

Medical questionnaire for a historical jet flight

CONFIDENTIAL when completed!

Name, first name, date of birth:

height:

Weight:

Do you have, have you had, are you suffering or have you suffered ...

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | heart problems? |
| <input type="checkbox"/> | <input type="checkbox"/> | cramps, paralysis? |
| <input type="checkbox"/> | <input type="checkbox"/> | loss of consciousness or related disorders? |
| <input type="checkbox"/> | <input type="checkbox"/> | dizziness, fainting spells? |
| <input type="checkbox"/> | <input type="checkbox"/> | respiratory problems, asthma? |
| <input type="checkbox"/> | <input type="checkbox"/> | allergies, skin diseases? |
| <input type="checkbox"/> | <input type="checkbox"/> | frequent colds, sinusitis? |
| <input type="checkbox"/> | <input type="checkbox"/> | any disorder of a nervous or psychological nature? |
| <input type="checkbox"/> | <input type="checkbox"/> | back or limb disorders? |
| <input type="checkbox"/> | <input type="checkbox"/> | arthritis, rheumatism or joint disorders? |
| <input type="checkbox"/> | <input type="checkbox"/> | colic or digestive disorders? |
| <input type="checkbox"/> | <input type="checkbox"/> | of infectious diseases? |
| <input type="checkbox"/> | <input type="checkbox"/> | gynecological disorders? |
| <input type="checkbox"/> | <input type="checkbox"/> | airborne diseases (nausea, vomiting, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | other important pathologies, operations or accidents? |

Remarks if necessary:

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In the last 6 months ...

YES NO

- Have you experienced fatigue or depression?
- Do you have frequent and/or severe headaches?
- did you undergo a complete narcosis?
If YES, how long ago was it?
- Do you currently have a cold or flu?
- Do you suffer from decompression sickness?
- Do you have pain in: ears, sinuses, teeth?
- is your current blood pressure abnormally high or low?
- Do you have problems with digestion, bloating?
- are you currently taking any medications, sleeping pills, tranquilizers or
tranquilizers or stimulants?
- Are you pregnant??
- Do you suffer from other disorders, if YES which ones?

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Are you currently in good physical and mental condition?

YES NO

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If NO, why ?

I confirm, to the best of my knowledge and belief, that the above information is accurate.

I authorize the operator (Espace Passion), in case of doubt, to ask the opinion of his trusted physician to verify my fitness to fly as a passenger.

Place, date and signature: