
(8) Place and country of birth:		(9) Nationality:	(13) Reference number:
(10) Permanent address: Country: Telephone No: Mobile No: E-mail:		Information on general practitioner (as specified on your Health Insurance Card) Name of GP: Address: Telephone No.:	(11) Postal address (if different): Country: Telephone No.:
(14) Licence(s) held (type): Licence number: State of issue:		(15) Occupation (principal): (16) Employer: (17) Last medical examination: Date: Place:	(18) Any limitations on licence(s)/medical certificate held. No Yes Details
(20) Have you ever had a medical certificate denied, suspended or revoked by any licensing authority? No Yes Date: Country: Details:		(21) Flight time total: (22) Flight time since last medical: (23) Aircraft class/type(s) presently flown:	(19) Any limitations on licence(s)/medical certificate held. No Yes Details
(24) Any aviation accident or reported incident since last medical examination? No Yes Date: Place: Details:		(25) Type of flying intended: (26) Present flying activity: Single pilot Multi pilot	(27) Do you drink alcohol? No Yes, amount
(29) Do you smoke tobacco? No, never No, date stopped: Yes, state type and amount:		(28) Do you currently use any medication? No Yes State medication, dose, date started and why:	

General and medical history: Do you have, or have you ever had, any of the following? Please tick (X) and if yes, give details in remarks section (30)

	Yes	No	Yes	No	Yes	No	Family history of:	Yes	No
101 Eye trouble/eye operation			112 Nose, throat or speech disorder			123 Malaria or other tropical disease		170 Heart disease	
102 Spectacles and/or contact lenses ever worn			113 Head injury or concussion			124 A positive HIV test		171 High blood pressure	
			114 Frequent or severe headaches			125 Sexually transmitted disease		172 High cholesterol level	
103 Spectacle/contact lens prescriptions change since last medical exam.			115 Dizziness or fainting spells			126 Sleep disorder/apnoea syndrome		173 Epilepsy	
			116 Unconsciousness for any reason			127 Musculoskeletal illness/impairment		174 Mental illness	
104 Hay fever, other allergy			117 Neurological disorders; stroke, epilepsy, seizure, paralysis, etc.			128 Any other illness or injury		175 Diabetes	
105 Asthma, lung disease				129 Admission to hospital			176 Tuberculosis		
106 Heart or vascular trouble			118 Psychological/psychiatric trouble of any sort			130 Visit to medical practitioner since last medical examination		177 Allergy/asthma/eczema	
107 High or low blood pressure				119 Alcohol/drug/substance abuse				178 Inherited disorders	
108 Kidney stone or blood in urine			120 Attempted suicide			131 Refusal of life insurance		179 Glaucoma	
109 Diabetes, hormone disorder			121 Motion sickness requiring medication			132 Refusal of flying licence		Females only:	
110 Stomach, liver or intestinal trouble			122 Anaemia/sickle cell trait/other blood disorders			133 Medical rejection from or for military service		150 Gynaecological, menstrual problems	
111 Deafness, ear disorder						134 Award of pension or compensation for injury or illness		151 Are you pregnant?	

(30) **Remarks:** If previously reported and no change since, so state.

(31) Samtykkeerklæring (der indhentes både helbredsoplysninger og kriminalregisterets oplysninger):

I hereby declare that I have carefully considered the statements made above and to the best of my belief they are complete and correct and that I have not withheld any relevant information or made any misleading statements. I understand that, if I have made any false or misleading statements in connection with this application, or fail to release the supporting medical information, the licensing authority may refuse to grant me a medical certificate or may withdraw any medical certificate granted, without prejudice to any other action applicable under national law.

CONSENT TO RELEASE OF MEDICAL INFORMATION: I hereby authorise the release of all information contained in this report and any or all attachments to the AME and, where necessary, to the medical assessor of the licensing authority, recognising that these documents or electronically stored data are to be used for completion of a medical assessment and will become and remain the property of the licensing authority, providing that I or my physician may have access to them according to national law. Medical confidentiality will be respected at all times.

.....
Date

.....
Signature of applicant

.....
Signature of AME / (Medical assessor)

Personal Data Protection

According to the general data protection regulation (GDPR), we will inform you how we handle the personal data we receive and process about you.

We are the Data Controller - how to contact us

The Danish Transport, Construction and Housing Authority is the Data Controller for the personal data we receive on you. If you have any questions concerning processing of your personal data by the Authority, you are welcome to contact us or our independent data protection adviser via the contact details below:

Contact details for the Authority:

Edvard Thomsens Vej 14
2300 Copenhagen S
Tel.: 7221 8800
E-mail: info@tbst.dk
CBR no.: 27186386

Contact details for our data protection adviser:

E-mail: dpo@tbst.dk
Tel.: 41780531

The purpose of processing your personal data

The Authority processes personal data for the following purposes:

Handling the application for a medical certification and continuous oversight with fulfilling the conditions for the certificate.

The legal basis for processing your personal data

The legal basis for processing your personal data comes from:

Commission regulation (EU) No 1178/2011 of 3 November 2011 laying down technical requirements and administrative procedures related to civil aviation aircrew pursuant to Regulation (EC) No 216/2008 of the European Parliament and of the Council, and your consent that the Danish Transport, Construction and Housing Authority can receive medical information and collect information on criminal records

Categories of personal data

The Authority processes the following categories of personal data on you:

Medical information, social security number and potentially information on criminal records
Informations such as name, address, telephone number, nationality, licensenumber

Recipients or categories of recipients

The Authority discloses or gives your personal data to the following recipients:

The Aero Medical Examiner (AME) or Aero Medical Center (AeMC) where your application is being handled, the Danish Transport, Construction and Housing Authority (TBST), and in case of oversight with TBST, the European Aviation Safety Agency (EASA) upon request.

Transfer to recipients in other countries, including to international organisations

The Danish Transport, Construction and Housing Authority, and in case of oversight of the Danish Transport, Construction and Housing Authority, the International Civil Aviation Organisation (ICAO) upon request.

The source of your personal data

The medical informations derive from you or medical records. Criminal records derives from the Danish Central Criminal Register

Storage of your personal data

The data the Authority may keep on record are regularly forwarded to the Danish National Archives in accordance with the rules of the Archiving Act and the provisions laid down by the Danish National Archives. Data we receive that are not subject to the Authority's duty to keep records will be deleted when we no longer need them.

All aero-medical records of licence holders shall be kept for a minimum period of 10 years after the expiry of their last medical certificate, according to regulation 1178/2011, part ARA.MED.150, b.

Your rights

According to the Data Protection Regulation, you have a number of rights regarding the processing of your personal data by us. If you want to exercise your rights, please contact us.

The right to see your data

You have the right to see the data we process on you (the right of access to documents), or to apply for access to documents.

The right of correction

You have the right to have incorrect data on you corrected.

The right of deletion

In special instances, you have the right to have data we hold on you deleted before the date on which we generally delete data. This only applies to data which we are not obliged to record.

You can read more about your rights in the Danish Data Protection Agency's guide to data subject rights at www.datatilsynet.dk.

Complaints to the Danish Data Protection Agency

You have the right to complain to the Danish Data Protection Agency if you are dissatisfied with the manner in which we process your personal data. You can find the Agency's contact details at www.datatilsynet.dk.