

**OFFICIAL SENSITIVE PERSONAL (when completed)**  
**Medical in Confidence**

**MEDICAL SCREENING LEAFLET – UNIVERSITY AIR SQUADRONS**

FOR COMPLETION BY APPLICANT

Surname:		<p><b>Which UAS are you applying for?</b>          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 receiving treatment for asthmatic symptoms, including nocturnal cough or exercise induced wheeze?	
2	Have you been prescribed more than one course of steroid tablets or syrup for asthma or wheeze since your 5th birthday?	
3	Have you required more than one admission to hospital for asthma?	
4	Have you ever required an admission to an Intensive Care or High Dependency Unit for asthma?	
5	Have you ever been diagnosed with diabetes?	
6	Do you have, or are you receiving treatment for, high blood pressure?	
7	Do you currently use a wheelchair or other mobility aid?	
8	Have you ever suffered from back pain lasting longer than 12 weeks?	
9	Have you ever had an anterior or posterior cruciate ligament (ACL/PCL) rupture or reconstruction?	
10	<b>Are you currently receiving medication or counselling for a mental health condition?</b>	
11	Have you deliberately self-harmed on 2 or more occasions?	
12	Have you ever suffered from anorexia nervosa?	
13	Have you ever been prescribed an adrenaline auto-injector / EpiPen for an allergic reaction?	

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14	Have you ever been diagnosed with epilepsy (apart from Petit Mal or Benign Rolandic Epilepsy)?	
15	Have you ever been issued with hearing aids?	

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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