APPLICATION FORM FOR A MEDICAL CERTIFICATE - Class 1, Class 2 & LAPL

Civil Aviation Directorate

Transport Malta – Civil Aviation Directorate Pantar Road, Lija, LJA 2021, Malta. Tel:+356 2555 5000 ams.tm@transport.gov.mt www.transport.gov.mt



MEDICAL IN CONFIDENCE

Complete this page fully and															
(1) State of licence issue:						certificate applie									
					Class 1 Class 2 Class 2										
(3) Surname:		(4) Prev	vious	surname(s):			(12) Application Initial □ Revalidation/Renewal □								
(5) Forename(s):				(6) Date			(7) Sex		(13) Reference number:					
			(dd/mm/yyyy		<i>י</i>):	Male □ Female □									
(8) Place and country of birth:					ionalit	w.	Female		(14) Type of licence applied for:						
				(3) Nati	Ionam	ty.									
(10) Permanent address:				(11) Postal address (if different):											
				().					((15) Occupation (principal):					
Country				Country:				Ĺ							
Country: Telephone No.:				Telephone No.:				((16) Employer:						
Mobile No.:								(17) Last medical examination:							
e-mail:									Date:						
										Place:					
(18) Aviation licence(s) held (t Licence number:	(19) Any limitations on licence(s)/meNo □ Yes □ Details:					edic	cal certificate held								
State of issue:	No 🗆 Yes 🗆 Details:														
(20) Have you ever had an av	iatio	n me	dical certificate denied,	suspended		(21) Flight time hours total:			(22) Flight time hours since la						
or revoked by any licensing a	uthor	ity?							medical:						
No □ Yes □ Date: Details:			Country:												
Details.						23) Aircraft cla	ass/type(s) prese	flow							
						20) / 110/010		intry	1011						
(24) Any aviation accident or I	epor	ted i	ncident since last medic	cal		(25) Type of fl	ying intended:								
examination? No □ Yes □ Date:			Diago												
No □ Yes □ Date: Details:			Place:			(26) Present fl	ying activity:								
						Single pilot	Multi pilot								
(27) Do you drink alcohol?							urrently use any i								
\Box No \Box Yes, amount						NO 🗆 Yes 🗆	3 State drug, dos	e, aa	ate s	started and why:					
(29) Do you smoke tobacco?	□N	o. ne	ever No, date stopp	ed.											
\Box Yes, state type and amount															
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Date

Signature of applicant

Signature of AME/(medical assessor)

APPLICATION FORM FOR A MEDICAL CERTIFICATE - Class 1, Class 2 & LAPL

Civil Aviation Directorate

Transport Malta - Civil Aviation Directorate Pantar Road, Lija, LJA 2021, Malta. Tel:+356 2555 5000 ams.tm@transport.gov.mt www.transport.gov.mt



Data Protection Notice

All data collected in this form is processed in accordance with the Privacy Laws that include General Data Protection Regulation (EU) 2016/679 and Chapter 586 of the Laws of Malta (Data Protection Act). The data provided may be exchanged with other Public Authorities and/or Government Departments as required and permitted by Maltese Law. Transport Malta of Triq Pantar, Lija, Malta LJA2021 is the data controller for the purpose of the privacy laws. The Privacy Notice attached with this application sets out the way in which personal information/data is collected and processed by Transport Malta, as well as the steps that are taken to protect such information.

Data Protection Privacy Notice

Transport Malta of Triq Pantar, Lija, Malta LJA2021 is the Data Controller for the purpose of the Data Protection Act CAP. 586 and General Data Protection Regulation (EU) 2016/679 (GDPR). This Privacy Notice sets out the way in which we collect and process your Personal Information, as well as the steps we take to protect such information.

1. The information we collect and how we use it

- 1.1. From this application form Transport Malta collects different types of information which information is that required by Law and is used explicitly for your particular application. It is to be noted that if the required information is not provided the said application cannot be processed.
- 1.2. The primary purpose for collecting information is mainly to process the application for the service being applied for, however, your personal information may also be used for related purposes that amongst other include: sending notifications, renewal of licence/certificate after expiry period, and for the provision of information with regards to any legislative amendments which may affect the services offered to you.

2. To whom we disclose information

- 2.1. This information will be solely used for the reasons detailed above. However there may be cases where personal iinformation is shared with the following third parties for reasons listed below:
 - Any third party offering assistance in providing the required service;
 - Any law enforcement body who may have any reasonable requirement to access your personal information;
 - Third party entities responsible for the data processing contracted by Transport Malta.

3. Data Subject Rights

- 3.1. With respect to your privacy rights, Transport Malta is obliged to provide you with reasonable access to the Personal Data that you have provided to us. Your other principal rights under data protection law are:
 - a. the right for information;
 - b. the right to access;
 - c. the right to rectification;
 - d. the right to erasure;
 - e. the right to restrict processing;
 - f. the right to object to processing;
 - g. the right to data portability;
 - h. the right to complain to a supervisory authority; and
 - i. the right to withdraw consent.
- 3.2. If you wish to access or amend any Personal Data we hold about you, or to request that we delete any information about you, you may contact us by sending a request to <u>dataprotection.tm@transport.gov.mt</u>. We will acknowledge your request within seventy-two (72) hours and will do our utmost to handle it promptly. We will respond to these requests within a month, with a possibility to extend this period for particularly complex requests in accordance with Applicable Law.
- 3.3. At any time, you may object to the processing of your Personal Data, on legitimate grounds, except if otherwise permitted by applicable law.
- 3.4. In accordance with Applicable Law, we reserve the right to withhold personal data if disclosing it would adversely affect the rights and freedoms of others. Moreover, we reserve the right to charge a fee for complying with such requests if they are deemed manifestly unfounded or excessive.

4. Retention period

- 4.1. Personal data will be retained for not more than 3 months from date of application should the application not be submitted complete or is rejected.
- 4.2. Once the service related to your application is provided, we will retain your information for as long as needed to provide you with our service, or to comply with our legal obligations, resolve disputes and enforce our agreements.

5. Security

- 5.1. We take appropriate security measures to protect against loss, misuse and unauthorized access, alteration, disclosure, or destruction of your information. Additionally, steps will also be taken to ensure the ongoing confidentiality, integrity, availability, and resilience of systems and services processing personal information, and will restore the availability and access to information in a timely manner in the event of a physical or technical incident. All information gathered is kept confidential and is used solely for the purpose indicated herein.
- 5.2. If we learn of a security systems breach, we will inform you of the occurrence of the breach in accordance with applicable law.

6. Governing Law

All data collected in this form is processed in accordance with the Privacy Laws that include General Data Protection Regulation (EU) 2016/679 and Chapter 586 of the Laws of Malta (Data Protection Act).

7. Data Protection Officer

7.1. Transport Malta has a Data Protection Officer ("DPO") who is responsible for matters relating to privacy and data protection. The DPO can be reached at the above address or by email: <u>dataprotection.tm@transport.gov.mt</u>

8. Contacting us

8.1. Please address any questions, comments and requests regarding the application process to civil.aviation@transport.gov.mt

APPLICATION FORM FOR A MEDICAL CERTIFICATE - Class 1, Class 2 & LAPL

Civil Aviation Directorate

Transport Malta – Civil Aviation Directorate Pantar Road, Lija, LJA 2021, Malta. Tel:+356 2555 5000 ams.tm@transport.gov.mt www.transport.gov.mt

MEDICAL IN CONFIDENCE

tm Transport Malta

All areas req	uire comp	oletion													
(201) Examination category			(2	202) Hei		(203) Weight	(20	04) Colour	(205) Colour	(206) Bloc) Pulse -		
			(C	:m)		(kg)	ey	е	hair	pressure-s	seated	Rate		Rhythm:	
										(mmHg)		(bpm	·	regular 🗆	
Initial									Systolic	Diastolic			irregular 🗆		
Revalidation		wal 🗆													
Referral															
Clinical exam:					Norr	nal Abnorm	nai						Normal	Abnormal	
(208) Head, fac		alp							men, hernia, live	er, spleen					
(209) Mouth, throat, teeth						(219) Anus, rectum									
(210) Nose, sin									o-urinary systen	n					
(211) Ears, dru									crine system						
(212) Eyes - orbit & adnexa; visual fields									r & lower limbs,						
(213) Eyes - pupils and optic fundi						(223) Spine, other musculoskeletal									
(214) Eyes - ocular motility; nystagmus									ologic - reflexes,	, etc.					
(215) Lungs, chest, breasts						(225) Psychiatric									
(216) Heart						(226) Skin, identifying marks and ly					hatics				
(217) Vascular				<i>c</i>				(227) General systemic							
(228) Notes: Describe every abnormal finding. Enter applicable item number before each comment.															
Visual acuity															
(229) Distant vi	ision						_	(236) Pul i	monary functio	n	(237) H	aemoo	globin		
	Uncorrecte	ed			Spec			FEV ₁ /FVC	;%	, ว				(unit)	
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Left eye								Normal		Normal Abnormal					
Both eyes		C	Corr. t	0				(005)			. –				
(222)		—					_		alysis Normal [
(230) Intermediate vision			Uncorrected			Corrected		Glucose		Protein	L L	Blood	Other		
			Yes	No	Ye	s No									
Right eye								Accompa	nying reports						
Left eye										Not perf	ormed N	Vormal	Abnor	mal/Comment	
Both eyes								(238) ECO	3						
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(231) Near vision			Uncor	rected		Corrected			thalmology						
()			Yes	No	Ye			(241) ORI							
B								. ,	· · ·						
Right eye								(242) Bloc					-		
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Pight ovo															
Right eye								□ Eit for o							
Left eye						Abnormal 🗆		□Fit for class: □Medical certificate issued by undersigned (copy attached) for class:							
(233) Colour Vision Normal											signed (co	by alla	cheu) ioi	CI255	
Colour vision testing method/s: Results:									d for further eva		ioo why or	d to w	hom?		
										aluation. Il y	es, wily a				
(234) Hearing															
(when 239/241	not perform	ned)			Rig	ght ear		(248) Con	nments, limitati	ions					
Left ear															
Conversational voice test (2m) Yes						Yes 🗆									
with back turned to examiner No						No 🗆									
Audiometry															
Hz 5		2000)	3000											
Right															
Left															
(249) AME declaration:															
I hereby certify that I/my AME group have personally examined the applicant named on this aero-medical examination report and that this															
report with any attachment embodies my findings completely and correctly.															
(250) Place and date: AME name and address											AME certif	ficate N	No.		
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AME signatur	۵.				-										
AME signature:						E-mail:									
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