**Vacancy Questionnaire – Paramedic and Doctors**

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| **Candidate Name :** |  |
| **Vacancy:** |  |
| **Date:** |  |

**Please √ where applicable:**

|  |  |  |  |
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| **Questions** | **Yes** | | **No** |
| Do you have HEMS Experience? |  | |  |
| Can you swim? |  | |  |
| Do you have a phobia of water? |  | |  |
| Do you have a phobia of confined spaces? |  | |  |
| Do you have a phobia of heights? |  | |  |
| Do you have a history of air sickness? |  | |  |
| Do you have medical conditions that will prevent aviation-related activities? |  | |  |
| *Additional Comments:* | | | |
| ***I confirm that the information and responses I have provided are accurate and true to the best of my knowledge.*** | | | |
| Signature: | | Date: | |