(1)	Šalis, kurioje vyko CCA kandidato / savininko sveikatos vertinimas: / State where the aero-medical assessment of the CCA applicant/holder was conducted		(7)	Sveikatos vertinimo išvada: (tinkamas / netinkamas) / Aero-medical assessment: (fit or unfit)	
(2)	CCA kandidato /savininko pavardė ir vardas: / Name of cabin crew attestation (CCA) applicant/holder:		(8)	Apribojimai, jei taikomi: / Limitation(s) if applicable:	
(3)	CCA kandidato /savininko pilietybė: / Nationality of CCA applicant/holder:		(9)	Kito sveikatos vertinimo data: (dd/mm/mmmm) / Date of the next required aero-medical assessment: (dd/mm/yyyy)	
(4)	CCA kandidato /savininko gimimo data ir vieta: (dd/mm/mmmm) / Date and place of birth of CCA applicant/holder: (dd/mm/yyyy)		(10)	Išdavimo data ir AMG, kuris parengė keleivių salono įgulos nario sveikatos vertinimo išvadą, parašas: / Date of issue and signeture of the AME, who issued the cabin crew medical report:	
(5)	Ankstesnio sveikatos vertinimo galiojimo pabaigos data: (dd/mm/mmmm) / Expiry date of the previous aero-medical assessment: (dd/mm/yyyy)		(11)	Antspaudas arba spaudas: /Seal or stamp:	
(6)	Sveikatos vertinimo data: (dd/mm/mmmm) / Date of the aero-medical assessment: (dd/mm/yyyy)		(12)	CCA kandidato /savininko parašas: / Signature of CCA applicant/holder:	