

# Aviation Medicals

## Personal Details Form

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MBBS MRCGP



Please complete clearly all sections of this registration form.

1. Patient Information			
Title:	Mr / Mrs / Miss / Ms /	Home Telephone:	
Forename(s):		Mobile Telephone:	
Surname:		Work Telephone:	Ext:
Previous Name(s):		Email Address:	
Date of Birth:		First Language: If not English	

2. Parent/Guardian Information (If applicant is under the age of 16)			
Full Name:		Telephone:	

3. Address and Emergency Contact Information			
Home Address:		Name of Contact:	
		Relationship:	
		Telephone:	
		Address:	
Post Code:			

4. Existing GP Information			
GP Name:		Telephone Number:	
GP Address:			

5: Patient Declaration and Personal Data Statement		
<p><b>Your personal information:</b></p> <p>The information collected on this application form will be used by Island Medical Centre for the purposes of healthcare related services and administration. Personal data relating to you will be retained by Island Medical Centre as a confidential record of your aviation medical history and examination. This data is also declared to the CAA/FAA as agreed by signing the Med160 or MedExpress agreement.</p>		
Signed*:	Print Name:	Dated:
* If patient is a under the age of 16, this form must be signed by the parent/guardian detailed on first page		

For Practice Use Only	Received By:	On System By:	EMIS Number:
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