Headache Investigation Report
Medical in Confidence

CIVIL AVIATION AUTHORITY OF NEW ZEALAND

1. APPLICANTS DETAILS (To be completed by the applicant)

Surname		Client No: (if issued)	Rank or Title
			Mr, Mrs, Miss, Ms
Given names		Place and date of birth	...../...../.....
Postal Address:			
Class(es) of licence applied for	ATPL ☐ SCPL ☐ CPL	PPL ☐ SPL ☐	ATCO ☐ Other (specify)

2. DURATION OF HISTORY

Date of first attack	
Date of most recent attack	
Frequency of attacks	

3. WARNING OF ATTACK

Any warning (aura or visual phenomena etc.)?	
How long before the attack?	

4. DESCRIPTION OF ATTACKS (In applicant's own words)

5. VISUAL DISTURBANCE

Give a detailed description of any visual disturbance, eg. Duration, nature, extent of visual field affected, time relationship to other symptoms	

6. HEADACHE

Describe headache and indicate severity	

7. INCAPACITY

State degree of incapacitation during an attack and whether accompanied by vomiting, muscular weakness or any other potentially incapacitating symptoms	

8. CONCENTRATION AND FINER JUDGEMENT

State whether these are likely to be adversley affected during an attack	**NO/YES**

9. DURATION OF ATTACK

10. PREDICTABILITY

Is there a time of day when attacks always occur, or is this variable?	

11. WOMEN

Are attacks likely to occur in association with menstrual periods?	**YES/NO**

Are oral contraceptives being taken (If YES specify in Q14.)	**YES/NO**

12. STRESS

Any relationship between stress of any kind and the onset of attacks? (If YES specify in Q18)	**YES/NO**

13. PRECIPITATING FACTORS

Are there any other factors which appear to precipitate attacks? (eg food, drink) (If YES specify in Q17)	**YES/NO**

14. MEDICATION

Is any Medication taken? Please specify For symptoms? **YES/NO** For prevention? **YES/NO** Describe effectiveness in alleviating/controlling symptoms	
Has prophylactic treatment been given at any time in the past, and, if so, with what results?	

15. FAMILY HISTORY

Is there any family history of migraine? (If YES please specify) **YES/NO**	

16. SPECIALIST INVESTIGATION

Has a Neurologist of Physician been involved in evaluation or treatment of the Migraine attacks? (Specify who and when) **YES/NO**	

17. OPINION

From the description of the attacks given, how likely is it that a recurrence while the applicant is flying would impair proper control of an aircraft Never ☐ Rarely ☐ Commonly ☐

Taking into account the nature, frequency and severity of the attacks, do you feel that the applicant is fit for a Private/Professional (delete as applicable) licence? **YES/NO**

18. OTHER RELEVANT INFORMATION

Signature of Examiner		Date	...../ ..... /.....	Address	

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