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čj. 1571-19-301

**Revalidation or Renewal of 1st or 2nd Class Medical Certificate**

 **(mental health)**

**Name and surname: Date of birth:**

**Have you been lately exposed to higher workload or stress at work and/or in your private life?**

*If so:* **YES NO**

* + - *Please, specify the reason*
		- *How long did it take?*
		- *How did you solve?*

**Have you lately had any mood changes, anxiety, sleep disturbances or digestive problems?**

**YES NO**

**Have you been lately checked or treated by psychologist or psychiatrist? YES NO**

*If so , please specify the reasons:*

**Have you had to cope, for any reason, with a higher workload, pressure or psychological stress?**

**YES NO**

* *By yourself and without help of others?*
* *With help of somebody else (please specify ?*

**Have you had any problems in cooperation, communication or relation within the crew (CRM)?**

*If so:* **YES NO**

* + - *What kind of?*
		- *How long?*

**Do you have any problems with your employer, colleagues or supervisors?**

*If so:* **YES NO**

* + - *By whom?*
		- *How long?*
		- *What kind of?*

**Do you have any relation problems at your work or in your family or private life? YES NO**

**Date: Signature:**