

MEDICAL EXAMINATION REPORT

MEDICAL IN CONFIDENCE

				File Number :-				
(201) Examination Category	(202) Height	(203) Weight	(204) Eye Colour	(205) Hair Colour	(206) Blood pressure – Seated mmHg		(207) Pulse - resting	
Initial <input type="checkbox"/>	cm	kg			Systolic	Diastolic	Rate(bpm)	Rhythm
Renewal <input type="checkbox"/>								Reg <input type="checkbox"/> Irreg <input type="checkbox"/>

Clinical examination: check each item

	Normal	Abnormal		Normal	Abnormal
(208) Head, face, neck, scalp			(218) Abdomen , hernia, liver, spleen		
(209) Mouth, throat, teeth			(219) Anus, rectum		
(210) Nose, sinuses			(220) Genito-urinary system		
(211) Ears, drums, eardrum motility			(221) Endocrine system		
(212) Eyes – orbit and adnexa; visual fields			(222) Upper and lower limbs, joints		
(213) Eyes – pupils and optic fundi			(223) Spine, other musculoskeletal		
(214) Eyes – ocular motility; nystagmus			(224) Neurologic – reflexes, etc.		
(215) Lungs, chest, breasts			(225) Psychiatric		
(216) Heart			(226) Skin, identifying, marks and lymphatics		
(217) Vascular system			(227) General systemic		
(218) Notes: Describe every abnormal finding, Enter applicable item number before each comment.			(226a) Identification marks, scars etc.		

Visual acuity

(229) Distant vision at 6 m

Glasses Contact lenses

	Uncorrected	Corrected to		
Right eye				
Left eye				
Both eye				

(230) Intermediate vision

Uncorrected

Corrected

N14 at 100 cm

	Yes	No	Yes	No
Right eye				
Left eye				
Both eyes				

(231) Near vision

Uncorrected

Corrected

N5 at 30 to 50 cm

	Yes	No	Yes	No
Right eye				
Left eye				
Both eyes				

(232) Glasses

(233) Contact lenses

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Type:		Type:	

(234) Colour Perception	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>
Pseudo- isochromatic plates	Type:	
No of plates:	No of errors:	

(235) Hearing	Right ear	Left ear
Conversational voice test at 2 m back turned to examiner	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Audiometry				
Hz	500	1000	2000	3000
Right				
Left				

(236) **Urinalysis** Normal Abnormal

Glucose	Protein	Blood	Other
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Accompanying Reports	Normal	Abnormal / Comment
(237) ECG		
(238) Audiogram		
(239) Other		

(240) Aviation Medical examiners recommendation:

<input type="checkbox"/> Fit class _____
<input type="checkbox"/> Medical certificate issued by undersigned.
<input type="checkbox"/> Unfit class _____ State reason:
<input type="checkbox"/> Deferred for further evaluation. If yes, why and to whom?

(241) Comment, restrictions, limitations:

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(242) Medical examiner's declaration:

I hereby certify that I/my AME group have personally examined the applicant named on this medical examination report and that this report with any attachment embodies my findings completely and correctly.		
(243) Place and date:	Examiner's Name:	Examiner's rubber stamp and number:
Medical Examiners Signature:		

**INSTRUCTION PAGE FOR COMPLETION OF THE APPLICATION FORM
FOR AN AVIATION MEDICAL CERTIFICATE**

This Application Form, all attached Report Forms and Reports are required in accordance with ICAO instruction and will be transmitted to the Aero Medical Section. Medical confidentiality shall be respected at all times.

The Applicant must personally complete in full all questions (boxes) on the Application Form. Writing must be in **Block Capitals** using a ball-point pen and be legible. Exert sufficient pressure to make legible copies. If more space is required to answer any question, use a plain sheet of paper bearing the application form.

NOTICE: Failure to complete the application form in full or to write legibly will result in non-acceptance of the application form. The making of False or Misleading statements or the Withholding of relevant information in respect of this application may result in criminal prosecution, denial of this application and/or withdrawal of any medical certificate(s) granted.

1. Full Name: State your full name.	16 State your National Identity Card Number. If Foreigner state your Passport Number.
2. File Number: State your File Number allocated to you by your Civil Aviation Authority. Initial Applicants enter 'None'.	17. Aviation licence held: State type of licences. Enter licence number. If no licences are held, state 'NONE'.
3. Date of birth: Specify in order Day (DD), Month (MM), Year (YYYY) in numerals. E.g. 22-08-2008.	18. Medical Certificate denial or revocation: Tick 'YES' box if you have ever had a medical certificate denied or revoked even if only temporary. State date.
4. Age: State your age last birthday.	19. Total flight time hours: State total number of hours flown.
5. Sex: Tick appropriate box.	20. Flight time hours since last medical: State number of hours flown since your last medical examination.
6. Application: Tick appropriate box.	21. Aircraft presently flown: State name of principal aircraft flown. e.g. Boeing 737 etc.
7. Class of medical certificate : Tick appropriate box. Class 1 : Airline Transport Pilot Licences – Aeroplane, helicopter and power- lift Commercial Pilot Licences – Aeroplane, airship, helicopter and power- lift Class 2 : Private Pilot – flight navigator, licences, glider pilot licences, free balloon pilot licences Class 3 : Air Traffic Controller	22. Aircraft Accident/Incident: If 'YES' box ticked. State Date and Country of incident.
8. Any Limitations on the Licence / Medical Certificate: Tick appropriate box and give details of any limitations on your licences/medical certificates, e.g. vision, safety pilot etc	23. Type of flying intended: State whether airline, charter, single-pilot commercial air transport carrying passengers, agriculture, pleasure, etc.

<p>9. Type of licence applied for(Or intended): State type of licence applied for from the following list: Airline Transport Pilot Licence Commercial Pilot Licence Privet Pilot Licence/ Instrument Rating Student Pilot And whether Fixed Wing / Rotary Wing / Both Air Traffic</p>	<p>24. Present flying activity: Tick appropriate box to indicate whether you fly as the SOLE pilot or not.</p>
<p>10. Place and country of birth: State Town and Country of birth.</p>	<p>25. Do you drink alcohol: Tick appropriate box. If 'YES', state weekly alcohol consumption e.g. 2 liters beer.</p>
<p>11. Nationality: State name of country of Citizenship.</p>	<p>26. Do you currently use any medication: If yes, give full details – name, how much you take and when, etc. Include any non-prescription medication.</p>
<p>12. Occupation (principal) State Captain/ First Officer/ Cadet Pilot / None etc.</p>	<p>27. Do you smoke tobacco: Tick appropriate box. Current smokers state type (cigarettes, cigars, pipe) and amount. e. g. 2 cigars daily.</p>
<p>13. Permanent address: State permanent postal address and telephone number.</p>	<p>28.General and medical history: All items under this heading from number 101 to 179 inclusive must have the answer 'YES" or 'NO' ticked. You must tick 'YES' if you have ever had the condition in your life describe the condition and approximate date in the REMARKS box. All questions asked are medically important even though this may not be readily apparent. Items numbered 170 to 179 relate to immediate family history whereas items numbered 150 to 151 must be answered by female applicants only. If information has been reported on a previous application form and there has been no change since. However, you must still tick 'YES' to the condition. Do not report occasional common illnesses such as colds.</p>
<p>14. Employer If principal occupation is pilot, then state employer's name</p>	<p>29. Declaration and consent to obtaining and releasing information: Do not sign or date these declarations until indicated to do so by the medical examiner who will act as witness and sign accordingly.</p>
<p>15. Last medical examination: State date (day, month, year) and place (town, country). Initial applicants state 'NONE'.</p>	