

# **Marine and Aviation Medicals**

NAME: \_\_\_\_\_  
DATE OF APPT: \_\_\_\_\_

- At your MOT medical you will be asked to provide medical history
- Please be prepared and consider completing this question sheet prior to your medical
- MOT medicals are legal documents which require full disclosure
- The more information you bring to the medical - the faster a decision can be made

## **MEDICAL HISTORY**

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**1. Do you smoke?** If yes, how much?

**2. Do you smoke or use cannabis or THC/CBD in any form?**

*\*\* Please see the linked policies on Cannabis in marine and aviation roles at [www.mainanaimo.com](http://www.mainanaimo.com)*

**3. Do you drink alcohol?** If yes and if >6 units per day, please complete a CAGE questionnaire at the office prior to your appointment

**4. Are you on medications?** Please either list them here, or bring a complete list to your appointment

**Do you have a cardiovascular history?**

This includes heart disease, high BP, vascular abnormalities, heart rhythm issues, etc.

*\*\* If you have high BP, PLEASE bring several community based BPs to your appointment, and PLEASE bring all consultant notes that you have*

**Do you have a lung disorder?** This includes COPD, asthma, sleep apnea

*\*\* If you have treated sleep apnea, you must bring with you your most recent nCPAP report*

**Do you have a sleep disorder?**

**Do you have a mental health/psychiatric disorder?**

*\*\* If yes, please complete a [PHQ-9](#) and [GAD-7](#) and bring with you all recent mental health consultations*

**Do you have any gastrointestinal disorders?** This includes colitis, severe abdominal, pain, gall stones, etc.

**Do you have diabetes?**

*\*\* If you do, PLEASE bring all documentation including most recent A1c and community readings/DEXCOM log*  
You will also be asked about glycemic awareness; please review this here

**Do you have a urinary disorder?** This includes kidney stones

**Have you had past substance use challenges?**

MOT medicals are legal documents that require full disclosure of past treated or current substance addiction

**Do you have epilepsy/ seizure?** If so, a FULL neurology consult will be needed

**Do you have any other neurological conditions?**

**Do you have any major muscle joint or other musculoskeletal injuries?**

**Any recent unexplained dizziness or unconsciousness?**

**Any major ear or eye disease?**

*\*\* If you have an ocular condition, please bring with you your most recent optometry exam*

*\*\* If you have a hearing loss, please bring all past audiometry reports and consultations*

**Do you have any haematological conditions?** This includes severe anemia, blood clot disorders, haemophilia

**Do you have a severe speech impediment?**

**Do you have a communicable disease?** This includes TB, HIV, Hep C or other

## **FOR PILOTS**

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If you are treated for depression on an SSRI please disclose this and complete a [PHQ-9](#). Please bring all mental health-related consults to your appointment

Please record your 12 month and total flying hours