

# 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** which 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 # of your Primary Care Practitioner: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

## FOR PILOTS

---

1. What are your **total** flying hours? \_\_\_\_\_

2. What are your **12 month** flying hours? \_\_\_\_\_

3. When was your last **ECG**? \_\_\_\_\_

**IF YOU REQUIRE AN ECG, OUR OFFICE WILL PROVIDE YOU WITH A LAB REQUISITION**  
**\*\* THIS MUST BE COMPLETED 1 WEEK PRIOR TO YOUR APPOINTMENT \*\***

## FOR ALL PATIENTS – MEDICAL HISTORY

---

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

5. **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](http://www.mainanaimo.com)*

6. **HAVE YOU REVIEWED THE TRANSPORT CANADA CANNABIS POLICIES?** YES  NO

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

**8. 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)**

**9. 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

**10. Do you have a lung disorder?** This includes COPD, asthma

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

**12. Do you have diagnosed sleep apnea?**

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

**13. Do you have a mental health/psychiatric disorder, including a diagnosis of 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\*\***

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

**15. 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\*\***

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

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

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

**18. 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

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

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

**21. Any recent unexplained dizziness or unconsciousness?**

**22. 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

**23. Do you have any hematological conditions?** This includes severe anemia, blood clot disorders, hemophilia

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

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