

CHECKLIST FOR MENTAL HEALTH

1. Personal details (to be completed by the applicant)

CAA reference number	Medical certificate applied for: Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/>
Surname	Forename(s)

2. Applicant				3. AME							
Please answer the following:	Y	N	Do you have any of the following:	Y	N	Consider referral to a specialist if 'yes' to any of the following:	Y	N	Do you have any concerns about the following:	Y	N
	Do you have any current work and / or life stressors?				Loss of interest / energy in personal or work-related activities					Psychotic disorder	
Have you been able to apply coping strategies under periods of psychological stress or pressure, in the present or the past, including seeking advice from others?			Sleep problems			Organic mental disorder			Attitude		
			Change in eating habits or unexpected weight changes			Psychoactive medication				Behaviour	
			Increased use of alcohol or use of other substances, including illicit or prescribed drugs, to help cope with stress			Disorders due to alcohol or other psychoactive substance(s) use or misuse					
Do you have any difficulties with operational crew resource management (CRM), or with your employer or work colleagues?			Low mood / suicidal thoughts			Anxiety, stress-related or somatoform disorder			Mood		
			Anger, agitation or high mood			Personality or behavioural disorders			Speech		
			Feelings of detachment from events or loss of control			Functional / neurodiverse traits such as autism or learning disability			Thought process and content		
Do you have any significant interpersonal or relationship issues, including difficulties with relatives, friends or work colleagues?			Family history of psychiatric disorders, including suicide, or addiction disorders			Mood disorder			Perception		
				Deliberate self-harm or suicide attempt					Cognition		
Have you suffered any periods of anxiety affecting your behaviour or ability to cope?			Anything else causing concern that you would like to discuss, mental or physical (please specify on next page)			Any additional clinical concerns (please specify on next page)			Insight		
				Judgement							

*****If the applicant or the AME has responded YES to any of the above, please give details on the next page*****

4. Additional information

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5. Declaration (to be signed by the applicant and countersigned by the AME): To the best of my belief I have answered completely and correctly. I understand that if I have withheld any relevant information or made any false or misleading statements, the licensing authority may refuse to grant me a medical certificate or withdraw any medical certificate granted.

Signature of applicant **Date**

Signature of AME