| **Applicant Name** |  | | | | |
| --- | --- | --- | --- | --- | --- |
| **CAA Participant ID** |  | **Date of Interview** | |  | |
| **Topic** | **Condition** | | **Details & Comments by ME** | | |
| Conditions that have been declared |  | |  | | |
| Medication |  | |  | | |
| Symptoms or issues that may have been omitted by applicant |  | |  | | |
| Mental health  Sleep  Well-being |  | |  | | |
| Alcohol  Substance of abuse |  | |  | | |
| Cognitive function  Memory,  Concentration,  Errors and incidents  (Ageing pilot) |  | |  | | |
| Functional impairment, Vision, hearing, Musculoskeletal; Bladder and bowel function |  | |  | | |
| Other |  | |  | | |
| **ME Signature** |  | | **Date** | |  |

# Alternative Method to Clinical Medical Examination This Questionnaire must be completed via a video link interview by the Medical Examiner (ME)