

OFFICIAL SENSITIVE PERSONAL (when completed)
Medical in Confidence

MEDICAL SCREENING LEAFLET – UNIVERSITY AIR SQUADRONS

FOR COMPLETION BY APPLICANT

Surname:		<p>Which UAS are you applying for? You can find your university affiliated University Air Squadron in the application form.</p>
First Name:		
Date of Birth:	Age:	

Any information provided on this form may be confirmed with your GP later during the recruitment process.

If you answer yes to any of the questions below please check the appropriate box and email this form to **CRN-RecruitSelect-OccMed-noreply@mod.gov.uk**.

1	Are you currently suffering from symptoms that have been diagnosed as asthma?	
2	Are you currently taking any treatment for asthma or wheeze?	
3	Have you had any asthmatic symptoms including nocturnal cough or exercise induced wheezing in the past 2 years ?	
4	Have you used an inhaler (continuously or intermittently) for the control of asthma or wheeze for a period of more than 8 weeks in the 2 years prior to this application ?	
5	Have you been prescribed more than one course of steroid tablets or syrup for asthma or wheeze since your 5th birthday ?	
6	Have you ever required an admission to an Intensive Care or High Dependency Unit for asthma at any time in your life?	
7	Have you ever been diagnosed with epilepsy?	
8	Have you ever been diagnosed with diabetes?	
9	Have you ever suffered from anorexia nervosa?	
10	Have you suffered and/or been treated for depression, or anxiety, within the last 12 months ?	
11	Have you self-harmed in the last 2 years ?	
12	Have you ever self-harmed on 2 or more occasions?	
13	Have you ever been prescribed an adrenaline auto-injector / EpiPen for an allergic reaction?	

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14	Have you ever had an anterior or posterior cruciate ligament (ACL/PCL) rupture or repair or reconstruction?	
15	Have you ever suffered from persistent back pain lasting longer than 3 months ?	

DO NOT hand this form in if the questions are not applicable to you. By not submitting this form you are declaring that these specific questions do not apply to you and should any of these criteria be identified at future medical appointments or become known to the RAF then you accept that you may be excluded from application.

I confirm I have answered the above questions honestly and to the best of my knowledge

Date

Full name