

(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 AME ar OHMP , kuris parengė keleivių salono įgulos nario sveikatos vertinimo išvadą, parašas: /Date of issue and signature of the AME, or OHMP, 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: