

Marine and Aviation Medicals

CDN # / Licence #: _____

- At your MOT medical you will be asked to provide medical history
- MOT medicals are legal documents which require full disclosure
- The more information you bring to the medical - the faster a decision can be made
- Items listed in **GREY BOXES** are **REQUIRED ITEMS** you **MUST** send in with your completed form – failure to do so will hold up your medical or cause your appointment to be postponed

DEMOGRAPHICS

Full Name: _____

Personal Health Number (PHN): _____

Gender: ☐ M ☐ F ☐ Other: _____ Date of Birth: _____
MONTH DAY YEAR

Phone: _____ Email: _____

Address: _____

City: _____ Postal Code: _____

Name and phone number of your GP / NP: _____

FOR PILOTS

Q: What are your **total** flying hours:

Q: What are your **12 month** flying hours:

Q: Are you due for an ECG? Yes ☐ No ☐

IF YOU REQUIRE AN ECG, YOU MUST COMPLETE THIS 1 WEEK PRIOR TO YOUR APPOINTMENT
Our office will provide you with an ECG lab requisition at the time of booking your medical

FOR ALL PATIENTS – MEDICAL HISTORY

Q: **Do you smoke?** If yes, how much?

Q: **Do you smoke or use cannabis or THC/CBD in any form?**

NOTE: Please see the linked policies on Cannabis in marine and aviation roles at www.mainanaimo.com

Q: **HAVE YOU REVIEWED THE TRANSPORT CANADA CANNABIS POLICIES?** YES ☐ NO ☐

Q: **Do you drink alcohol?** If yes and if >6 units per day, please complete a [CAGE questionnaire](#)

Q: Are you on medications? If yes, please *either* list them here, or send in a complete list from your pharmacy

<i>Medication name, dose and frequency</i>	
1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

WHAT TO SEND WITH YOUR QUESTIONNAIRE: A RECENT MEDICATION LIST PRINT OUT (*or fill out list above*)

Q: Do you have a cardiovascular history? This includes heart disease, high BP, vascular abnormalities, heart rhythm issues, etc.

WHAT TO SEND WITH YOUR QUESTIONNAIRE *IF YOU HAVE HIGH BP*:

- SEVERAL COMMUNITY BASED BP READINGS
- ALL CONSULTANT NOTES THAT YOU HAVE FROM YOUR SPECIALIST

Q: Do you have a lung disorder? This includes COPD, asthma

Q: Do you have a sleep disorder? This includes insomnia, narcolepsy, restless leg syndrome, etc.

Q: Do you have diagnosed sleep apnea?

WHAT TO SEND WITH YOUR QUESTIONNAIRE: YOUR MOST RECENT nCPAP REPORT

Q: Do you have a mental health/psychiatric disorder, including ADHD or ASD?

IF YES, PLEASE SEND THESE ALONG WITH YOUR COMPLETED QUESTIONNAIRE:

- A COMPLETE A [*PHQ-9*](#) AND [*GAD-7*](#)
- A RECENT MENTAL HEALTH ASSESSMENT FROM A PSYCHIATRIST, PSYCHOLOGIST, OR FAMILY DOCTOR
- A COMPLETE, RECENT MEDICATION LIST

****IF YOU DO NOT HAVE ANY OF THE ABOVE, PLEASE OBTAIN THESE BEFORE BOOKING YOUR MEDICAL ****

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

Q: Do you have diabetes? You will be asked about glycemic awareness; please review this here

IF YES, PLEASE SEND THESE ALONG WITH YOUR COMPLETED QUESTIONNAIRE:

- A1c LAB RESULT FROM THE LAST 6 MONTHS
- BLOOD GLUCOSE LOG FOR 30 DAYS
- A RECENT OPTOMETRY ASSESSMENT

****IF YOU DO NOT HAVE ANY OF THE ABOVE, PLEASE OBTAIN THESE BEFORE BOOKING YOUR MEDICAL ****

Q: Do you have a urinary disorder? This includes kidney stones

Q: Have you had past substance use challenges?

NOTE: MOT Medicals are legal documents that require full disclosure of past treated or current substance addiction

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

WHAT TO SEND WITH YOUR QUESTIONNAIRE: DO YOU HAVE A RECENT NEUROLOGY REPORT? YES ☐ NO ☐

Q: Do you have any other neurological conditions?

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

Q: Any recent unexplained dizziness or unconsciousness?

Q: Any major ear or eye disease?

WHAT TO SEND WITH YOUR QUESTIONNAIRE:

- OCULAR CONDITION: MOST RECENT OPTOMETRY EXAM
- HEARING LOSS: ALL PAST AUDIOMETRY REPORTS AND CONSULTATIONS

Q: Do you have any hematological conditions? This includes severe anemia, blood clot disorders, hemophilia

Q: Do you have a severe speech impediment?

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