CABIN CREW PRE EMPLOYMENT & INITIAL QCAA MEDICALS IN QATAR AIRWAYS

Dr. Soha Al Bayat

May 15th, 2013

The 84th Aerospace Medical Association Annual Scientific Meeting, Chicago
Disclosure Information

84th Annual AsMA Scientific Meeting
Dr. Soha Al Bayat

I have no financial relationships to disclose.

I will not discuss off-label use and/or investigational use in my presentation.
Inaugural Flight to Chicago April 10th 2013
C. C Pre-employment

- Recruitment Campaign

- Crew Selection

- Pre-Employment medical form sent to Candidate
Cabin Crew - Pre Employment Medical Questionnaire - Form A

Full Name: 
Nationality: 
Place of Interview: 
Date: 
Age: 
Sex: 

Medical History: (If "Yes", please provide detailed report)

<table>
<thead>
<tr>
<th>Do you have or been treated for:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Epilepsy, fits or migraines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Psychiatric or psychological disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Ear, nose &amp; throat disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Back pain &amp; Joint Disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Any kind of heart disease / Hypertension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Allergies &amp; Skin disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Blood Disorder i.e. Thalassemia / Sickle Cell Anemia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Current medications (prescriptions and OTC)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Blood Group Type: (Please tick the correct box)

- A+
- A−
- B+
- B−
- AB+
- AB−
- O+
- O−

Note: Please bring a blood group certificate as it is required by State of Qatar (to acquire Work permit).

Medical Examination Reports required by State of Qatar: (To acquire Work Permit/Residence Visa)

- VDRL: 
- HIV 1 & 2: 
- Hep A (HAV IgM): 
- Hep B (HBs Ag): 
- Hep C (HCV Ab): 
- Chest X-ray: 
- Thoracic Spine Alignment:

Additional Medical Examination Reports Required by Qatar Airways:

1. Hearing (Audiogram with graph)
2. Binocular Vision
   - Uncorrected (Unaided)
   - Corrected (Aided)
3. Colour Vision (Ishihara Test)
   - No Of Plates Used (Min 15)
   - No. Of Plates read correctly:

Medical Examination Checklist:

Please attach all reports requested below after carefully reading all of the instructions included with this packet.

- Blood Group Certificate: Attached?
- VDRL (Syphilis): Attached?
- HAV IgM (for Hep A): Attached?
- Detailed Chest X-Ray: Attached?
- HBs Ag (for Hep B): Attached?
- HCV Ab (for Hep C): Attached?
- Hearing (Audiogram with graph): Attached?
- Binocular Vision: Attached?
- Colour Vision (Ishihara Test): Attached?

Note:
1. Any medical condition / information requested which is not declared in the Medical History Questionnaire and detected later may result in termination of your employment.
2. If, for any reason, you do not pass the Medicals in Doha - Qatar, the offer of employment will be withdrawn and you will be repatriated to your home country. The company is not responsible for any losses sustained or inconvenience caused as a consequence of failing the Medicals.
3. If you are unsure if you will pass the above medical tests, please arrange for these tests to be taken in advance prior to joining the company. Please note that medical expenses incurred will not be reimbursed.

Declaration & consent to obtain medical information:

I hereby declare that I have carefully considered the statement(s) made above and that I have not withheld any relevant information or made any misleading statement. I understand that if I have made any false representation for the purpose of procuring for myself a medical certificate, I may be guilty of a criminal offence. I hereby consent to the Qatar Airways Medical Centre obtaining information about my health from any medical advisor or hospital consulted by me.

Candidate’s signature: ____________________________
Medical Examiner’s signature & Stamp: ____________________________

FOR QATAR AIRWAYS OFFICIAL USE ONLY

Medical Certificate approved:  
- Yes [ ]  
- No [ ]

Any observations:

Medical Examiner’s Signature: ____________________________
Date: ____________________________
Stamp: ____________________________

Revised: 16022012 - AD/GB

Fast Track - Form A
• Form with all medical reports forwarded to Qatar Airways Medical Centre (QRMC)

• Feed back from QRMC to recruitment

• Those who meet the requirements of Qatar Civil Aviation Authority (QCAA), the State of Qatar and Qatar Airways will be informed and a joining date will be determined
In Qatar

Cabin crew will have to undergo two medical check ups:

1. Government medical check up

2. QCAA licensing medical check up in QRMC
Government Medicals

- Full physical examination
- Chest X-ray
- HIV
- Hepatitis Profile
- Stool (food handlers)
All cabin crew acting as cabin crew member on public transport aircraft shall undergo an initial medical examination for the issuance of a Cabin Crew Medical Assessment. Cabin crew medical assessment valid for 36 months except that for holders who have passed their 50th birthday the interval is reduced to 18 months.
QCAA Medical

Nurses:
- Vitals
- Vision
- Colour Vision
- Height and Weight
- Audiogram
- ECG
- Document investigation results (CBC, Urine RM...etc.)
QCAA Medical

Doctors:

• Family Medical History
• Personal Medical History
• Review of investigation findings
• Full physical examination
• Refer to specialists as needed
# CABIN CREW MEDICAL EXAMINATION REPORT

**Part A: (To be completed by applicant)**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name</td>
<td></td>
</tr>
<tr>
<td>Designation</td>
<td></td>
</tr>
<tr>
<td>Nationality</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
</tr>
<tr>
<td>Martial Status</td>
<td>Male/Female</td>
</tr>
<tr>
<td>Have you ever been refused issue or renewal of a Civil Aviation licence for medical reasons?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Date of previous medical examination</td>
<td></td>
</tr>
<tr>
<td>Previous restrictions</td>
<td></td>
</tr>
</tbody>
</table>

**Part B: (To be completed by examiner)**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes/No</th>
<th>Details to be completed by medical examiner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuberculosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatric</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Has the applicant ever been treated for / had a history of any of the following conditions?**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Frequent or severe headaches</td>
<td></td>
</tr>
<tr>
<td>2. Head injury or concussion</td>
<td></td>
</tr>
<tr>
<td>3. Dizziness or loss of consciousness</td>
<td></td>
</tr>
<tr>
<td>4. Gallstones or gallbladder disease</td>
<td></td>
</tr>
<tr>
<td>5. Psychiatric neurological disorders</td>
<td></td>
</tr>
<tr>
<td>6. Ear disease or deafness</td>
<td></td>
</tr>
<tr>
<td>7. Allergies including hay fever</td>
<td></td>
</tr>
<tr>
<td>8. Pulmonary disease including asthma</td>
<td></td>
</tr>
<tr>
<td>9. Cardiovascular disease including hypertension</td>
<td></td>
</tr>
<tr>
<td>10. Gastrintestinal disease</td>
<td></td>
</tr>
<tr>
<td>11. Genito-urinary including hernias and stones</td>
<td></td>
</tr>
<tr>
<td>12. Endocrine disease</td>
<td></td>
</tr>
<tr>
<td>13. Menstrual disorders</td>
<td></td>
</tr>
<tr>
<td>14. Musculoskeletal disorder including back problems</td>
<td></td>
</tr>
<tr>
<td>15. Visual problems</td>
<td></td>
</tr>
<tr>
<td>16. Motion sickness requiring drugs</td>
<td></td>
</tr>
<tr>
<td>17. Any other medical diseases / operations</td>
<td></td>
</tr>
<tr>
<td>18. Current medications (prescriptions and OTC)</td>
<td></td>
</tr>
<tr>
<td>19. Aviation / vehicle accidents</td>
<td></td>
</tr>
<tr>
<td>20. Does the applicant smoke?</td>
<td></td>
</tr>
<tr>
<td>21. Any drugs or narcotics used?</td>
<td></td>
</tr>
<tr>
<td>22. Weekly alcohol intake (units)</td>
<td></td>
</tr>
</tbody>
</table>

Medical examiner to comment on all items marked “yes”.

---

**APPLICANT’S DECLARATION**

I hereby certify that all statements made by me in this medical examination report are complete and true to the best of my knowledge. I authorise the release of information contained herein or in the medical examination reports including electrocardiograms, audiograms, X-ray reports and Eye Specialist reports to QCAA for the sole purpose of establishing my medical fitness to hold a licence issued by QCAA.

Applicant’s signature: 
Witness: 
Date:
### Part C: (To be completed by examiner)

<table>
<thead>
<tr>
<th>Colour of eyes</th>
<th>Weight (kg)</th>
<th>Blood pressure (mmHg)</th>
<th>Pulse rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>BMI</td>
<td></td>
</tr>
</tbody>
</table>

**Identifying marks/scars**

<table>
<thead>
<tr>
<th>N</th>
<th>ABN</th>
<th>Comment on findings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

1. Head, face, neck and scalp
2. Mouth and throat
3. Nose, ears and sinuses
4. Eyes, visual fields, vision
5. Ophthalmoscopic pupils
6. Respiratory system
7. Abdomen and viscera
8. Genito urinary system
9. Neurological system
10. Low back/Spine
11. Skin/Lymphatics
12. Psychological/Psychiatric
13. General system

#### Visual examination

<table>
<thead>
<tr>
<th>Distant vision</th>
<th>Uncorrected</th>
<th>Corrected</th>
<th>Near vision (W/N)</th>
<th>Uncorrected</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right eye</td>
<td>Left eye</td>
<td>Both eyes</td>
<td>Both eyes</td>
<td>Spectacles</td>
<td>Contact lenses</td>
</tr>
</tbody>
</table>

- **Corrected vision**
  - Snellen: 6/6
  - Snellen: 6/6

#### Hearing examination

- **Whispered voice**
  - Right ear: 500 Hz, 1000 Hz, 2000 Hz, 4000 Hz, 6000 Hz
  - Left ear: 500 Hz, 1000 Hz, 2000 Hz, 4000 Hz, 6000 Hz
- **Audiogram** (with hearing loss)

#### Special investigations

1. Resting ECG
2. Chest X-ray
3. Urine analysis: Glucose, Protein
4. Pregnancy test (urine)
5. Complete blood count: Hb, RBC, Platelets
6. Random blood sugar

#### MEDICAL EXAMINERS ASSESSMENT AND DECLARATION

**Recommendations**

<table>
<thead>
<tr>
<th>Dates</th>
<th>Restrictions and comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Examiner's note**

I hereby certify that I have personally reviewed the medical history and examined the applicant named on this report. This report, with any attachment, embodies my findings completely and correctly.

---

**Examiner's name and code**

**Signature**

**Date**
QATAR CIVIL AVIATION AUTHORITY
Cabin Crew Medical Assessment In Accordance with QCAR-MED Subpart E
PART A (TO BE COMPLETED BY APPLICANT)
Complete this page fully using a black ball point pen and in block capitals.
1. Surname: ____________________________ 2. Previous surname(s): ____________________________ 3. Title: ____________________________
7. Place and country of birth: ____________________________ 8. Nationality: ____________________________
9. INITIAL: □ RENEWAL: □
10. Address: ____________________________ Telephone No.: ____________________________
Post Code: ____________________________ Mobile No.: ____________________________
Country: ____________________________ 11. GP Name: ____________________________
Address: ____________________________ Telephone No.: ____________________________
12. Have you ever been refused issue or renewal of a civil aviation licence for medical reasons? Yes □ No □
13. Previous restrictions ____________________________
14. Date of previous medical examination ____________________________
15. Alcohol - state average weekly intake in units: ____________________________
16. Do you smoke tobacco? Never □ No □ Yes □
17. Do you currently use any medication? Yes □ No □
If YES, state name of medication, dose, ____________________________
date started and why ____________________________
PART B (TO BE COMPLETED BY APPLICANT)
18. General and medical history: Do you have, or have you ever had, any of the following? YES (Y) or NO (N) must be ticked after each question. If you have ticked YES give details below.
1. Problem with distant or close vision Y □ N □
   11. Stomach, liver or intestinal trouble Y □ N □
   21. Alcohol, drug or substance abuse Y □ N □ Females Only
   2. Glasses or contact lenses worn Y □ N □
   12. Ear disorder Y □ N □
   22. Attempted suicide Y □ N □
   3. Eye disease or surgery Y □ N □
   13. Hearing problem Y □ N □
   23. Anaemia, sickle cell disease or other blood disorder Y □ N □
   4. Hay fever Y □ N □
   14. Nose, throat or sinus disorder Y □ N □
   24. Malaria or other tropical disease Y □ N □
   5. Allergy Y □ N □
   15. Speech difficulty Y □ N □
   25. A positive HIV test Y □ N □ Family history of:
   6. Asthma or lung problem Y □ N □
   16. Headaches or migraine Y □ N □
   26. Infectious disease Y □ N □
   7. Any form of heart or vascular disease or stroke Y □ N □
   17. Epilepsy or seizure Y □ N □
   27. Admission to hospital Y □ N □
   8. High blood pressure Y □ N □
   18. Dizziness, episode of fainting or unconsciousness for any reason Y □ N □
   28. Illness or injury not otherwise specified Y □ N □
   9. Kidney stone or blood in urine Y □ N □
   19. Neurological disorders Y □ N □
   29. Skin disorder Y □ N □
   10. Diabetes or hormone disorder Y □ N □
   20. Psychiatric or psychological trouble of any sort Y □ N □
   30. Disorder affecting strength or movement or arthritis Y □ N □
19. Details: ____________________________
20. Declaration: I hereby declare that I have carefully considered the statements made above and that to the best of my belief they are complete and correct and that I have not withheld any relevant information or made any misleading statement. I understand that if I have made any false or misleading statement in this report, the Authority may take necessary action.
Signature: ____________________________ Date: ____________________________

QCAA/ MED Form 06/10 Page 1 of 2 Revised 30th APRIL 2013
## Qatar Civil Aviation Authority

**Part C: Clinical Examination** (To be completed by examiner)

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>N</td>
<td>ABN</td>
<td>N</td>
<td>ABN</td>
<td></td>
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</tbody>
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</thead>
<tbody>
<tr>
<td>13. General system</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Visual examination**

<table>
<thead>
<tr>
<th>30. Distance vision</th>
<th>31. Intermediate vision (N14)</th>
<th>Uncorrected</th>
<th>Corrected</th>
<th>Uncorrected</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right eye</td>
<td>Right eye</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left eye</td>
<td>Left eye</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both eyes</td>
<td>Both eyes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>32. Near vision (N6)</th>
<th>Uncorrected</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right eye</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left eye</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both eyes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>33. Corrected with</th>
<th>Spectacles</th>
<th>Contact lenses</th>
<th>Eye surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>34. Colour vision</th>
<th>Ishihara</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of plates</td>
</tr>
<tr>
<td></td>
<td>24</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>35. Hearing examination</th>
<th>Number of errors</th>
<th>N</th>
<th>ABN</th>
</tr>
</thead>
<tbody>
<tr>
<td>36. Audiogram (dB hearing loss)</td>
<td>500</td>
<td>1000</td>
<td>2000</td>
</tr>
<tr>
<td>Right ear</td>
<td>m Right ear</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left ear</td>
<td>m Left ear</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**37. Special Investigations**

<table>
<thead>
<tr>
<th>1. Resting ECG</th>
<th>Date performed</th>
<th>Result</th>
<th>Next due</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Chest X-ray</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Urine analysis</td>
<td>Glucose:</td>
<td>Protein</td>
<td>Blood:</td>
</tr>
<tr>
<td>4. Pregnancy test (urine)</td>
<td>HCG</td>
<td>RBC</td>
<td>Platelets:</td>
</tr>
<tr>
<td>5. Complete blood count</td>
<td>WBC</td>
<td>DDC</td>
<td></td>
</tr>
<tr>
<td>6. Random blood sugar</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**38. Elaborate on any abnormal findings**

**39. Medical Examiners Assessment and Declaration**

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Dates</th>
<th>Restrictions and comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fit</td>
<td>From</td>
<td>To</td>
</tr>
<tr>
<td>Temporarily unfit</td>
<td>To</td>
<td></td>
</tr>
<tr>
<td>Unfit</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**40. I hereby certify that I have personally reviewed the medical history and examined the applicant named on this report. This report with any attachment embodies my findings completely and correctly.**

---

**Examiner's name and code**

**Signature**

**Date**

---

QCAA/ MED Form 06/10

Page 2 of 2

Revised 30th April 2013
Psychological evaluation

- All new joining cabin crew have to undergo a psychological assessment to identify personality traits/disorders

- The assessment is conducted through a questionnaire, clinical interview, and psychological tests (when required) - i.e. if concerns noted about behavior/personality attributes or if the clinical picture of the crew is not clear

- Common issues noted include relationship problems (family, partner, etc.), adjustment disorders, mood and anxiety disorders
Why Psychological assessment?

- Identifying past psychiatric/psychological issues and understanding current psychological status helps us manage crew’s well-being

- It helps us provide early/required intervention

- Provide crew with support and guidance on how to deal with the change of circumstances
What Next?

- Once crew clear government and initial physical/psychological assessment in QRMC they are cleared for flying duties
- Those with any positive physical or psychological findings are advised to come for follow up and are monitored for any significant change in their health
- If a cabin crew fails, cabin services management is informed
- Crew is met by VP cabin services and is informed that they have failed their medicals then they are seen in QRMC to be informed of the exact reason for failure and to answer any questions they may have
Numbers?

- There are on average 220-280 Initial cabin crew assessments done per month and 80-90 renewals.

- There is less than 2% failure from the new joining cabin crew. Most of these failures are from the government medical checks.

- Rarely crew fail QCAA medicals.

- In the past 3 years +/- 3 crew failed due to Psychological reasons.
QR’s Destinations
Cabin Crew Medicals, Yes or No?

YES

• Flight Safety - NO

• Occupational wellbeing - YES

  - Baseline health information
  - Will their health be affected by the job?
  - Will their health affect their ability to do the job?
  - Compensation claims
Thank You
Questions?

Contact:
salbayat@qatarairways.com.qa