

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

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