PORTUGAL

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

I State where the aero-medical assessment is conducted: PORTUGAL

III Cabin crew attestation reference number:
Not Applicable

IV Last and first name:
Diouf, Aissatou

XIV Date of birth (*dd/mm/yyyy*): 19/09/1985

VI Nationality: Senegalese

VII Signature of CCA applicant/holder:

II Aero-medical assessment result (fit/unfit):
☒ FIT ☐ UNFIT

Expiry date of the previous cabin crew medical report (*dd/mm/yyyy*):

Date of aero-medical assessment (*dd/mm/yyyy*): 26/02/2020

X Date of issue* (*dd/mm/yyyy*): 26/02/2020

X Signature of the AeMC, AME or OHMP:

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+351 217 819 538
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XI Seal or stamp of the AeMC, AME or OHMP:

DRA. LUISA MIRPURI
Examinador Médico Autorizado
PAMEC02049

* Date of issue is the date the Cabin Crew Medical Report is issued and signed.

XII Limitation(s), if applicable:

Code:
Description:

Code:
Description:

Code:
Description: