

65th International Congress
of Aviation and Space Medicine
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“Mental Health: An issue that requires an appropriate management by AME”

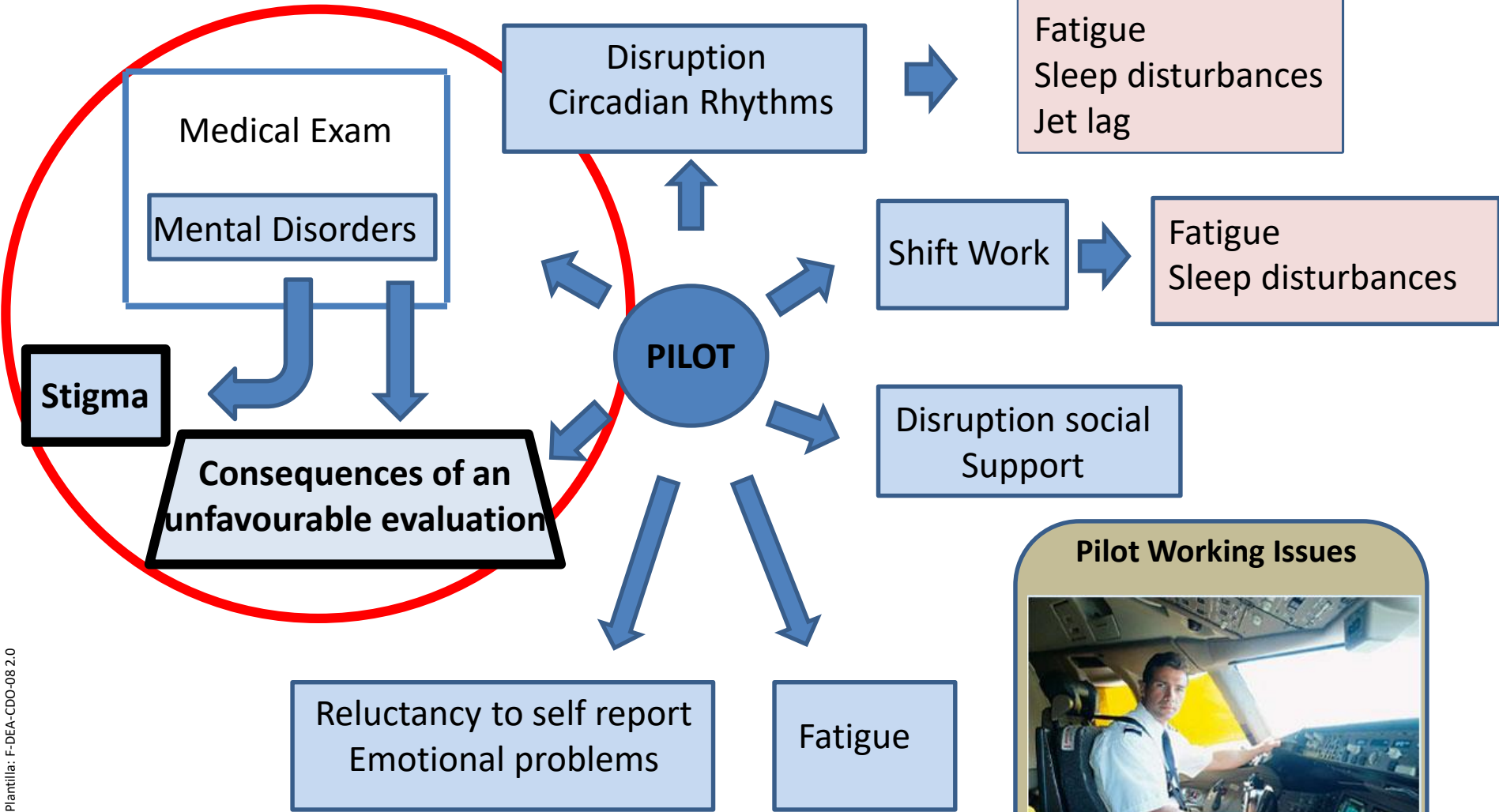
“Santé Mentale: A problème que l’exige une approprie gestion au AME”

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AESA, Madrid. Spain

Facts

- Psychological distress and mental health issues can cause a significant impairment to pilot performance and therefore flight safety.
- Since GW, pilot mental health has become a more prominent concern among aviation regulators, and also in the mind of the general public.



Application Form/General & Med. History

AME-Pilot Interview

Rule out

TRUST

Open Interview

Structured Interview

Balance/Compromise

- Noticeable impairment in cognitive function.
- Mood disturbance.
- Significant PSYCHO/PSYCHIC SX.
- Psycho risk factors.
- Allow to refer to specialist in Mental Health.

Background

EASA Recommendation num 2:

«The Psychological part of the initial and recurrent aeromedical assessment and the related training for aeromedical examiners should be strengthened».

Issues Identified

- Candidate interview/questionnaire very little impact in mental health.
- AME: Lack of adequate training in mental health problems.
- Need of «Comprehensive and up to date Syllabus of training specifically designed for AME's».
- Lack of normalization in the Psychological approach and assessment of candidates: Psychometric testing.

AESA Experience AESA (2016-17)

Applicant	Class	Date	Application Request	Problem	Final
FPG	2	17-08-16	Negative	Personality Dis.	Revocation
EMS	2	01-06-16	Negative	Bipolar Dis.	Denial
SSP	2	06-06-16	Negative?	Personality Dis.	Denial
DMR	LAPL	30-01-17	Negative	Bipolar Dis.	Revocation
RAC	1	28-01-16	Negative	Bipolar Dis.	Revocation
AD	1	09-02-17	Negative	Drugs	Follow Up
DVC	1	15-09-16	Negative	E-OH	Follow Up
RDA	1	31-03-16	Negative	Psychosis	Revocation
IH	CC/2	30-01-17	Negative	Suicide Attempt	Susp/Revoc

Total: 9 cases

«Application Request without findings vs emergent Mental Disorders»

WG Composition

- Representative of the Spanish Aviat. Med. Society (SEMA) and AME. (MED)
- Staff Psychiatrist of AeMC. (MED)
- Psychologist appointed by one AeMC. (PSY)
- Psychologist appointed by the General Council of College of Psychology. (PSY)
- Psychologist appointed by University CUD-AGA. (PSY)
- Psychologist appointed by the Spanish Association of Aviation Psychology. (PSY)
- Medical assesor of AESA. (MED)
- CMO of AESA. (MED). Coordinator

Objectives

- To define a mini-questionnaire in order to help AME in the mental health evaluation of the applicant.
- To provide guidelines related to Mental Health Issues, to take into account by the AME.
- To produce a comprehensive Syllabus of Training designed for AME in the area of Mental Health.
- To standardized the psychological approach and psychometric testing for the evaluation of candidates.



Part 1: Mini-Questionnaire

Answer the following questions related to the last year or last valid time of medical certificate:

1. Sleep pattern has change	1	2	3	4	5
2. I have got significant stress time	1	2	3	4	5
3. I feel motivated in my job	1	2	3	4	5
4. My family expectations are fully accomplished	1	2	3	4	5
5. Sometimes I felt guilty due to alcohol	1	2	3	4	5
6. I feel much more snappy	1	2	3	4	5
7. My finances are acceptable	1	2	3	4	5
8. I fall down sleeping all the night long	1	2	3	4	5
9. I rather like to relax after work, having a drink	1	2	3	4	5
10. It is hard to me to control my mood	1	2	3	4	5
11. Many colleagues are good friends	1	2	3	4	5
12. My family status is kept stable	1	2	3	4	5
13. My weight does not significantly change	1	2	3	4	5
14. There are a good work atmosphere	1	2	3	4	5
15. Sometimes it is hard to keep myself confident enough	1	2	3	4	5
16. Sometimes I use medications or substances to keep me better	1	2	3	4	5
17. I am thinking in moving to a new job	1	2	3	4	5
18. It is very easy for me to disconnect of my current work	1	2	3	4	5
19. It is hard to catch up my sleep pattern after a few days of work	1	2	3	4	5
20. I really think that certain substances consumption does not affect my current labour activity	1	2	3	4	5

Scoring System

- 1: Complete Disagreement/Never
- 2: Disagreement/ Almost Never
- 3: Balance/Sometimes
- 4: Agree/Often
- 5: Complete Agreement/ Always

Part 2: Open Questions

1. Have you ever got any Psychiatric or Psychological Treatment?
2. Have you got any significant or relevant event?
3. Did you get any accident or incident?
4. Does your professional situation has changed, (position, mates, salary, boss)?
5. How is your family status?
6. Are you aware how relevant it is the Mental Health in Aviation?.

AESA Tools to Provide: Aeromedical Computer Application

Cerrar ventana

Nota: La puntuaciones se corresponden con el siguiente significado:

1. Totalmente en desacuerdo / Nunca
2. En desacuerdo/Casi nunca
3. Ni de acuerdo ni en desacuerdo / A veces
4. De acuerdo / Con frecuencia
5. Totalmente de acuerdo / Siempre

Mini Cuestionario

1. Han cambiado mis patrones de sueño. *
2. He tenido periodos de estrés significativo. *
3. Me siento motivado en el trabajo. *
4. Mis expectativas familiares se han cumplido. *
5. Alguna vez me he sentido culpable por lo que he bebido. *
6. Me he vuelto más irritable. *
7. Mi situación económica es aceptable. *
8. Duermo toda la noche del tirón. *
9. Me gusta relajarme después del trabajo tomándome una copa. *
10. Me cuesta controlar mi genio. *
11. Muchos de mis compañeros son buenos amigos. *
12. Mi situación familiar se mantiene estable. *
13. Mi peso se mantiene estable sin variaciones significativas. *
14. Hay buen ambiente en mi trabajo. *
15. Algunas veces me cuesta mantener la confianza en mí mismo. *
16. Ocasionalmente tomo medicamentos o productos para encontrarme mejor. *
17. He pensado en cambiar de trabajo. *
18. Consigo desconectar del trabajo fácilmente. *
19. Me cuesta recuperar el ciclo del sueño tras días de trabajo. *
20. Creo que el consumo de algunas sustancias no afecta a mi actividad laboral. *

Preguntas Abiertas

- 1.- ¿Ha recibido algún tratamiento psicológico y/o psiquiátrico?
- 2.- ¿Ha vivido acontecimientos significativos o relevantes?
- 3.- ¿Ha tenido algún incidente/accidente?
- 4.- ¿Ha cambiado su situación laboral (cargo, compañeros, sueldo, jefes...)?
- 5.- ¿Cómo es su núcleo familiar?
- 6.- ¿Es consciente de la importancia de la salud mental en la Aviación?

Resultado

Resultado del Cuestionario: * Normal Anormal

Resultado de la Entrevista: No Realizada Normal Anormal

Derivación a Especialista autorizado: * Si No

Siguiente

MINI CUESTIONARIO RELATIVO A LA SALUD MENTAL DEL TRIPULANTE

Declaración: Declaro que las anotaciones efectuadas, a mi mejor entender, son correctas y completas y que no he omitido ninguna declaración importante o efectuado anotación errónea. Acepto que si hice alguna anotación falsa o errónea relacionada con esta solicitud, o no proporcioné la información médica necesaria, la autoridad puede denegarme el certificado médico o cancelar el certificado médico emitido, sin perjuicio de cualquier otra acción aplicable según las leyes nacionales.

Consentimiento para transferir información médica: Autorizo a la transferencia de toda la información contenida en este informe y cualquier otra al AME y, siempre que sea necesario, al asesor médico de la autoridad de licencias, comprendiendo que estos documentos o los datos guardados electrónicamente son para completar la evaluación médica y que serán y se tendrán bajo la propiedad de la autoridad de licencias, teniendo en cuenta que, bien yo o mi médico, podemos acceder a ella acorde a la normativa nacional. La confidencialidad médica será siempre respetada en todo momento. (Debe ser cumplimentado por el tripulante / ATCO, con la supervisión del AME)

Lea con detenimiento las preguntas y rodee con un círculo la que estime adecuada con arreglo a las instrucciones siguientes.

NOTA: las puntuaciones se corresponden con el siguiente significado:

1. Totalmente en desacuerdo/Nunca
2. En desacuerdo/Casi nunca
3. Ni de acuerdo ni en desacuerdo/A veces
4. De acuerdo/Con frecuencia
5. Totalmente de acuerdo/Siempre

Responda a las siguientes preguntas referidas al último año o periodo de vigencia de su certificado:

1. Han cambiado mis patrones de sueño
2. He tenido periodos de estrés significativo
3. Me siento motivado en el trabajo
4. Mis expectativas familiares se han cumplido
5. Alguna vez me he sentido culpable por lo que he bebido
6. Me he vuelto más irritable
7. Mi situación económica es aceptable
8. Duermo toda la noche del tirón
9. Me gusta relajarme después del trabajo tomándome una copa
10. Me cuesta controlar mi genio
11. Muchos de mis compañeros son buenos amigos
12. Mi situación familiar se mantiene estable
13. Mi peso se mantiene estable sin variaciones significativas
14. Hay buen ambiente en mi trabajo
15. Algunas veces me cuesta mantener la confianza en mí mismo
16. Ocasionalmente tomo medicamentos o productos para encontrarme mejor
17. He pensado en cambiar de trabajo
18. Consigo desconectar del trabajo fácilmente
19. Me cuesta recuperar el ciclo de sueño tras días de trabajo
20. Creo que el consumo de algunas sustancias no afecta a mi actividad laboral

	1	2	3	4	5
1	X				
2		X			
3			X		
4		X			
5			X		
6				X	
7			X		
8		X			
9	X				
10		X			
11			X		
12		X			
13			X		
14		X			
15			X		
16		X			
17			X		
18				X	
19					X
20					X

Nombre, Apellidos y Firma del Candidato/a

Firma, fecha y sello del AME

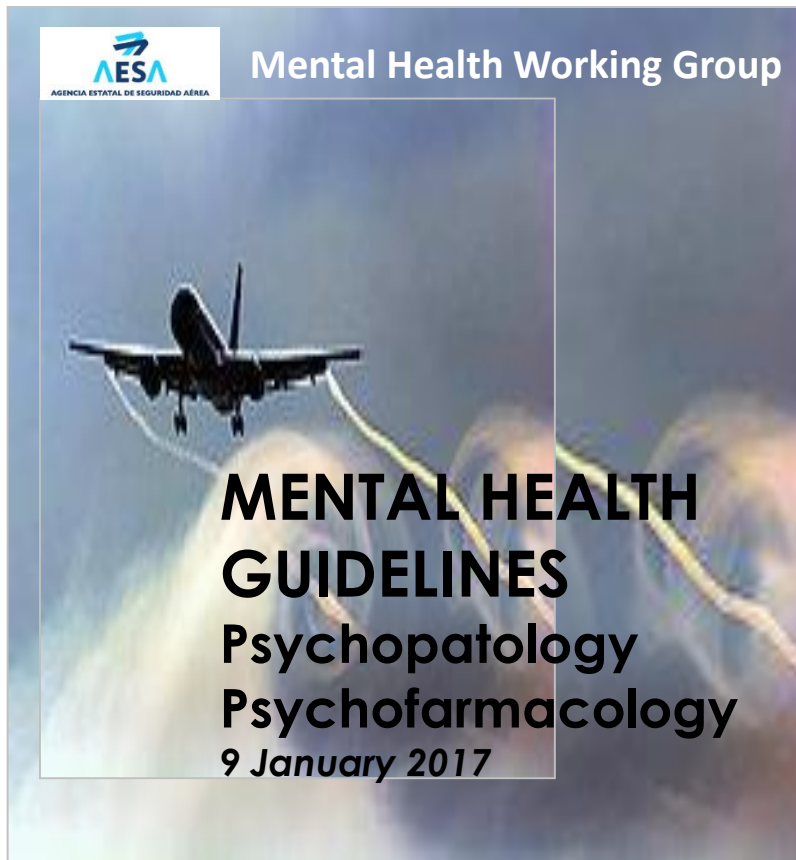
Ejemplar para el interesado

www.seguridadaerea.gob.es

28020 MADRID
 TEL: +34 91 396 80 00
 FAX: +34 91 770 54 65

Mental Health Guidelines

1. Instructions and guidelines to complete **Mini-Questionnaire (MQ) & Open Questions (OQ)**.
2. General Guidelines in the area of Mental Health: «**MENTAL HEALTH GUIDELINES**».
3. Restricted access by AME through Aeromedical Application: **MQ & OQ**
4. Open acces by AME and professionals through web site «**MENTAL HEALTH GUIDELINES**».



INDEX

- I. Anxiety
 - a. Diagram
 - b. Diagnostic criteria
- II. Depression
 - a. Diagram
 - b. Diagnostic criteria
- III. Suicide risk assessment
- IV. Bipolar disorders
- V. Sleep
 - a. Sleep Hygine
- VI. Adictions
 - a. Sustances and false positive results
 - b. Test: Audit y Cage
- VII. Psychosis
- VIII. Organic disorders
- IX. Psychopharmacology

Mental Health Syllabus

INTRODUCTION (15 min.)

- Relevance of Mental Health in Aviation.
- EASA Recomendations.
- Rationale: Incidents & Accidents (Germawings & others))
- Flight Safety.
- EASA Reg's & AMC's
- Learning objectives.

1.- AVIATION PSYCHOLOGY & HHFF (60 min.)

- Relevance of Psychology in Mental Health.
- HHFF & Errors in Aviation: Reason Model & HFACS
- Information processing: Cognitive impairment & psychomotor functions
- Brief HX of Aviation Psychology
- HHFF & Aircraft Accidents
- Learning Objectives.

2.- AME-PILOT RELATIONSHIP (15 min.)

- Responsibility of AME: Raise awareness among AME's.
- Referrals.
- Interface with authority. Confidentiality.
- Learning Objectives.



Mental Health Syllabus

3.- INTERVIEW, TECHNICAL APPROACH (120 min.)

- Basic skills to consider during interview
- Estructural and Semistructural Interview
- Approved Questionnaire by EASA.
- Non verbal communication
- AME Active Listening
- Learning Objectives

4.- PSYCHOLOGICAL TECHNICAL EVALUATION (90 min)

- Psychological Exam: methodology.
- Description & Evaluation
- Personality and Conductual Profile
- Learning Objectives

5.- PSYCHOPATHOLOGICAL DISORDERS (120 min)

- Anxiety. Panic disorders and generalized anxiety disturbances.
- Phobia: fear to fly
- Obsesive Disorders
- Dissociative and Somatomorphic disorders
- Stress Reaction: acute and chronic
- Adaptation disturbances
- Pathological mourning
- Psychotic disorders
- Mood and affective disturbances: depression, bipolar disturbances
- Suicidal behaviour & risk assessment
- Personality disorders
- Organic disorders
- Drugs, Alcohol & Psychoactive substances: use and abuse (Chapter 6)
- Problems related to Eating habits/behaviour.
- Other disorders
- Learning Objectives



Mental Health Syllabus

6.- USE & ABUSE OF SUBSTANCES: FLIGHT INCOMPATIBILITY (45 min)

- Alcohol.
- Legal & Non Legal Drugs
- Legal stimulants consumption.
- Parapharmacy, natural/herbal remedies and selfmedication
- Psychactive substances guidelines
- Learning objectives

7.- STRESS & FATIGUE IN FLIGHT (45 min)

- Life events associated to stress
- Flight Fatigue
- Circadian rythms & sleep disorders
- Rest-Activity: guidelines and standards
- “Fatigue Resource Management System” (FRMS): Programme
- Learning Objectives

8.- PREVENTIVE ISSUES in MENTAL HEALTH (30 min)

- Sleep Hygiene
- Physical training
- Psychological training
- Eating and nutritional facts
- Learning objectives



Mental Health Syllabus

9.- REQUIREMENTS & AEROMEDICAL DISPOSITION (30 min)

- Recomendations to resume medical certificate
- How to keep medical certificate after.
- What to do if airmen does not feels well or a mental health problem is raised.
- Psychopathological follow up
- Learning Objectives

10.- PRACTICAL CASES: MORE FREQUENT PSYCHOPATHOLOGIES IN AVIATION MEDICINE

- Cases study
- Simulations: Role-playing.
- Learning Objectives



PSYCHOMETRIC TESTING (1)

Note:

- Mark the Test performed.
- Complete at least 1 Personality and Intelligence Test for Class 1 Medical Certificate.
- Complete at least 1 Personality and Intelligence Test + 1 Stress Management Test for Class 3 Medical Certificate.
- Complete the corresponding Class 1 or 3 included in Viena Test.
- In case of new medical exam after denial because of Psychological reasons the new Exam will include accepted psychometric testing but different from the applied in the previous exam. besides it will be acceptable after the Psychological assessment to apply the same test already performed plus at least another from the same group or of the including in the group "Other Testing".

1. PERSONALITY (Class 1 and 3)

- PAI (Personality Assessment Inventory)
- CTC (TEA Clinical Questionnaire)
- 16-Pf-5 (Personality Factorial Questionnaire)
- MMPI-2 (Minnesota Multiphasic Personality Inventory - 2)
- MMPI-2-RF (Minnesota Multiphasic Personality Inventory – 2-RF)

Cut-Off Point: It will be considered as abnormal 2 typical deviations above or under the mean in at least two dimensions. In this cases it will be necessary to extend the evaluation.

Result: Direct scoring and percentile of every scale.

2. INTELLIGENCE (Class 1 and 3)

- BAT-7 (TEA Aptitude Battery High Level)
- PMA (Primary Mental Aptitude Test)
- DAT 5 (Differential Abilities Test 5)
- EFAI-4 (Intellectual Aptitudes Factorial Evaluation -4)

Cut-Off Point: $\geq 40\%$.

Comments/Remarks:

Result:



Aeromedical interview apply to all

PSYCHOMETRIC TESTING (2)

3. STRESS MANAGEMENT (Class 3)

CRI-A (CREST Registered Intrusion Analysis)

Cut-Off Point: 2 Typical deviations under or above of mean average.

Comments/Remarks: Result:

4. OTHER TESTING

Cut-Off Point: According to normal value established by scales.

TIG 2 (General Intelligence Test)

D2 (D2 Test of Attention)

PAS (Personallity Assessment Screener)

VIENA TEST:

Transport and Commercial Pilots:

- **PST** (spatial aptitude for pilots, navigation skills). Cut-Off Point= 7 (direct scoring).

- **WAFG:**

- **UNI** (reaction time, mental and organic disorders). Cut-Off Point=550 (direct scoring).

- **CROSS** (divided attention, state of alert). Cut-Off Point=646 (").

- **DT/S1** (stress reactive tolerance and associated capacities, stress conductual reactions).

- Helicopter Pilots:

- **A3DW/S1** (spatial aptitude perception)

- **DT/S2**

- Air Traffic Controllers (ATCO):

- **SIMKAP/S2** (simultaneous capacity: final performance under simultaneous either routine or demanding cognitive task. Stress tolerance.

- **WAFG**

Comments/Remarks/Recomendations:

Result:


Global Profile:

Final Result:



Aeromedical interview apply to all

AESA Tools to provide: Aeromedical Computer Application



Medicina Aeronáutica
Agencia Estatal de Seguridad Aérea

Informe de psicología

Parte 1 de 6

Por favor, cumplimente el siguiente formulario, tenga en cuenta que todos los campos con asterisco (*) son obligatorios.

Datos Personales


NIF/NIE/Pasaporte	Nombre	Apellidos
<input type="text" value="NOMBRE PACIV3"/>	<input type="text" value="NOMBRE PACIV3"/>	<input type="text" value="APELLIDOS PACIENTE V3 EXPEDIENTE 2"/>
Nif anterior	Sexo	Fec. Nacimiento
<input type="text"/>	<input type="checkbox"/> Hombre <input checked="" type="checkbox"/> Mujer	<input type="text" value="13/07/1980"/>
Clase Certificado	Tipo Solicitud	Categoría
Clase 2	<input type="checkbox"/> RENOVIACIÓN <input type="checkbox"/> Inicial <input checked="" type="checkbox"/> Renovación <input type="checkbox"/> Revalidación <input type="checkbox"/> Extraordinario	

Datos Médicos

Antecedentes familiares

Antecedentes personales

Antecedentes laborales



Medicina Aeronáutica
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Informe de psicología

Parte 2 de 6

Por favor, cumplimente el siguiente formulario, tenga en cuenta que todos los campos con asterisco (*) son obligatorios.

Datos Médicos

Accidente *	<input type="radio"/> Sí	<input type="radio"/> No	Lesiones *	<input type="radio"/> Sí	<input type="radio"/> No
Traumatismo Craneal *	<input type="radio"/> Sí	<input type="radio"/> No	Mareos, Vértigo *	<input type="radio"/> Sí	<input type="radio"/> No
Pérdida del conocimiento *	<input type="radio"/> Sí	<input type="radio"/> No	Sonambulismo *	<input type="radio"/> Sí	<input type="radio"/> No
Dificultad en conciliar el sueño *	<input type="radio"/> Sí	<input type="radio"/> No	Epilepsia, convulsiones *	<input type="radio"/> Sí	<input type="radio"/> No
Dolor de cabeza *	<input type="radio"/> Sí	<input type="radio"/> No	Estrés, fatiga *	<input type="radio"/> Sí	<input type="radio"/> No
Depresión, ansiedad *	<input type="radio"/> Sí	<input type="radio"/> No	Intento de suicidio *	<input type="radio"/> Sí	<input type="radio"/> No
Tratamiento psicol,psiq *	<input type="radio"/> Sí	<input type="radio"/> No	Consumo de Alcohol *	<input type="radio"/> Sí	<input type="radio"/> No
Consumo de Tabaco *	<input type="radio"/> Sí	<input type="radio"/> No	Consumo de medicamentos *	<input type="radio"/> Sí	<input type="radio"/> No
Consumo drogas *	<input type="radio"/> Sí	<input type="radio"/> No			

Tipo de Drogas que consume

Enfermedades significativas

Aficiones, hobbies

Describe algún detalle sobre los puntos marcados anteriormente

AESA Tools to Provide: Aeromedical Computer Application

Ministerio de Fomento

Medicina Aeronáutica
Agencia Estatal de Seguridad Aérea

Informe de psicología
Parte 3 de 6

Esta sección comprende 3 partes. Por favor cumplimenten en orden el formulario

Personalidad

Test
Fecha
Resultado

Seleccione

Añadir

Inteligencia

Test
Fecha
Resultado

Seleccione

Añadir

C. Global
Lateralidad

Apto No apto
 Diestro Zurdo Cruzada

Observaciones

Siguiente

Ministerio de Fomento

Medicina Aeronáutica
Agencia Estatal de Seguridad Aérea

Informe de psicología
Parte 3 de 6

Cerrar ventana

Personalidad

CTC: 01/01/2015-15
MMPI-2: 01/01/2015-16
MMPI-2-RF: 01/01/2015-17
PAI: 01/01/2015-18
16-PF-5: 01/01/2015-19

Test
Fecha
Resultado

Seleccione

Añadir

Inteligencia

BAT-7: 01/01/2015-15
DAT 5: 01/01/2015-16
EFAI-4: 01/01/2015-17
PMA: 01/01/2015-19

Test
Fecha
Resultado

Seleccione

Añadir

C. Global
Lateralidad

Apto No apto
 Diestro Zurdo Cruzada

Observaciones

Siguiente

Ministerio de Fomento

Medicina Aeronáutica
Agencia Estatal de Seguridad Aérea

Informe de psicología
Parte 4 de 6

Cerrar ventana

Gestión del Estrés

CRI-A: 01/01/2015-15

Test
Fecha
Resultado

Seleccione

Añadir

Perfil G.

Observaciones

Siguiente

Código de Plantilla: F-DEA-CDO-08.2.0

AESA Tools to Provide: Aeromedical Computer Application

<input checked="" type="checkbox"/> Ministerio de Fomento	Medicina Aeronáutica Agencia Estatal de Seguridad Aérea	Informe de psicología Parte 5 de 6
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Cerrar ventana

Otras Pruebas

D2: 01/01/2015-15

PAS: 01/01/2015-16


TIG 2: 01/01/2015-17

VIENA TEST: 01/01/2015-18

Test	Fecha	Resultado
Seleccione		

Perfil G.

Observaciones

 Medicina Aeronáutica Agencia Estatal de Seguridad Aérea	Informe de psicología Parte 6 de 6
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Por favor, cumplimente el siguiente formulario, tenga en cuenta que todos los campos con asterisco (*) son obligatorios.

Diagnóstico

Diagnóstico del informe de psicología

Datos finales

Fecha	*Pais	*	Provincia	*
24/01/2013	España	<input type="button" value="In"/>	Madrid	

Código de Plantilla: F-DEA-CDO-08.2.0

PSYCHOLOGICAL EXAMINATION REPORT

23632023X - 0001

Applicant details MEDICAL IN CONFIDENCE

State of license issue		Class of medical certificate 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> AFIS <input type="checkbox"/> CC <input type="checkbox"/> LAPL <input type="checkbox"/> MEC <input type="checkbox"/>			
Surname	Application <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Renewal	Category <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Special referral			
Name	Date of birth	Sex	Male <input type="checkbox"/>	Female <input checked="" type="checkbox"/>	

Consent to release of medical information:
 I hereby authorize the release of all information contained in this report and any or all attachments to the Aeromedical Examiner, the Authority and where necessary the Aeromedical Section of another State, recognizing that these documents or any other electronically stored data are to be used for completion of a medical assessment and will become and remain the property of the Authority, providing that I or my physician may have access to them according to national law. Medical Confidentiality will be respected at all times.

Date: _____ Signature of the applicant _____ Signature of Psychologist examiner (witness) _____

Family history

Personal history

Laboral history

Medical history		Yes	No	Yes	No	Yes	No
Accident	<input checked="" type="checkbox"/>	Psicol. psio. Therapy	<input checked="" type="checkbox"/>	Epilepsy, convulsions	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Injury to head	<input checked="" type="checkbox"/>	Tobacco use	<input checked="" type="checkbox"/>	Stress, fatigue	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Unconsciousness	<input checked="" type="checkbox"/>	Drugs use	<input checked="" type="checkbox"/>	Suicide Attempt	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Having a hard time sleeping	<input checked="" type="checkbox"/>	Alcohol use	<input checked="" type="checkbox"/>	Medicine use	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Headache	<input checked="" type="checkbox"/>	Injuries	<input checked="" type="checkbox"/>	Sleepwalking	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Depression, anxiety	<input checked="" type="checkbox"/>	Dizziness, night-headedness	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

Types of used drugs

Diseases

Hobbies

Medical history details

Examiner's declaration
 I hereby certify that they AEMG group have personally examined the applicant named on this medical examination report and that this report with any attachment embodies my findings completely and correctly.

Place and Date:	Psychologist examiner's name and address:	Psychologist or specialist stamp with No.
Authorized Psychologist examiners signature	E-mail: Telephone No: _____ Fax: _____	

PSYCHOLOGICAL EXAMINATION REPORT

23632023X - 0001

Personal Profile MEDICAL IN CONFIDENCE

Personality	Date	Result
16-PP5		
CTC		
MMP2		
MMP2-RF		
PAI		

Intelligence	Date	Result
BAT-7		
DAT 5		
EFAN-4		
PIIA		

Global C. Act No Act Laterality Right-Handed Left-Handed

Remarks

Stress Management

CRMA	Date	Result

Global Profile:

Remarks

Other Tests	Date	Result
D2	31-01-2016	
PAS	31-01-2016	
TIG 2	31-01-2016	
WIENA TEST	31-01-2016	

Global Profile:

Remarks

Diagnosis

Examiner's declaration
 I hereby certify that they AEMG group have personally examined the applicant named on this medical examination report and that this report with any attachment embodies my findings completely and correctly.

Place and Date:	Psychologist examiner's name and address:	Psychologist or specialist stamp with No.
Authorized Psychologist examiners signature	E-mail: Telephone No: _____ Fax: _____	



MINISTERIO DE FOMENTO



Conclusions

- **EASA recommendation in relation to assessment of Mental Health Status by AME can be fully accomplished by following directions and procedures of AESA WG.**
- **Information collected more reliable and standardized.**
- **Procedure to refer to specialist in Mental Health the doubtful or borderline cases.**
- **Syllabus of AME Mental Health Course established.**
- **Mental Health Guidelines provided and available throughout website.**
- **Psychometric testing: Standardization substantiated.**



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Thanks for your attention!
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Merci pour votre attention!



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