Luftfartstilsynet
CIVIL AVIATION AUTHORITY NORWAY

ONLY FILL OUT THE PART THAT IS RELEVANT FOR THE SCOPE OF THE ASSESSMENT (INITIAL OR REVALIDATION/RENEWAL)

This form can be used as part of initial class 1 medical examinations (ct. MED.B.055(a), AMC1 MED.B.055(a) and GM1 MED.B.055) or as part of revalidation or renewal class 1 medical examinations (ct. AMC1 MED.B.055(b) and GM1 MED.B.055)

◯ Initial ◯ Revalidation/renewal

Mental Health Assessment

Applicant information	
First name(s):	Last name:
National identity number:	

Part 1 – only for initial assessment

For the applicant			**For the AME**		
Please answer the following:	**Y**	**N**	**Is there any indication that the applicant may suffer from any of the following:**	**Y**	**N**
Do you have a history of decreased mental health?	◯	◯	Mood disorder	◯	◯
Are you familiar with symptoms that decreased mental health may cause?	◯	◯	Neurotic, stress-related or somatoform disorder	◯	◯
Do you have any coping strategies during periods of psychological stress or pressure in the past, including seeking advice from others?	◯	◯	Personality disorder	◯	◯
Did you have any childhood behavioural problems, or experienced any difficulties during your childhood?	◯	◯	Mental or behavioural disorder	◯	◯
Do you have any interpersonal and relationship issues?	◯	◯	Misuse of a psychoactive substance	◯	◯
Do you have any current work and/or life stressors?	◯	◯	Self-harm or suicide attempt	◯	◯
Have you experienced any personality-related issues?	◯	◯	Psychotic disorder, schizophrenia, schizotypal or delusional disorder	◯	◯
Have you experienced any of the following symptoms:	**Y**	**N**	**Do you have any concerns about any of the following:**	**Y**	**N**
Increased use of alcohol or use of illicit or prescribed drugs	◯	◯	Appearance	◯	◯
Loss of interest/energy	◯	◯	Attitude and behaviour	◯	◯
Change in eating habits/weight	◯	◯	Mood	◯	◯
Trouble sleeping	◯	◯	Speech	◯	◯
Low mood	◯	◯	Thought process and content	◯	◯

Suicidal thoughts	◯	◯	Perception	◯	◯
Anger, agitation or elevated mood	◯	◯	Cognition	◯	◯
Depersonalisation or loss of control	◯	◯	Insight and judgement	◯	◯
If the applicant or AME has responded Y (Yes) to any of the above, please add comments here:					

Part 2 – <u>only for revalidation or renewal</u>					
For the applicant			**For the AME**		
Please answer the following:	**Y**	**N**	**Is there any indication that the applicant may suffer from any of the following:**	**Y**	**N**
Do you have any current work and/or life stressors?	◯	◯	Mood disorder	◯	◯
Do you have any coping strategies during periods of psychological stress or pressure in the past, including seeking advice from others?	◯	◯	Neurotic, stress-related or somatoform disorder	◯	◯
Do you have any difficulties with operational crew resource management (CRM)?	◯	◯	Personality disorder	◯	◯
Do you have any difficulties with your employer and/or other colleagues and managers?	◯	◯	Mental or behavioural disorder	◯	◯
Do you have any interpersonal and relationship issues, including difficulties with relatives and friends?	◯	◯	Misuse of a psychoactive substance	◯	◯
Have you experienced any work-related accidents or incidents, or problems in training or proficiency checks?	◯	◯	Self-harm or suicide attempt	◯	◯
Have you experienced any periods of behavioural changes?	◯	◯	Psychotic disorder, schizophrenia, schizotypal or delusional disorder	◯	◯
Have you experienced any of the following symptoms:	**Y**	**N**	**Do you have any concerns about any of the following:**	**Y**	**N**
Increased use of alcohol or use of illicit or prescribed drugs	◯	◯	Appearance	◯	◯
Loss of interest/energy	◯	◯	Attitude and behaviour	◯	◯
Change in eating habits/weight	◯	◯	Mood	◯	◯

Trouble sleeping	◯	◯	Speech	◯	◯
Low mood	◯	◯	Thought process and content	◯	◯
Suicidal thoughts	◯	◯	Perception	◯	◯
Anger, agitation or elevated mood	◯	◯	Cognition	◯	◯
Depersonalisation or loss of control	◯	◯	Insight and judgement	◯	◯
If the applicant or AME has responded Y (Yes) to any of the above, please add comments here:					

Signature	
Date (click to choose):	Signature applicant:
Date (click to choose):	Signature AME:

Handling of personal data

The information in this form is health information and is processed in accordance with the Personal Data Act and the EU General Data Protection Regulation (GDPR), Article 6, paragraph 1, letter e and Article 9, paragraph 2, letter g.

The purpose of this form is to provide a tool for the AME during revalidation or renewal of EASA class 1 medical certificates, to ensure the fulfilment of the requirements in accordance with Regulation (EU) No 1178/2011 Annex IV (Part-MED and its Applicable Means of Compliance). AMC1 MED.B.055(b) requires a mental health assessment to be a part of every revalidation or renewal of a class 1 medical certificate, and the content in this form is based on the required contents of the referenced point, along with GM1 MED.B.055.

The information will be available to the applicant's AME, registered in the Norwegian Civil Aviation Authority's medical record system (EMPIC), and may be shared with other aviation authorities in accordance with applicable regulations.

The Norwegian Civil Aviation Authority is the data controller. For further information about privacy, please contact our data protection officer at personvernombud@caa.no. All electronic inquiries are normally subject to the Archives Act and its regulations, and will be covered by the right of access under the Freedom of Information Act. Personal data subject to confidentiality will not be accessible.

Read more about our privacy policy at https://luftfartstilsynet.no/en/about-us/privacy-policy/.