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EDA PILOT INTAKE					PORTRAIT:	
MEDICAL EVALUATION FORM						
As an EDA Defender, you are required by law to fill out the following questionnaire regarding your health, household and last rights to the best of your ability. Any questions marked with a (*) may be skipped in accordance with Article 3 of the Obol Act.						
1. FULL LEGAL NAME			2a. AGE - DATE OF BIRTH			
3a. HEIGHT	3b. WEIGHT	4. BL	OOD TYPE	5. DATE		
6a.* ETHNICI	TY:					
6b.* LANGUAGES SPOKEN :						
7. List all members of your household and your relationships to them:					0. REZ SUIT COLOR :	
					9a. MEDICAL CONDITIONS :	
8.* List any pets you've lived with (past and present) :					9b. ALLERGIES :	
Pilot death is an unfortunate possibility in the line of service. To ensure the EDA can best						
meet your wishes for palliative care and last rights, we'd ask that you consider the following questions carefully and answer as clearly as possible:					9c. PAST SURGERIES :	
A. In the event that you enter an unresponsive state for more than one week and our medical teams are reasonably certain you will be unable to recover, you would like the following to be done:						
B.* In the event of unforeseen death, you would like to leave your belongings to :					C1.* Health Proxy :	
					C2. Executor of Will :	
D.* When possible, you would like your body disposed of in the following way :						
By signing the below, you agree that you've answered each question to the best of your ability and verify this information under oath of EDA law. You acknowledge that you understand in the event of a medical or Defensive emergency, any and all of the above requests may have to be disregarded in accordance with EDA protocols.						
SIGN:						

EDA PILOT INTAKE PSYCHE EVALUATION	As an EDA Defender, you are required by law to fill out the following Initial Psyche Evaluation. For your safety and the safety of your fellow pilots it's important for the EDA to have an extensive psychological record, with potential follow-up evaluations in the future. Any questions marked with a (*) must be answered in accordance with Article 4a of the Breksta Act.				
FORM P-1 : INTAKE 0. DATE					
1.* Describe your upbringing :	7. Describe a memory you can never forget :				
	8.* Are you afraid of dying? Why or why not?				
2.* Describe where you feel most at peace :	9. Describe your spiritual beliefs (if you have any) :				
3. List 3 things that annoy you:	10. Describe what you feel is your purpose in life (if any) :				
4.* Describe how your trust is earned :	11. Describe your hobbies :				
5.* Describe when you feel most anxious :	12.* Do you believe killing another human being is ever justified? If so, when?				
6.* Describe your regrets in your life :	13.* List 5 things that make you happy:				
By signing the below, you agree that you've answered each question to the best of your ability and verify this information under oath of EDA law. You acknowledge this information may be shared with superior EDA Personnel and with assigned medical professionals.					
SIGN:					