

MEDICAL QUESTIONNAIRE**This will be treated in the strictest confidence**

Name and Address of your General Practitioner:

.....

.....

How many sick days have you had during the last 12 Months?

Please give brief details:

.....

All questions below must be answered yes or no by the applicant. Please tick the relevant box.

	Yes	No	Brief Details
1. Do you normally enjoy good health?			
2. To the best of your knowledge and belief, have you suffered from any of the following?			
a) Illness affecting the heart			
b) Illness affecting the lungs			
c) Illness affecting the kidneys or bladder			
d) Illness affecting the stomach or bowel			
e) Blood condition such as anaemia			
f) Nose, throat, speech or hearing problems			
g) Colour blindness			
h) Skin complaints, e.g. Eczema, Acne, Psoriasis			
i) Allergy such as Hay Fever			
j) Motion Sickness			
k) Fainting attacks, fits or blackouts			
l) Claustrophobia			
m) Nervous or Mental illness			
n) Varicose Veins			
o) Rheumatism, arthritis, or any trouble with limbs or spine			
p) Recurrent headaches or migraine			
q) Alcoholism/Drug addiction			
r) Menstrual Problems			
s) Serious accident (including concussion)			
t) Surgical Operation			
u) Reaction to drugs, medication or vaccination			
v) High blood pressure			
w) Is your eyesight visual acuity less than 6/9 with or without glasses/lenses			
x) Diabetes			
y) Eating disorder			
z) Any other illness not mentioned above			

If you answered 'yes' to any of the above in Question 2, please give further details:

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3. Do you smoke? (If yes, please say how many)			
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4. Are you presently taking any medication?			
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If you answered 'yes' to Question 4 above, please detail the medication and the start date and dosage:

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CREW BASING

The company offers a choice of base where possible. Please could you state your 1st, 2nd or 3rd preferences by ticking the appropriate boxes.

Base	1 st	2 nd	Base	1 st	2 nd
Aberdeen			Leeds Bradford		
Bristol			Newcastle		
Durham Tees Valley			Norwich		
East Midlands			Wick		
Humberside					
Isle of Man					

You must reside within 1 hour of your chosen base by car.

Mileage from home to chosen base

If no vacancies exist at your 1st choice of base, would you be prepared to relocate? **YES / NO**

OTHER QUALIFICATIONS (Nursing, First Aid etc.)

Please give details of qualification and experience

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PERSONAL STATISTICS

Height: Weight:

Eastern Airways maximum height limit for Cabin Crew is 5ft 7incs or 170cm, Weight must in proportion to height.

ADDITIONAL INFORMATION

Continue on a supplementary sheet if required

EMPLOYMENT HISTORY

AFTER AN OFFER OF EMPLOYMENT HAS BEEN ACCEPTED, REFERENCES WILL BE TAKEN UP TO COVER THE LAST FIVE YEARS.

Please note it is important to realise that any offer of employment made is subject to the Company obtaining satisfactory references from previous employers covering the previous 5 year period without any gaps. Reference requests will not be made until a provisional offer has been accepted by the applicant.

It is the policy of Eastern Airways and a requirement of the Aviation and Maritime Security Act to ask previous employers to confirm much of the detailed information given in this application form particularly relating to employment history. Mis-statements or unobtainable references can cause delay and could result in an offer being withdrawn.

IMPORTANT NOTICE: REFERENCES

Airport security regulations may require the Company to pass copies of references to the appropriate authority

PRESENT OR MOST RECENT EMPLOYER

Company Name			
Address		Telephone Number(s)	
Notice Required		Salary and Benefits	
Position(s) Held, Duties and Responsibilities			
Reason for leaving/wanting to leave			

PREVIOUS EMPLOYERS

Company Name	Period		Position(s) held, Duties and Responsibilities	Salary and Benefits
	From	To		

FURTHER INFORMATION			
	YES	NO	DETAILS
Did you see a company advertisement? (If yes, please state where.)			
Were you introduced by a company employee? (If yes, please detail their name.)			
Do you have Internet access?			
Have you held your driving licence for 2 years or more?			
Are there any endorsements on your driving licence? (If yes, please give full details including dates.)			
Have you had any accidents or committed any motoring offences in the last 7 years? (If yes, please detail. Continue on a separate sheet if required)			
Have you applied for a position at Eastern Airways previously? (If yes, please give the title of the position applied for, date and result of your application.)			
Do you have any holidays booked? (If yes, please state dates and length.)			

Eastern Airways Tattoo Policy

Eastern Airways Male and Female Cabin Crew wear a short sleeved uniform.

Tattoos must not be visible whilst wearing this uniform.

Do you currently have tattoos? **Yes** **No**

Are these visible in short sleeves **Yes** **No**

MANDATORY MEDICAL CERTIFICATION/REPORT

In compliance with EASA Aircrew Regulation (EU) No. 1178/2011 – Part MED from the 8th April 2014, all applicants are required to hold an EASA Aero-Medical Assessment and Report. The report must be submitted to Eastern Airways prior to commencement of employment.

Do you currently hold this certification/report? **YES** **NO**

REHABILITATION OF OFFENDERS ACT

In accordance with the Rehabilitation of Offenders Act 1974 and under Aviation Security Legislation all applicants are required to complete this form and advise Eastern Airways of the following:

Please confirm if you have a conviction that is not spent, providing relevant details. If you have no convictions, you **MUST** write “not applicable” against Reason for Conviction, sign and date the form.

Reason for Conviction:
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.....

Sentence (includes suspended sentences):
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Signed: Date:

**NB: This information will not necessarily preclude you from sponsorship with Eastern Airways Ltd.
This information will be shown to the Department of Transport on their request.**