

STATEMENT FOR OCCASIONAL AEROMEDICAL EXAMINATION

I, the undersigned, hereby state that according to Art.MED.A.020(a)(b), MED.A.025(a)(2), (b) and MED.A.035 laid down in Guidance Material to Commission Regulation (EU) No 1178/2011 of 3 November 2011 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 I have not withheld any relevant information or made any misleading statement in connection with my medical history and taking on this medical examination I feel rested and with no sense of illness.

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 the 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)