



MALTA

Civil Aviation Directorate  
Direttorat ta' l-Avjazzjoni Ċivili

EUROPEAN UNION

CABIN CREW MEDICAL REPORT  
FOR CABIN CREW ATTESTATION (CCA)

RAPPORT MEDIKU TAL-EKWIPAĠĠ TAL-  
KABINA

I The State where the aero-medical assessment is conducted:  
MALTA

III Cabin crew attestation reference number ( or ID Card  
number/passport):

IV Last and first name:

XIV Date of birth (dd/mm/yyyy):

VI Nationality:

VII Signature of CCA applicant/holder:

II Aero-medical assessment result(fit/unfit):

Expiry date of the previous cabin crew medical report  
(dd/mm/yyyy):

Date of aero-medical assessment (dd/mm/yyyy):

X Date of issue\*(dd/mm/yyyy):

Signature of the AeMC, AME or OHMP:

XI Seal or stamp of the AeMC, AME or OHMP:

XII Limitation(s):

Code.

Description:

Code.

Description:

IX Expiry date of this certificate

(dd/mm/yyyy):