

UK CAA Medical Appeals Panel

Request for Final Appeal of a Decision Relating to a UK Medical Certificate

Name	
CAA Ref number	
Date of birth	
Address	
Contact telephone number	Home: Mobile:
E mail address	
Licence(s) held	
Rating(s) held	
Medical condition(s)	
Current level of medical certification (Class & Limitations)	
Date of assessment	
Brief grounds of appeal	
Level of medical certification requested (Class & Limitations)	
Do you wish to attend the hearing in person?	Yes/No
If yes, names and professions of accompanying representative(s)	
If yes, dates to avoid (six to sixteen weeks from date of request)	
Medical specialists involved in clinical care or assessment	
Signed	Date