

**CABIN CREW MEDICAL REPORT FOR  
CABIN CREW ATTESTATION (CCA) APPLICANT OR HOLDER**

(1)	State where the aero-medical assessment of the CCA applicant/holder was conducted:	
(2)	Last and first name of the CCA applicant/holder (IV);	
(3)	Nationality of CCA applicant/holder:	
(4)	Date of birth of the CCA applicant/holder (dd/mm/yyyy) (XIV);	
(5)	Expiry date of the previous aero-medical assessment: (dd/mm/yyyy)	
(6)	Date of the aero-medical assessment: (dd/mm/yyyy)	
(7)	Aero-medical assessment: ( <i>fit or unfit</i> )	
(8)	Limitation(s) if applicable:	
(9)	Expiry date of medical report (dd/mm/yyyy) (IX);	
(10)	Date of issue and signature of the AME, or OHMP, who issued the cabin crew medical report:	
(11)	Seal or stamp:	
(12)	Signature of CCA applicant/holder:	