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(AeMC LUX MED official stamp)

PERIODIC AEROMEDICAL EXAMINATION

I, the undersigned, hereby state that I am familiarized with Guidance Material to Commission Regulation (EU) No 1178/2011 of 3 November 2012 laying down technical requirements and administrative procedure related to civil aviation aircrew pursuant to Regulation (EC) No 216/2008 of the European Parliament and of the Council and

declare

that since my last aeromedical examination confirmed by issuing Medical Certificate for: Class 1, Class 2, Class 3, LAPL, Medical Report, Certificate of Qualification* No dated neither changes in any part of my body which might have lead to impairment my physical or mental ability, nor I am not under special medical supervise, surgical, or any other treatment which might jeopardise my flying duties [Art.MED.A.020(a) and MED.A.025(a)(2)].

I am aware that medical evaluation, consultations and final Aeromedical Examiner conclusion have to be finalised within 21 days calculated from the application date. In case of exceeding this time frame due to my fault I consider evaluation procedure has elapsed and I accept to receive negative examination report

I hereby authorise the AeMC LUX MED and to the medical personnel in scope of aeromedical assessment to process all personal data. I make this statement voluntarily and I am aware of my rights pursuant to the National Act of 29 August 1997 laying down regulations for personal data protection (National Act of 2002, no 101, item 926 with subsequent changes)

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(legible signature)

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(date)