

 **UNITED**

**FLIGHT ATTENDANT**

**PERSONAL OR SPECIAL**

**LEAVE OF ABSENCE**

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*Personal or Special Leave of Absence*

## **INTRODUCTORY LETTER**

Dear Flight Attendant:

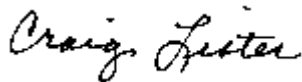
United Airlines is committed to making your transition to/from work as seamless as possible during this leave of absence status. We will honor this commitment by maintaining consistent and timely communication with you to exchange information that will help you through the process. To better serve you, we are available 24 hours a day/7 days a week via the Flight Attendant Service Center.

A Leave of Absence is permission granted by United Airlines to an employee to be away from work without pay for more than 30 days under conditions agreed upon at the time the leave is granted. As an employee on leave of absence status you are retained on inactive status for personnel records purposes. **You are still a United Airlines employee and are responsible to adhere to all provisions of your leave of absence.**

We ask that you take the time to read this packet in its entirety. The packet is designed to provide you with general information, what you need to know before going on leave, during your leave and returning from leave.

Please retain this packet as it will be a source of reference throughout your leave status. If you have any suggestions for improving this packet or any questions, please do not hesitate to contact us, we're here to support your needs.

Sincerely,



Flight Attendant Service Center  
Manager, Administration  
1-800-358-5463

*Personal or Special Leave of Absence*



## FLIGHT ATTENDANT CONSENT FORM

I understand and consent to the conditions of this leave of absence, and my obligations as stated in this leave packet.

1. Follow up with my Supervisor on \_\_/\_\_/\_\_ to advise when I will be returning to duty.
2. I will advise the Company immediately of any personal status change, which occurs, during my leave (name change, address change, phone number, birth or other life events, etc.).
3. I understand I may not return prior to the expiration of this leave unless approved by the Company due to personal hardship (Special Leave only).

### Items to be Turned in to Your Supervisor

- ✓ Identification Badge \_\_\_\_\_
- ✓ Employee Travel Card \_\_\_\_\_
- ✓ Cabin Jumpseat Card \_\_\_\_\_

Items on order or at Brookhurst must be picked up \_\_\_\_\_

*Parking permits in any form are limited to active employees only, regardless of whether the parking is at a domicile or non-domicile location. If you have a parking card for any airport, you are required to turn it in to your supervisor in addition to the above Company items. Your Company items will be returned to you during your Return to Work briefing with your supervisor.*

My signature confirms I have read the leave packet in its entirety and returned all required Company items.

Flight Attendant Name \_\_\_\_\_ File Number \_\_\_\_\_

Leave Termination Date \_\_\_\_\_

Flight Attendant's Signature \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Administrative Supervisor

**Please note that this form must be returned to your Domicile- Administrative Supervisor before LOA start date.**

*Personal or Special Leave of Absence*

## BENEFITS WHILE ON A LEAVE OF ABSENCE

### Reference Chart

	Sick Leave Accrual	Travel Benefits		Vacation Accrual	Seniority Accrual	Retirement Savings Plan	Insurance		
		UA/ UAX	Other				Accidental / Sickness	Dental	Company Life
<b>Medical and Maternity LOA</b>	No	Yes*	No	No **	7 years	No	Yes	Yes	Yes
<b>Special and Personal LOA</b>	No	90 Days ***	No	No	180 Days ****	No	Max of 18 months if you pay premium	Max of 18 months if you pay premium	Max of 180 days if you pay premium
<b>Parental (Male) LOA</b>	Yes	Yes	Yes	Yes	Male F/A 30 Days Newborn	No	Yes	Yes	Yes
<b>Parental (Adoption) LOA</b>	No	Yes	Yes	No	90 Days Adoption	No	Max of 90 days if you pay premium	Max of 90 days if you pay premium	Max of 90 days if you pay premium
<b>Educational LOA</b>	No	First 90 Days	No	No	270 Days	No	Max of 18 months if you pay premium	Max of 18 months if you pay premium	Max of 90 days if you pay premium
<b>Military LOA</b>	No	Yes	No	No	5 Years 90 Days	No	Max of 18 months if you pay premium	Max of 18 months if you pay premium	Max of 180 days if you pay premium

\* Travel privileges on UA only for duration of leave

\*\* Vacation continues to accrue only if medical leave is due to occupational injury or illness

\*\*\* Travel must be completed within 90 days from effective date of leave

\*\*\*\* Company, SW, Pay and date of employment seniority will be adjusted after 180 days

Note: Two consecutive 30-day ANP periods revert to a Personal Leave of Absence. Additionally, any ANP which adjoins a LOA is treated as an extension of the LOA, i.e. if a 30-day ANP Precedes a Special Leave, the effective date of the leave is retroactive to the start of the ANP. This may affect seniority, employee pass travel and insurance.

*Personal or Special Leave of Absence*

## **REFERENCE**

Information pertaining to an employee's status while on leave of absence is contained in Regulations 15-11, and the Flight Attendant Agreement, Section 23.

## **GENERAL POLICIES**

### **Length of Leave**

#### **Personal Leave**

You may request up to 6 months of Personal Leave through your Domicile Manager. This leave may be rescinded by the employee at any time.

#### **Special Leave**

You may request a minimum of two-schedule months time off and up to a maximum of twenty-four months on one request through the LOAREQ screen in Unimatic to be considered when leaves are awarded. Priority will generally be given by seniority to the requests of longest duration on a domicile by domicile basis.

#### **ANP in Conjunction with the Leave**

Any ANP, which adjoins a leave of absence, is treated as an extension to the LOA.

#### *Example:*

If a 30-day ANP precedes a Special or Personal Leave of Absence, the effective date of the leave is retroactive to the start of the ANP.

Any trip by trip ANP granted proceeding or at the end i.e., the last day of the previous month or the first day of the following month, of the leave will also extend the leave. Any extension may effect seniority, Employee Pass Travel, and insurance coverage.

### **Domicile Transfer Request/Requirements**

If while on your leave your transfer is awarded, you will be given the opportunity to terminate your Personal leave to return to work. Special Leaves cannot be rescinded to accept a transfer award. Should you decline your transfer, it will be removed from file with no penalty. Upon return from leave, you may resubmit a transfer bid to the domicile of your choice.

### **Outside Employment**

Outside employment is permitted with approval. Submit a letter with the name of the company and include details of your new job responsibilities to your Administrative Supervisor. This is to ensure there is no conflict of interest between your new job and United Airlines. You will receive a written response to your request.

### **Union Dues**

When a flight attendant takes any leave of absence, she/he is obligated to pay union dues for the first three months of the leave. The AFA bylaws control the duration of dues obligation and could be subject to change. If you have any questions concerning dues, please contact your local union representative.

### **Credit Union**

You may continue membership in the Credit Union while on leave. You should see the Credit Union Representative to discuss any loan obligations.

### **Seniority Accrual**

Personal Leave: Your seniority will accrue for the first 180 days of your leave.

Special Leave: Your seniority will accrue for 180 days during a 12-month period. This 180 days will be counted in any 12-month period (not just a calendar year).

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
30	31	30	31	30	31	30	31	30	31	30	31

[ ]  
91 Day Leave

[ ]  
91 Day Leave

[ ]  
182 Days in a 12-month Period  
Seniority adjustment = 2 days

1. **All** leaves begin and end when the schedule month begins or ends.
2. **Any** number of days **over** the 180 days will cause your seniority to be adjusted by that number of days.
3. Company, classification, pay and date of employment seniority will be adjusted in accordance with the above upon return from a leave.

## PROCEDURES

### Application for a Special Leave of Absence

Request for a Special Leave is made through LOAREQ Screen in FAIS in Unimatic.

Type: LOAREQ/File # (enter).

FILE # LAST NAME FI DOM

LOAREQ/ -----/-----/-----/-----/-----

1. LEAVE OF ABSENCE:	
*REQUEST YOUR LEAVES IN ORDER OF PREFERENCE*	
	TYPE/START DATE/END DATE
#1.	/ -- -- -- -- / -- -- -- --
#2.	/ -- -- -- -- / -- -- -- --
#3.	/ -- -- -- -- / -- -- -- --
#4.	/ -- -- -- -- / -- -- -- --
2. CHECK IF AN EXTENSION OF CURRENT LOA: MATERNITY _ MEDICAL_	
	SPECIAL _ OTHER _
CAUTION: SENIORITY AND BENEFITS MAY BE AFFECTED BY TAKING A LEAVE OF ABSENCE. IT IS IMPORTANT TO REVIEW ALL COMPANY REGS. REGARDING LOAS. A CHECKLIST IS AVAILABLE AT YOUR DOMICILE.	
3. CHECK HERE IF YOU WILL ACCEPT A PORTION OF ANY REQUEST:	
4. CHECK HERE IF YOU HAVE RECEIVED THE LOA PACKAGE:	

1. Type: SP= Special Start Date/End Date: enter desired dates.

Requests must be minimum of 2 schedule months unless:

- a. Extension of existing special leave (by schedule month, not days)
- b. Immediately following a maternity leave - can start mid-month but must follow with a minimum of two schedule months (4/15 to 6/30 not 4/15 to 5/31).
- c. Requests, unless following a Maternity LOA, must begin and end on schedule month start and end dates.
- d. If multiple requests are made and leave dates do not overlap, more than one leave may be awarded. (i.e., Leave Request #1 Jan-Mar and #2 April-June. Both requests may be awarded since dates do not overlap).

2. If extension, check appropriate LOA extension, type an "X".

3. Type an "X" if you will accept a portion of any request.

4. Type an "X" to acknowledge you have received this LOA package.

## **Award Process**

Special Leaves are awarded by Crew Resources Flight Attendant Scheduling and Support at WHQ.

Flight attendants on Medical Leave (L5), Occupational Leave (L9), Extended Illness (S1), Extended Illness-Occupational (S2) and Occupational After Six Months Illness (S0) will be awarded a Special Leave conditional on their clearing United Medical prior to the effective date. Flight Attendant Scheduling and Support will advise the flight attendant and the domicile of the conditional award and that she/he has to clear United Medical before the award can be honored. The flight attendant's supervisor, upon notification of United Medical clearance, will notify the Service Center to enter a "Y" in the RLA section of Line 3 on the FDMS screen in Unimatic. This will prompt Flight Attendant Scheduling and Support to place them on the Special Leave.

Flight attendants on a Medical Maternity (L3) and Extended Illness-Maternity (S3) will be awarded the Special Leave of Absence based upon their request without clearing medical.

Before your leave is awarded, you may cancel your request on the LOAREQ screen. You are entitled to make multiple requests on the screen; however, once your leave is awarded be sure to delete any unwanted leave requests.

If only a portion of your original request is awarded, you should resubmit a request for the unawarded portion. (Once awarded, the leave request disappears from the database). The awards will be posted in the domicile.

## **Extending Your Leave**

When the needs of the operation permit, extensions may be submitted on the LOAREQ screen and will be considered during the normal award process based upon duration of the newly requested leave and seniority.

## **Request for Cancellation or Early Return**

Once your special leave is awarded, it cannot be rescinded. However, there may be unanticipated personal hardships, which warrant canceling, or changing the award. Any exception requires your Domicile Manager's approval. This applies whether or not your leave has commenced. If there is a need to cancel or change your leave, submit a written request to your Administrative Supervisor. Indicate the leave dates awarded and detail the reason(s) for the request. Provide any available documentation, which supports the request. Your reasons along with the needs of the service will be taken into consideration.

If there is a need for you to return from your leave earlier than expected the same procedure should be followed.

## **PRIOR TO LEAVE:**

### **Meeting with your Administrative Supervisor**

Prior to commencement of an LOA, you should make an appointment with your Administrative Supervisor and review the information in this package. It will be your responsibility to ensure you have a complete understanding of this information.

### **Complete Consent Form**

See Consent Form at the front of this packet.

### **Return of Company Property**

By the date you go on leave of absence, you will be required to return:

1. UAL identification badge
2. Employee Travel Card
3. Cabin Jumpseat Card

## **DURING LEAVE:**

### **Home Address and Phone Number**

You are obligated to keep the domicile advised of any change in your status while on leave and to notify the Company of any change of address or phone number. Failure to do so could lead to discipline up to and including termination.

### **Mailbox**

It is your responsibility to make arrangements for you to regularly receive the contents of your Company mailbox.

### **Inflight Handbook**

It is your responsibility to ensure your Inflight Handbook is kept up-to-date during your absence or to purchase a new Handbook prior to your return. Your manual will be inspected upon return to ensure that it is current, in compliance with F. A. R. 121.137.

## **RETURN FROM LEAVE**

### **Before you return...**

1. Arrange Medical Clearance (if leave is over 60 days).
2. Make an appointment for your return from LOA Briefing.
3. Review return-to-work checklist

### **Thirty (30) Days Before You Return**

It is your responsibility to initiate the return from leave process by contacting your Administrative Supervisor. This will begin your return to work processing.

You will not be returned to active status or to a flight schedule without a Supervisor's confirmation that all conditions for return from leave of absence have been met. See your return-to-work checklist included in this packet.

### **Qualifications and Conditions of Return**

Provided you return to work on or before the expiration date of your leave, you are assured reassignment to your former position and domicile, if:

- ✓ you are still physically fit and qualified to perform the job;
- ✓ you have not been otherwise subject to involuntary transfer under the provision of Section 22-J. of The Agreement.

### **If Unable to Return to Flying Status**

If at the time you are scheduled to return to work, you are unable due to personal illness, injury or pregnancy, you will remain on Personal or Special LOA with all benefits remaining as stated in this packet (insurance, pass travel) with the exception of seniority accrual. Your seniority will be protected as outlined in Section 23-C of The Agreement under Medical Leave for a period not to exceed seven (7) years. The seven-year period will commence the day following the original end date of the Personal or Special Leave.

### **Uniform and Appearance**

If you require a new uniform, you will be on without pay basis (DNF) until your new uniform has been issued.

### **Appearance Check**

You must have a complete appearance check in uniform, with your supervisor, prior to your first trip. Plan on doing this when you clear United Medical.

### **Training Requirements**

You may not return to pay status until you have successfully completed all necessary training qualification (e.g., Recurrent Emergency Training). You may fulfill these requirements while you are on leave, provided you have arranged clearance with United Medical. Contact your Administrative Supervisor to schedule your training. If your leave exceeds 12 months, you are not eligible for hourly training pay per Section 15-A of The Agreement.

- ✓ If absence from last day flown is:
- ✓ Less than 12 months – Recurrent Emergency Training (two days)
- ✓ 12-36 months - Requalifications Training and Recurrent Emergency Training (three days)
- Over 36 months - Initial Emergency Training (seven days)

### **Bid for Schedule**

If the last day of your leave is prior to the first day of the schedule month, you should submit a bid for the month following your leave, as you will be awarded a line. If this is not the case, you must contact Flight Attendant Scheduling and Support to determine your schedule.

### **Return to Work Transportation/Pass Travel**

If travel is necessary to return from a leave, you should provide transportation at your own expense if your eligibility for free and reduced transportation has expired.

### **Medical Examination**

Following a leave of over 60 days you must be cleared by the United Medical before returning to active status. It is your responsibility to complete the Interim Medical Evaluation Form (included in this packet) and provide it to United Medical within fifteen (15) days of your scheduled return date. You must contact your supervisor (on or before your return date) to verify you have received clearance from United Medical.

### **Failure to Return**

Failure to return to active duty upon the termination of your leave may result in separation from the Company. If you resign from leave, any eligibility for pleasure or reduced fare travel will cease, effective with your resignation date.

### **Uniform Indebtedness**

An employee who does not return from leave and has not worn her/his replacement uniform one full season (six months) prior to going on leave, will be required to purchase the Company's equity.

## **BENEFITS**

This section describes each of your benefits and how they are affected by your LOA. Please read this section carefully.

### **Travel Benefits**

You and your eligibles (dependents and parents) may use unlimited travel benefits on United and United Express for 90-days following your effective date of leave. Interline, CJA and companion travel cease immediately. You must turn in your travel card on your last day at work. Travel for you and your eligible family members must be completed within the 90-day period following the effective date of your leave. You are responsible for payment of applicable service charges (e.g., International United First®), airport taxes and customs fees, if any.

### **Insurance**

#### **Medical and Dental**

You will have the opportunity to continue your medical and/or dental coverage for up to 18 months (known as COBRA coverage) by paying the full cost of the coverage plus a 2 percent administrative fee. SHPS, Inc., the COBRA administrator, will contact you within 45 days after the effective date of your leave regarding the option to continue your coverage. SHPS will provide you with information regarding the cost continuing your coverage and how to enroll for it.

If you have any questions regarding your medical and/or dental benefits, you may call the Benefits Service Center (WHQIN) at Unitel 482-5236 or 1-800-482-5236.

#### **Long Term Disability Insurance**

Your Long-Term Disability coverage will continue for six months from the beginning of your leave of absence at no cost to you. If your leave extends beyond six months, your LTD coverage terminates but will resume upon your return from leave.

#### **Life Insurance**

The amount of life insurance you may convert to an individual policy is equal to the amount of your current Company-paid employee coverage. You may also convert the amount of dependent life insurance currently in effect for your dependents. You must decide to convert your life insurance within 45 days of the effective date of your leave. You may contact CIGNA at 1-800-385-4148 for your conversion application.

If you participate in the Group Universal Life (GUL) insurance plan, you may continue your coverage on an individual basis within 45 days from the effective date of your leave by paying the premiums directly to the insurance carrier. If you are interested in continuing your policies, you must contact CIGNA at the above phone number.

As of the effective date of your leave, you are no longer eligible to participate in the 24-hour Personal Accident Insurance plan and coverage are discontinued.

### **Vacation and Vacation Pay Accrual**

Your vacation in the year following your leave of absence will be reduced by 1/12th for each 30 days of leave, or major portion thereof (16 days or more), on a prorated basis.

If you are on leave during vacation bidding in November and December and planning to return the following year, you should submit a vacation bid for the following year. The vacation bid package is put in all flight attendant mailboxes. You will not be notified of vacation bidding in any other way. Please ensure you have made arrangements to receive the contents of your mailbox on a regular basis. If you do not bid, an open vacation will be assigned to you.

If your vacation period falls during your leave, you will be paid at the rate of 2.6 hours per vacation day. If requested, your vacation paycheck will be mailed to you.

### **Sick Leave**

No sick-leave payments are made and no sick-leave credit hours accrue while on leave. Your sick-leave balance will remain intact.

### **Pension**

*Flight attendants may retire when they reach age 50 with at least 10 years of continuous service. If you do not return to active service from your special leave of absence, the following applies:*

If you are vested (have five years or more of service) at the time your leave begins, you are eligible to receive pension benefits as early as age 50 with at least 10 years of continuous service. You must send a letter to the Pension Department requesting the payments no sooner than 90 days and no later than 45 days before the first of the month you want payments to begin. The pension benefits will be paid monthly. For information on pension benefits, contact the Pension Programs Department (WHQTE) at Unitel 482-5236 or 1-800-482-5236 and select option 4. You will not be eligible for retiree life insurance or retiree travel or medical benefits.

### **401(k) Savings Plan**

If you are a Participant absent from active employment under a special leave of absence you may not take a full distribution of your 401(k) account. If needed, you may apply for a hardship withdrawal to satisfy and immediate financial need. Hardship withdrawals are not considered eligible rollover distributions and are not subject to 20% mandatory federal tax withholding. However, hardships will be taxed as ordinary income and may be subject to an early distribution penalty tax when you file your income tax return. Please consult your tax advisor regarding your personal situation.

If you have an existing 401(k) loan, you are required to repay the outstanding loan balance in full within 60 days following your leave. If your loan is not paid off, it will be considered a taxable distribution and may be subject to an early distribution penalty tax. To obtain a loan payoff balance, visit the "Loans" section of Fidelity NetBenefits at [www.401k.com](http://www.401k.com) or to apply for a hardship withdrawal contact a Representative by calling the Fidelity Service Center for United Airlines at 1-800-245-9034.

### **Stock Purchase Plan**

You are not eligible to purchase additional shares in the Plan while on leave.

### **Flexible Spending Accounts**

If you are enrolled in a health and/or dependent care Flexible Spending Account (FSA) on the effective date of your leave, your payroll deductions will cease as of that date. If you are enrolled in a health care FSA on the date of your leave however, SHPS, Inc., will contact you within 45 days after your effective date about the option to continue contributions to your FSA (known as COBRA continuation) through December 31, 2002. If you elect to continue contributions to a healthcare FSA, SHPS will bill you for those contributions, which will be on an after-tax basis.

You may submit claims for reimbursement from your 2002 FSA through April 30, 2003. You may submit claims for eligible health care expenses incurred only while you were making contributions to your FSA. For example, if your leave date is October 31, 2002 and you do not elect to continue contributing to your FSA after that date under COBRA, you can not be reimbursed for an expense incurred on November 1, 2002. However, any dependent day care expenses incurred during calendar year 2002 may be submitted for reimbursement.

If you have any questions regarding an FSA, you may contact SHPS at 1-888-999-0656.

**LEAVE OF ABSENCE  
RETURN TO WORK CHECKLIST**

Contact the Flight Attendant Service Center or your domicile at least 30 days prior to your return date.

*Date Accomplished*

**Recurrent Emergency Training**

\_\_\_\_\_

**Company Medical Examination/Clearance**

\_\_\_\_\_

**Special/Personal Leave:**

Complete the attached Interim Medical Evaluation and mail to United Medical. United must receive the Interim Medical Evaluation at least 15 days prior to your return to work date. This will satisfy your medical clearance.

\_\_\_\_\_

**Your Address While on Leave:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Uniform Needs**

\_\_\_\_\_

**Updated Passport & Visa Information**

\_\_\_\_\_

**Updated Inflight Handbook**

\_\_\_\_\_

**Appearance Check**

\_\_\_\_\_

**Revisions to Family Information form  
(as applicable)**

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**Address/ Phone changes  
(updated on FDUG screen)**

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**Revisions to Emergency Contact  
(FDEM Screen in Unimatic)**

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**Seniority Adjustment  
(as applicable)**

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**Return to Work Briefing  
(if out over six months)**

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# INTERIM FLIGHT PERSONNEL/MANAGEMENT MEDICAL EVALUATION FORM

Type of Leave	
<input type="checkbox"/> Medical	<input type="checkbox"/> Maternity
<input type="checkbox"/> Personal	<input type="checkbox"/> Other
Last Date worked _____	

**ALL EXAMINEES COMPLETE THIS SECTION (Type or Print)**

Last Name			First Name			Middle Initial			Check Type: Flight Officer ___ Flight Attendant ___ Management ___ Other ___			
File Number:			Home Address (Number, Street, City, State, Zip Code)									
Telephone Number			Birthplace:		Age		Birth Date		Race		Sex	Marital Status
UA Position Sought of held			Years of UA Service			Present UA Location			Place/Date of Last UA Examination			

The following questions are intended to help you review your interim medical history since your last company physical. Please answer them all.

No.	Question	No	Yes
1.	Have you noticed any unusual growth, lumps or change in color or size in any mole on your skin?		
2.	Have you noticed any blurring or any other difficulty with your vision?		
3.	Are you wearing glasses to correct vision for the first time?		
4.	Have you had any headaches, dizziness or fainting?		
5.	Have you had any buzzing or ringing in your ears or any other problems with your ears?		
6.	Have you had frequent nosebleeds, sore throats, or do your gums bleed?		
7.	Have you had any voice changes or hoarseness that lasted more than one week?		
8.	Have you had a persistent cough or coughed up blood?		
9.	Do you get short or breath with or without effort?		
10.	Do you get chest pain with or without effort?		
11.	Have you had any pressure or heaviness in your chest?		
12.	Have you been told you have an abnormal ECG?		
13.	Have you noticed any heart palpitations or skipped beats?		
14.	Do your ankles swell?		
15.	Do you get pains in either leg when walking?		
16.	Are you on a special diet of any kind?		
17.	Have there been any changes in your appetite?		
18.	Have you had any abdominal pains or heart-burn before or after meals and/or during the night?		
19.	Have you had any trouble with fatty or "greasy" foods?		
20.	Have you had any trouble with excessive belching or bloating sensations?		

No.	Question	No	Yes
21.	Have you noticed any change in your bowel habits (constipation, diarrhea or a combination of both)?		
22.	Have you noticed the need for cathartics?		
23.	Have you passed any blood in your stools?		
24.	Have you had any black or tarry stools?		
25.	Have you been advised to have a GI series, barium enema or gall bladder x-rays, or any other special work-up of the gastro-intestinal system?		
26.	Have you had any unexpected weight loss or gain?		
27.	Have you had any urinary tract difficulties (blood, burning and frequency, loss of force of urine stream, difficulty in starting stream, or kidney stones)?		
28.	Have you had any arthritis or rheumatism?		
29.	Have you had any back pain?		
30.	Have you had any persistent numbness, tingling, weakness or paralysis of any part of your body?		
31.	Do you take part in a regular physical exercise program?		
32.	Do you smoke?		
33.	Have you been on or are you taking any medications?		
34.	Were you hospitalized for any reason?		
35.	Have you consulted a doctor since your last UAL Health Maintenance Medical Examination for any reason other than FAA certification?		
36.	Have you been treated for a nervous breakdown or mental disorder?		
37.	Have you recently had migraine headaches or headaches requiring a visit to the doctor for relief?		
38.	Have you had a convulsion, seizure, fit or been told you have epilepsy of any kind?		
39.	Have you had depression or excessive worry?		
40.	Have you experienced difficulty "clearing" or opening your ears while riding on an airplane?		

(continued on next page)

No.	Question	No	Yes
41.	<b>Females only</b>		
	Date of last menstrual period _____		
	Do you require rest or medicine with your periods?		
	Have you received treatment for any female disorder?		
	Have you had a persistent lump in your breast?		

No.	Question	No	Yes
42.	<b>Males Only</b>		
	Have you had prostate trouble?		
	Have you been treated for any other male disorder?		
	Have you noticed any persistent lump in your breast or testicle?		

**EXPLANATION IF “YES” ANSWERS (Please indicate question number)**

<b>All Examinees</b>	
I certify that the above information is true and complete to the best of my knowledge.	
Signature of Examinee	Date

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