| **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)