

# FORMULAIRE POUR DEMANDE DE CERTIFICAT MEDICAL POUR REMPLIR CETTE PAGE UTILISER DES LETTRES MAJUSCULES - SECRET MEDICAL

(1) Pays de délivrance de licence : <b>PORTUGAL</b>		(13) N° référence:	
(3) Nom : <b>SEYE</b>		(2) Certificat médical sollicité: Classe 1 <input type="checkbox"/> Classe 2 <input type="checkbox"/> LAPL <input type="checkbox"/> PNC/CCA <input type="checkbox"/>	
(5) Prénom(s) : <b>BINETA SEYNI</b>		(4) Nom de naissance	
(6) Date de naissance (JJ/MM/AAAA): <b>25/03/1983</b>		(7) Sexe : Masculin <input type="checkbox"/> Féminin <input checked="" type="checkbox"/>	
(8) Lieu et pays de naissance : <b>Dakar / Sénégal</b>		(12) Genre sollicité <input type="checkbox"/> initial <input type="checkbox"/> renouvellement/prorogation	
(10) Adresse permanente : <b>ALABIES Zone 7 lot 3</b>		(14) Type de licence désirée :	
(11) Adresse postale (si différente)		(15) Profession (principale) : <b>Hôtesse de l'air</b>	
(18) Licence(s) de vol possédée(s) types : <b>PNC</b> Numéro de licence : <b>PT2021CC 09382</b> Pays de délivrance : <b>Portugal</b>		(16) Employeur : <b>Air Sénégal SA</b>	
(20) Est ce qu'une autorité aéronautique a refusé de vous délivrer un certificat médical, prononcé une décision de retrait ou de suspension de celui-ci ? Non <input checked="" type="checkbox"/> Oui <input type="checkbox"/> Date : _____ Lieu : _____		(17) Dernier examen médical : Date : <b>26/02/2020</b> Lieu : <b>Lisbonne</b>	
(24) Accidents aériens ou incidents de vol reportés depuis le dernier examen médical ? Non <input checked="" type="checkbox"/> Oui <input type="checkbox"/> Date : _____ Lieu : _____		(19) Conditions, limitations du certificat médical: Non <input checked="" type="checkbox"/> Oui <input type="checkbox"/> détails :	
(27) Consommez vous de l'alcool ? Non <input checked="" type="checkbox"/> Oui <input type="checkbox"/> consommation journalière unités		(21) Nombre total d'heures de vol :	
(29) Consommez vous du tabac ? Non jamais <input checked="" type="checkbox"/> Non actuellement <input type="checkbox"/> Date de l'arrêt : _____		(22) Nombre d'heures de vol depuis le dernier examen médical :	
(23) Classe/Type(s) d'aéronef actuellement utilisé(s) : <b>A330 - A320 Series</b>		(25) Type de vol envisagé :	
(26) Activité aérienne actuelle : Monopilote <input type="checkbox"/> Multipilote <input type="checkbox"/>		(28) Prenez vous actuellement des médicaments ? Non <input checked="" type="checkbox"/> Oui <input type="checkbox"/> Nature et dose du médicament, depuis quand est il pris et pourquoi :	

Antécédents généraux et médicaux : avez vous des antécédents connus d'une des maladies suivantes ?

A chaque question répondez en cochant OUI ou NON (ou selon ce qui est indiqué). Détaillez dans la rubrique « (30) remarques »

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# RAPPORT D'EXAMEN MEDICAL

(Annexe au formulaire pour demande de certificat médical)  
POUR REMPLIR CETTE PAGE UTILISER DES LETTRES MAJUSCULES - SECRET MEDICAL

NOM : SEYE Prénoms : Bineta Seyni Date de naissance (JJ/MM/AAAA) : 25/03/1983  
Lieu de naissance : Dakar

(201) Catégorie d'examen <input type="checkbox"/> Initial <input type="checkbox"/> Prorogation <input checked="" type="checkbox"/> Renouvellement <input type="checkbox"/> Recours spécial	(202) Taille <u>186</u> cm	(203) Poids <u>80</u> kg	(204) Yeux couleur <u>noir</u>	(205) Cheveux couleur <u>noir</u>	(206) Tension artérielle (assis) mmHg Systolique <u>87</u> Diastolique <u>66</u>	(207) Pouls au repos Pulsations (bpm) <u>67</u> Rythme <input type="checkbox"/> régulier <input type="checkbox"/> irrégulier
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## Examen clinique : Cochez chaque item

	normal	anormal		normal	anormal
(208) Tête, face, cou, cuir chevelu	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(218) Abdomen, hernie, foie, rate	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(209) Cavité bucale, gorge, dents	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(219) Anus, rectum (si nécessaire)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(210) Nez, sinus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(220) système génito-urinaire	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(211) Oreilles, tympans, compliance tympanique	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(221) Système endocrinien, thyroïde	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(212) Yeux- orbites et annexes, champs visuels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(222) Membres supérieurs et inférieurs, articulations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(213) Yeux - pupilles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(223) Colonne vertébrale et appareil musculosquelettique	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(214) Yeux - mobilité oculaire, nystagmus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(224) Examen neurologique- réflexes etc	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(215) Poumons, thorax, seins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(225) Psychiatrie	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(216) Cœur	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(226) Peau, marque d'identification, syst. lymphatique	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(217) Système vasculaire	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(227) Etat général	<input type="checkbox"/>	<input type="checkbox"/>

(228) Notes : Décrivez chaque anomalie constatée. Reportez le numéro de l'item avant chaque commentaire

PNC Air Sénégal SA, L2, L3, L4, L5, L6, L7, L8, L9, L10, L11, L12, L13, L14, L15, L16, L17, L18, L19, L20, L21, L22, L23, L24, L25, L26, L27, L28, L29, L30, L31, L32, L33, L34, L35, L36, L37, L38, L39, L40, L41, L42, L43, L44, L45, L46, L47, L48, L49, L50, L51, L52, L53, L54, L55, L56, L57, L58, L59, L60, L61, L62, L63, L64, L65, L66, L67, L68, L69, L70, L71, L72, L73, L74, L75, L76, L77, L78, L79, L80, L81, L82, L83, L84, L85, L86, L87, L88, L89, L90, L91, L92, L93, L94, L95, L96, L97, L98, L99, L100, L101, L102, L103, L104, L105, L106, L107, L108, L109, L110, L111, L112, L113, L114, L115, L116, L117, L118, L119, L120, L121, L122, L123, L124, L125, L126, L127, L128, L129, L130, L131, L132, L133, L134, L135, L136, L137, L138, L139, L140, L141, L142, L143, L144, L145, L146, L147, L148, L149, L150, L151, L152, L153, L154, L155, L156, L157, L158, L159, L160, L161, L162, L163, L164, L165, L166, L167, L168, L169, L170, L171, L172, L173, L174, L175, L176, L177, L178, L179, L180, L181, L182, 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