مطارات دبي
DUBAIRPORTS

Self-Declaration Medical form

Name:	**Date of Birth:**
Staff no.:	**Job title:**
Age:	**Gender: Male □ Female □**
City:	**Do you wear glasses or contacts: Yes □ No □**
Company:	**Mobile phone:**

Conditions:

Sr. No	Type	Yes	No	Sr. No	Type	Yes	No
1.	Diabetes Level-1 □ Level-2 □			**8.**	Seizures, Fits, Convulsions, Epilepsy		
2.	Locomotive joint or limb problems			**9.**	Serious injuries (ex. Head or spinal injuries)		
3.	Strokes			**10.**	Eyesight problems/Visual disturbances (cataracts, double vision, night blindness, glaucoma)		
4.	Nervous or mental disorders			**11.**	Cerebral vascular accidents or disease		
5.	Heart trouble or angina			**12.**	Cognitive impairment		
6.	Alcohol or drug misuse or dependency			**13.**	Hearing problems		
7.	Any long terms medications			**14.**	Any other conditions that may affect your driving safely.		

Additional Information (If any):

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_____

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This is to certify that the above details are true and accurate.

Applicant's Signature: _____ Date: _____

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Airside Operations Technical Training
Airside Driving Standards
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