



Accident to the AS 350 registered F-HLBT on 26 August 2017 at Guérande (Loire-Atlantique)

⁽¹⁾Except where otherwise indicated, times in this report are local.

Time	Around 14:45 ⁽¹⁾
Operator	Héliberté
Type of flight	Sightseeing flight, commercial
Persons on board	Pilot and five passengers
Consequences and damage	Six persons injured, four of whom seriously, helicopter destroyed

This is a courtesy translation by the BEA of the Final Report on the Safety Investigation published in December 2020. As accurate as the translation may be, the original text in French is the work of reference.

Sudden pilot vertigo, recognized and incapacitating spatial disorientation in flight, loss of control

1 - HISTORY OF THE FLIGHT

Note: the following information is principally based on statements and data from an ISEI Helisafe computer, an unprotected flight data recorder.

Five people, two men, a woman and two children, arrived at around 13:30 at the Héliberté counter at La Baule – Escoublac aerodrome for a sightseeing flight over the Guérande region. They were met by a Héliberté agent who took charge of them and guided them to the helicopter. Take-off was planned for 14:00 and the estimated flight time was 45 minutes.

The agent explained the safety instructions to the passengers. He indicated how they could communicate without disturbing the pilot and asked them to carefully read the safety card available. He did not give instructions about the use of the doors and belts. The two men and the children were seated in the rear and the female passenger in the front left seat. At around 14:00, after repeating the communication instructions, the pilot took off with the five passengers. The helicopter flew in cruise at an average altitude of around 1,500 ft and an average speed of 120 kt.

At the end of the flight and returning to La Baule aerodrome, the pilot was suddenly hit by vertigo after lowering and then raising his head to observe the ground. He then limited his inputs on the controls to avoid making the situation worse. The path was unstable and random and the helicopter collided flat with the ground, with a high vertical speed, a slow forward speed and a shallow bank angle to the right.

⁽²⁾The pilot cannot remember how he evacuated.

The pilot and the four passengers seated in the rear evacuated the helicopter unaided⁽²⁾:

- ❑ Questioned by one of the passengers who was worried about the smell of fuel with the engine still running, the pilot returned to the helicopter to shut down the engine. He then checked that the emergency services had been contacted before advising the Héliberté manager and AFIS officer of the accident. He next ensured that the passengers were safe.
- ❑ The passenger sat in the right rear seat released his lap belt and exited the helicopter from his side where there was no longer a door. Observing that his wife, in the left front seat had lost consciousness, he went around the helicopter to get to where she was.
- ❑ Not knowing where the door handle was, the passenger in the left rear seat did not try to open the door on his left but gave it a hard kick. Once outside the helicopter, he helped the two children exit the left side of the aircraft. One of the two children was complaining of back pains and the other of pains in a foot. Once the children were safe, he joined the other passenger to help him assist his wife. He also checked that the emergency services had been contacted.

Witnesses to the accident arrived quickly to assist the occupants. The emergency services took over a few minutes later and transported all six of them to the closest hospital.

2 - ADDITIONAL INFORMATION

2.1 Injuries

The doctors who took charge of and treated the six occupants refused to communicate to the BEA investigator, precise medical information about the pilot and the passengers on the grounds of professional secrecy.

It emerged from the interviews with the pilot and passengers that their injuries were the result of the collision with the ground after the vertical fall. The loss of consciousness and the injuries to the face of the passenger in the left front seat were very probably the result of her hitting the flight control protective panel when she was thrown rightwards at the time of the accident. Photos taken at the beginning of the flight by passengers show that the shoulder straps of the harness equipping the left front seat were dangling on both sides.

The accident & emergency department (A&E) medical report, provided by the pilot, indicated that he was not hospitalized after the consultation. Besides a broken collarbone, the hypothesis of the pilot having experienced Benign Paroxysmal Positional Vertigo (BPPV, see [§ 2.6](#)), based on his statement, was made. In the context of the emergency, no other examination was carried out which could have confirmed or invalidated the cause of the dizziness described by the pilot, and even specify its nature.

No specific curative medical-care management for pilots or indeed professional pilots exists. The care given to a patient in an A&E is limited to what is strictly necessary with respect to the reason for the consultation. In the case of an accident, this situation can be detrimental to the safety investigation carried out by the BEA, health staff having no knowledge of the investigation regulations. For a flight crew, the chance is lost of identifying a disorder or of measuring its impact on aviation safety.

2.2 Helicopter information

The helicopter is not equipped with an autopilot.

It has six seats:

- ❑ the two front seats (pilot seat on right) are equipped with five-point harnesses;
- ❑ the four rear seats are equipped with lap belts.

The owner of the helicopter had installed a metal protective plate on the cockpit floor between the control levers and the left front seat. The purpose of such a plate whose installation is not specific to this helicopter and to Héliberté, is to prevent objects and/or the passenger in the left front seat from interfering with the control levers.



Source: GTA

Figure 1: plate protecting F-HLBT controls

2.3 Site and wreckage information

The helicopter was located in a flat field of maize with plants around two metres tall. No anomaly was observed during the examination of the wreckage. All the failures and deformations were the result of the collision with the ground. The plate protecting the collective pitch lever was in place; it was slightly deformed on its side and more deformed on its rear face. There were traces of blood on the left rear upper corner of this plate.

2.4 Héliberté information

Héliberté holds an Air Operator Certificate authorizing it to carry fee-paying passengers. Héliberté operates different types of helicopter including the AS350 and Bell206.

In coordination and collaboration with the pilot-in-charge and the designated managers, the ground agent is responsible for managing the passengers and baggage. His tasks include:

- ❑ Assisting passengers when boarding and disembarking with the rotor running.
- ❑ Informing the passengers of the safety actions, location of emergency exits and location and use of relevant safety and lifesaving equipment.
- ❑ Completing the weight and balance sheet with the name and weight of the passengers in accordance with the simplified procedures for circular flights.
- ❑ Informing the pilot-in-charge of the total weight of the rotation before each take-off.

He is also responsible for welcoming the passengers, accompanying them to the helicopter and giving them the safety instructions for the flight.

It is indicated in the operations manual (emergency evacuation procedures) that the passengers must be briefed about operating the doors, releasing the safety belts and the emergency evacuation instructions.

The Héliberté conversion course, described in part D of the operations manual, and intended for new pilots and for those who will be flying a new aircraft type, is composed of ground training, helicopter training followed by a proficiency check and one or more line flights under supervision followed by a line check.

In accordance with ORO.FC.220⁽³⁾ and its Acceptable Means of Compliance (AMC), the pilot's ground training includes training in the use of emergency and safety equipment and first-aid training. Part D of the Héliberté operations manual provides for this first-aid training to be carried out every 36 months.

2.4.1 Ground agent

The ground agent is a Héliberté employee. This agent's duties and prerogatives are set out in the operations manual. His last theoretical and practical training was on 4 April 2015.

He indicated that in order not to worry the passengers, he does not describe to them how to open and close the doors. He added that he also deliberately omits specifying how the seat belts are operated to avoid passengers releasing them by inadvertence. According to the agent, this initiative is based on a personal interpretation whereby these safety instructions in the operations manual could cause accidents. He affirmed that he checked that all the passenger belts were correctly fastened.

2.5 Pilot information

The pilot was self-employed (an *autoentrepreneur*) which allowed him to contract his flight services to Héliberté without being an employee. He indicated that he does not cover the safety instructions with the passengers during the pre-take-off actions. He explained that he completely relies on the ground agent.

⁽³⁾ Commission Regulation (EU) No 965/2012 of 5 October 2012 laying down technical requirements and administrative procedures related to air operations. Organization requirements for air operations (Part-ORO).

The 43-year-old pilot holds a Commercial Pilot Licence (helicopter) (CPL(H)). He had logged:

- ❑ around 6,000 flight hours, of which 5,700 hours as pilot-in-command;
- ❑ of which 3,000 flight hours on type, of which 2,800 hours as pilot-in-command;
- ❑ of which 100 flight hours in the previous three months;
- ❑ of which 24 flight hours in the previous seven days.

He held a valid class 1 medical certificate issued on 31 July 2017. The pilot's aviation medical file which contains the Application Form for a Medical Certificate which he completed on each medical check-up, mentions impaired hearing in one ear. There is no indication of any other health related element comparable to an incapacitating disorder or which can be linked to the accident.

The pilot indicated to the BEA investigators that before the accident, he had had the following two disorders:

- ❑ Three years before the accident flight, during the day, after getting up from a chair, he fell down nearby stairs and regained situational awareness on getting up at the bottom of these stairs. He specified that he had informed an aviation doctor of this who diagnosed a "vagal disorder".
- ❑ Two years before the accident flight, on getting off a treadmill, he had felt unstable on his legs and had had to rest a few moments. He specified that the sports session had perhaps been more intense than usual and that the sensation might have been linked to the transition from the treadmill to the ground, after a physical exertion. He had not been particularly worried by this incident.

These episodes were not the subject of any medical examinations. No diagnosis was formally made. In addition, six months after the accident, when both on a train and in a restaurant, the pilot suffered from a spell of vertigo which he compared to that of the accident, but which was less sudden and less intense.

2.6 Benign Paroxysmal Positional Vertigo (BPPV)

BPPV, diagnosed by the A&E doctor after the accident, is characterized by short spells of vertigo triggered by quick changes in the position of the head.

- ❑ It is a rotary vertigo characterized by a false impression of movement caused by crystals present in the inner ear.
- ❑ It is known as positional vertigo because it is only triggered by movement and can also occur when a person is lying down.
- ❑ The term paroxysmal means that the phenomenon can appear suddenly.
- ❑ The vertigo is qualified as benign as it is not one of the serious infectious, progressive or neurological pathologies. However, the episodes can be extremely handicapping and threaten the safety of any activity.

The movement information generated from erroneous information sent by the inner ear is thus in conflict with the visual and proprioceptive information. The person, whose judgement may be intact, may react in a number of ways according to the illusion of movement experienced. BPPV can be destabilizing for the person who experiences it to the point of causing reflex type actions difficult to suppress, resulting from the illusion of movement (incapacitating spatial disorientation). BPPV can also appear in forms of a varying nature and strength.

BPPV, classified as benign from a medical point of view, is extremely dangerous from an aeronautical point of view, in particular during single-pilot flights on board aircraft not equipped with an autopilot. Impossible to diagnose after a fatality, BPPV may be a cause of unexplained accidents, the number of which cannot be estimated.

Appropriate care, notably, vestibular rehabilitation, can reduce or even eliminate the symptoms for a person suffering from this pathology and in particular, lead to a pilot being declared medically fit again.

The safety investigation cannot exclude that what the pilot reported as being a “vagal disorder” and “dizziness” prior to the accident were early signs of BPPV.

2.7 Medical fitness and aeromedical practices

2.7.1 Issuing, revalidating and renewing medical certificates

Class 1 medical certificates⁽⁴⁾ are issued by an AeMC (AeroMedical Centre). There are five AeMC in metropolitan France. Class 2 medical certificates⁽⁵⁾ are issued by an AeMC or an AeroMedical Examiner (AME). Class 1 and 2 medical certificates are revalidated or renewed by an AeMC or AME.

AMEs can request the extension of their privileges to include the revalidation and renewal medical examinations for class 1 medical certificates when they meet certain requirements (MED.D.015)⁽⁶⁾:

- hold a valid certificate as an AME, and
- have conducted at least 30 examinations for the issue, revalidation or renewal of Class 2 medical certificates over a period of no more than 5 years preceding the application, and
- have undertaken an advanced training course in aviation medicine and undergone practical training at an AeMC or under supervision of the licensing authority.

Applications for a medical certificate shall be made in a format established by the competent authority (MED.A.035). Applicants for a medical certificate shall provide the AeMC or AME as applicable, with a signed declaration indicating their general and medical history. Part of the form is composed of closed questions in table format containing tick boxes and a small “remarks” section with the indication that it is to be used to give details.

⁽⁴⁾ For applicants and holders of a CPL, MPL or ATPL.

⁽⁵⁾ For applicants and holders of a PPL, SPL or BPL.

⁽⁶⁾ Commission Regulation (EU) No [1178/2011](#) of 3 November 2011 laying down technical requirements and administrative procedures related to civil aviation aircrew.

(7) Adapted from Form AMC1 ARA. MED.135(a) described in Regulation (EU) n°1178/2011 Part-ARA Authority requirements for flight crew, see [annexe 1](#).

Antécédents généraux et médicaux : avez vous des antécédents connus d'une des maladies suivantes ?												
A chaque question répondez en cochant OUI ou NON (ou selon ce qui est indiqué). Détailler dans la rubrique « (30) remarques »												
	Oui	Non		Oui	Non		Oui	Non		Oui	Non	
(101) Maladie ou opération oculaire	<input type="checkbox"/>	<input type="checkbox"/>	(112) Affection de la gorge, du nez, trouble du langage	<input type="checkbox"/>	<input type="checkbox"/>	(123) Paludisme, autre maladie tropicale	<input type="checkbox"/>	<input type="checkbox"/>	Antécédents familiaux			
(102) Avez-vous porté ou portez vous actuellement des lunettes et/ou des lentilles de contact	<input type="checkbox"/>	<input type="checkbox"/>	(113) Traumatismes crâniens ou commotion	<input type="checkbox"/>	<input type="checkbox"/>	(124) Test VIH positif	<input type="checkbox"/>	<input type="checkbox"/>	(170) Affection cardiaque	<input type="checkbox"/>	<input type="checkbox"/>	
(103) Modifications dans la prescription de lunettes depuis le dernier examen	<input type="checkbox"/>	<input type="checkbox"/>	(114) Maux de tête fréquents ou graves	<input type="checkbox"/>	<input type="checkbox"/>	(125) Maladie sexuellement transmissible	<input type="checkbox"/>	<input type="checkbox"/>	(171) Hypertension artérielle	<input type="checkbox"/>	<input type="checkbox"/>	
(104) Allergie ou rhume des foies	<input type="checkbox"/>	<input type="checkbox"/>	(115) Accès de vertige/évanouissement	<input type="checkbox"/>	<input type="checkbox"/>	(126) Trouble du sommeil, apnée du sommeil	<input type="checkbox"/>	<input type="checkbox"/>	(172) Taux élevé de cholestérol	<input type="checkbox"/>	<input type="checkbox"/>	
(105) Asthme ou maladie pulmonaire	<input type="checkbox"/>	<input type="checkbox"/>	(116) Perte de conscience quel que soit le motif	<input type="checkbox"/>	<input type="checkbox"/>	(127) Maladie musculaire ou squelettique	<input type="checkbox"/>	<input type="checkbox"/>	(173) Epilepsie	<input type="checkbox"/>	<input type="checkbox"/>	
(106) Maladie du cœur ou des vaisseaux	<input type="checkbox"/>	<input type="checkbox"/>	(117) Affection neurologique : épilepsie, convulsions, paralysie, etc.	<input type="checkbox"/>	<input type="checkbox"/>	(128) Toute autre maladie ou blessure	<input type="checkbox"/>	<input type="checkbox"/>	(174) Maladie mentale	<input type="checkbox"/>	<input type="checkbox"/>	
(107) Tension artérielle élevée ou basse	<input type="checkbox"/>	<input type="checkbox"/>	(118) Troubles psychiques de toute nature: dépression, anxiété, etc.	<input type="checkbox"/>	<input type="checkbox"/>	(129) Hospitalisation	<input type="checkbox"/>	<input type="checkbox"/>	(175) Diabète	<input type="checkbox"/>	<input type="checkbox"/>	
(108) Calcul rénal ou sang dans les urines	<input type="checkbox"/>	<input type="checkbox"/>	(119) Traitement pour abus d'alcool ou de drogue	<input type="checkbox"/>	<input type="checkbox"/>	(130) Recours à un médecin depuis le dernier examen médical	<input type="checkbox"/>	<input type="checkbox"/>	(176) Tuberculose	<input type="checkbox"/>	<input type="checkbox"/>	
(109) Diabète ou désordre hormonal	<input type="checkbox"/>	<input type="checkbox"/>	(120) Tentative de suicide	<input type="checkbox"/>	<input type="checkbox"/>	(131) Assurance vie refusée pour motif médical	<input type="checkbox"/>	<input type="checkbox"/>	(177) Allergie/asthme/eczéma	<input type="checkbox"/>	<input type="checkbox"/>	
(110) Affection de l'estomac, du foie ou des intestins	<input type="checkbox"/>	<input type="checkbox"/>	(121) Mal des transports nécessitant médication	<input type="checkbox"/>	<input type="checkbox"/>	(132) Refus de licence de vol pour motif médical	<input type="checkbox"/>	<input type="checkbox"/>	(178) Maladie héréditaire	<input type="checkbox"/>	<input type="checkbox"/>	
(111) Surdit� ou maladie des oreilles	<input type="checkbox"/>	<input type="checkbox"/>	(122) Anémie/Trait drépanocytaire/autres maladies sanguines	<input type="checkbox"/>	<input type="checkbox"/>	(133) Exempté ou réformé du service national pour motif médical	<input type="checkbox"/>	<input type="checkbox"/>	(179) Glaucome	<input type="checkbox"/>	<input type="checkbox"/>	
A remplir uniquement pour les femmes												
										(150) Affection(s) gynécologique, problèmes de menstruation	<input type="checkbox"/>	<input type="checkbox"/>
										(151) Etes-vous enceinte ?	<input type="checkbox"/>	<input type="checkbox"/>
(30) Remarques :												

Figure 2: Application Form for a Medical Certificate – DGAC-DSAC⁽⁷⁾

During the medical examinations and/or assessments, the AeMCs and AMEs inform the applicant for or holder of a medical certificate of the consequences of providing incomplete, inaccurate or false statements about their medical history. No information is given about the nature of the risks involved. Once the medical assessment and/or examination has been completed, the AeMCs and AMEs inform the applicant for or holder of a medical certificate of any limitation that may restrict flight training or the privileges of the licence, as applicable.

2.7.2 Decrease in medical fitness

A pilot shall not exercise the privileges of his licence and ratings when he is aware of any decrease in his medical fitness which might render him unable to safely exercise those privileges (MED.A.020). The holders of class 1 and class 2 medical certificates shall seek the advice of an AeMC or AME who shall then assess the medical fitness and decide whether the pilot is fit to resume the exercise of his privileges. The class 1 and class 2 medical certificates have a section which mentions the provisions set out by MED.A.020 in the event of a decrease in medical fitness. However, MED.A.020 does not constitute an obligation to declare a health event.

The applicant for a class 1 medical certificate with a disturbance of the vestibular function shall undergo further evaluation in order to establish that the condition does not interfere with the safe exercise of the privileges of the licence held (MED.B.080).

3 - CONCLUSIONS

The conclusions are solely based on the information which came to the knowledge of the BEA during the investigation. They are not intended to apportion blame or liability.

Scenario

In cruise, in daytime, during a sightseeing flight with five passengers, the pilot experienced Benign Paroxysmal Positional Vertigo (BPPV) which prevented him from keeping control of the helicopter and its path. The helicopter collided with the ground with a high vertical speed.

Contributing factors

No information regarding the pilot's report of dizziness prior to the accident appeared in the medical fitness file. This absence of information in the pilot's medical file - which may have deprived the latter of the chance of identifying a possible vestibular component in the disorders he had experienced and of following treatment which might have mitigated the effects - may be explained by:

- The Application Form for a Medical Certificate which does not incite the applicant for or holder of a medical certificate to spontaneously give information about any possible health events. This closed questionnaire, in table format with tick boxes, is oriented by aeromedical areas of interest.
- The difficulty for an AeroMedical Examiner (AME) to identify a possible decrease in medical fitness on the basis of this questionnaire and a verbal exchange with the pilot.

The injuries to the passenger in the left front seat may have been aggravated due to:

- Not wearing the shoulder straps of the left front seat harness during the flight. This may be explained by the passenger releasing the straps by inadvertence or by them not being fastened by the ground agent and the pilot not checking this before undertaking the flight.

4 - SAFETY RECOMMENDATION

Note: in accordance with the provisions of Article 17.3 of Regulation No 996/2010 of the European Parliament and of the Council of 20 October 2010 on the investigation and prevention of accidents and incidents in civil aviation, a safety recommendation in no case creates a presumption of fault or liability in an accident, serious incident or incident. The recipients of safety recommendations report to the issuing authority in charge of safety investigations, on the measures taken or being studied for their implementation, as provided for in Article 18 of the aforementioned regulation.

4.1 Request for medical certificate

To request a class 1 or 2 medical certificate, the applicant must complete a form which contains a closed questionnaire in table format with yes or no tick boxes and a small "remarks" section with the indication that it is to be used to give details. This Application Form for a Medical Certificate, imposed by regulation (EU) No 1178/2011 and given in AMC1 ARA.MED.135 (a) thus constitutes a somewhat closed tool for collecting information, oriented by aeromedical areas of interest. The pilot is put in a quite passive and defensive position in having to submit to a questionnaire rather than in an active and responsible position encouraging him to express himself. The applicant for a medical certificate may, like anyone else, ignore his real state of health. He may also hesitate in giving his answers and ensure that he obtains his medical certificate to continue his activities by not declaring any perceived symptom, however small it may be. Certain types of illness such as a cardiac pathology or asthma, for example, can be discovered during a medical examination. Other information, such as a loss of consciousness can only be acquired on the basis of a declaration, being difficult to detect during a medical examination. The Application Form for a Medical Certificate does not allow AeroMedical Examiners (AME) to check the actual substance of the declarations made by an applicant for a certificate or to check for a possible decrease in medical fitness in light of an event not mentioned on the form.

Consequently, the BEA recommends that:

- **to encourage pilots to declare in the most exhaustive way possible, the health events that they have experienced, and the knowledge of which might be useful in the assessment of their fitness,**

EASA modify the Application Form for a Medical Certificate AMC 1 ARA.MED.135 (a)

- **so that a pilot is invited to declare health events in an explicit manner in the form of free text, and the existence or absence of a new health event since the last visit;**
- **so that the AME can certify that he has taken into consideration the pilot's declarations made in his presence.**

Recommendation FRAN-2020-014

APPENDIX 1

Application Form for a Medical Certificate AMC1 ARA.MED.135 (a)

LOGO

CIVIL AVIATION ADMINISTRATION / MEMBER STATE

APPLICATION FORM FOR A MEDICAL CERTIFICATE

Complete this page fully and in block capitals - Refer to instructions pages for details.

MEDICAL IN CONFIDENCE

(1) State of licence issue:		(2) Medical certificate applied for: class 1 <input type="checkbox"/> class 2 <input type="checkbox"/> LAPL <input type="checkbox"/>	
(3) Surname:		(4) Previous surname(s):	(12) Application Initial <input type="checkbox"/> Revalidation/Renewal <input type="checkbox"/>
(5) Forenames:		(6) Date of birth (dd/mm/yyyy):	(7) Sex Male <input type="checkbox"/> Female <input type="checkbox"/>
(8) Place and country of birth:		(9) Nationality:	(13) Reference number:
(10) Permanent address: Country: Telephone No.: Mobile No.: e-mail:		(11) Postal address (if different) Country: Telephone No.:	
		(15) Occupation (principal)	
		(16) Employer	
(18) Aviation licence(s) held (type): Licence number: State of issue:		(19) Any Limitations on Licence/ Medical Certificate No <input type="checkbox"/> Yes <input type="checkbox"/> Details:	
(20) Have you ever had an aviation medical certificate denied, suspended or revoked by any licensing authority? No <input type="checkbox"/> Yes <input type="checkbox"/> Date: Country: Details:		(21) Flight time hours total:	(22) Flight time hours since last medical:
		(23) Aircraft class /type(s) presently flown:	
(24) Any aviation accident or reported incident since last medical examination? No <input type="checkbox"/> Yes <input type="checkbox"/> Date: Place: Details:		(25) Type of flying intended:	
		(26) Present flying activity: Single pilot <input type="checkbox"/> Multi pilot <input type="checkbox"/>	
(27) Do you drink alcohol? <input type="checkbox"/> No <input type="checkbox"/> Yes, amount		(28) Do you currently use any medication? No <input type="checkbox"/> Yes <input type="checkbox"/> State drug, dose, date started and why:	
(29) Do you smoke tobacco? <input type="checkbox"/> No, never <input type="checkbox"/> No, date stopped: <input type="checkbox"/> Yes, state type and amount:			

General and medical history: Do you have, or have you ever had, any of the following? (Please tick). If yes, give details in remarks section (30).

101 Eye trouble/eye operation		112 Nose, throat or speech disorder		123 Malaria or other tropical disease		170 Heart disease		
102 Spectacles and/or contact lenses ever worn		113 Head injury or concussion		124 A positive HIV test		171 High blood pressure		
		114 Frequent or severe headaches		125 Sexually transmitted disease		172 High cholesterol level		
103 Spectacle/contact lens prescriptions change since last medical exam.		115 Dizziness or fainting spells		126 Sleep disorder/ apnoea syndrome		173 Epilepsy		
		116 Unconsciousness for any reason		127 Musculoskeletal illness/impairment		174 Mental illness or suicide		
104 Hay fever, other allergy		117 Neurological disorders; stroke, epilepsy, seizure, paralysis, etc		128 Any other illness or injury		175 Diabetes		
105 Asthma, lung disease			129 Admission to hospital		176 Tuberculosis			
106 Heart or vascular trouble		118 Psychological/ psychiatric trouble of any sort		130 Visit to medical practitioner since last medical examination		177 Allergy/ asthma/eczema		
107 High or low blood pressure			131 Refusal of life insurance		178 Inherited disorders			
108 Kidney stone or blood in urine		119 Alcohol/drug/ substance abuse		132 Refusal of flying licence		Females only: 150 Gynaecological, menstrual problems 151 Are you pregnant?		
109 Diabetes, hormone disorder		120 Attempted suicide or self-harm		133 Medical rejection from or for military service				
110 Stomach, liver or intestinal trouble		121 Motion sickness requiring medication		134 Award of pension or compensation for injury or illness				
111 Deafness, ear disorder		122 Anaemia / Sickle cell trait/other blood disorders						
<p>(30) Remarks: If previously reported and no change since, so state.</p>								
<p>(31) Declaration: I hereby declare that I have carefully considered the statements made above and to the best of my belief they are complete and correct and that I have not withheld any relevant information or made any misleading statements. 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 national law.</p> <p>CONSENT TO RELEASE OF MEDICAL INFORMATION: I hereby authorise the release of all information contained in this report and any or all attachments to the AME and, where necessary, to the medical assessor of the my licensing authority , to the medical assessor of the competent authority of my AME and to relevant medical professionals for the purpose of completion of an aero-medical assessment or a secondary review, recognising that these documents or electronically stored data are to be used for completion of a medical assessment and will become and remain the property of the licensing authority, providing that I or my physician may have access to them according to national law. Medical confidentiality will be respected at all times.</p> <p>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 according to ARA.MED.130 may be electronically stored and made available to my AME in order to provide historical data required in MED.A.035(b)(2)(ii)/(iii) and to the medical assessors of the competent authorities of the Member States in order to facilitate the enforcement of ARA.MED.150(c)(4).</p>								
<p>-----</p> <p>Date</p>			<p>-----</p> <p>Signature of applicant</p>			<p>-----</p> <p>Signature of AME/(GMP)/ (medical assessor)</p>		