



# Declaration Form Aeromedical Certificate

CANDIDATE DETAILS TO BE COMPLETED BY THE APPLICANT				
First Name	Middle Name	Last Name	Crew Position	License No

OMANI/FOREIGN LICENSE DETAILS			FOREIGN License Details (if applicable)	
Type of license	Class	Medical Expiry date	State of Issue	Foreign License No.

CANDIDATE IDENTIFICATION TO BE COMPLETED APPLICANT APPLYING FOR CERTIFICATE					
Gender	Nationality	Passport Number	Place of Issue	Issue Date	Expiry Date
Contact No.	Email Address	Personal Address		Operator Address	

Declaration
<p>I hereby declare that I have carefully considered the statements made above and that to the best of my belief they are complete and correct and that I have not withheld any relevant information or made any misleading statement. I understand, that if I have made any false or misleading statements in connection with this application, or fail to release the supporting medical information, the Licensing Authority may refuse to grant me a medical certificate or may withdraw any medical certificate granted, without prejudice to any other action applicable under Sultanate Oman law. I hereby authorize the release of all information contained in this report and any or all its attachments and all information which I have provided to the CAA and that relates to me to my AME and, where necessary, to:</p> <ul style="list-style-type: none"><li>- The Medical Assessor /or ALSI of my licensing authority; and</li><li>- The Medical Assessor /or ALSI of the competent authority of my AME; and</li><li>- Other health professionals and administration staff as part of the medical assessment process.</li></ul> <p>I recognize that these documents or electronically stored data are to be used for completion of a medical assessment and for oversight purposes, providing that I or my physician may have access to them according to Sultanate Oman law. The medical record will become and remain the property of the Licensing Authority. Medical confidentiality will be respected at all times. NOTIFICATION OF DISCLOSURE OF PERSONAL DATA: I hereby declare that I have been informed and I understand that the data contained in my medical certificate application according to CAA.MED Form. for Aircrew and ATCO may be electronically stored and made available to my AME in order to provide historical data required and to the Aeromedical licensing senior inspector (ALSI).</p>

Witness Name	Witness Signature	Date	Applicant Signature