Civil Aviation Authority - Sultanate of Oman
Flight Safety Department - Personnel Licensing Section
Application for An Aviation Medical Assessment

(TO BE COMEPLETED BY THE AEROMEDICAL EXAMINER) **MEDICAL IN CONFIDENCE**

Applicant Name:				Applicant License Number:		
1. Height (m)	2. Weight (kg)	3. BMI	4. Chest Dimension Inspiration Expiration	5. Waist	6. Colour Eyes Hair	7. Pulse (resting) Rhythm Rate (bpm)
8. Blood pressure Systolic Diastolic		9. Physical Impression	10. Dental Records		11. Identifying marks, scars, tattoos or deformity	
12. ECG Previous Date Next Date		13. CXR Previous Date Next Date	14. AUDIO Previous Date Next Date		15. Other Comments	

16. Clinical Examination

Examined System	Normal	Abnormal	Examined System	Normal	Abnormal
Head, Face, Neck, Scalp			Anus, Rectum		
Mouth, Throat, Teeth			Genito-Urinary System		
Nose, Sinuses			Endocrine System		
Ears, Drums, Eardrum Motility			Upper & Lower Limbs, Joints		
Eyes – Orbit & Adnexa; Visual Fields			Spine		
Eyes – Pupils and Optic Fundi			Musculoskeletal		
Varicose Veins			Neurologic - Reflexes, Etc		
Lungs, Chest, Breasts			Psychiatric		
Heart			Skin		
Abdomen, Hernia			Lymphatics		
Liver, Spleen ,Glands			General Systemic		

Describe every abnormal finding (attach additional sheets if necessary).

17. Laboratory and Clinical tests

Tests	Normal	Abnormal	Tests	Normal	Abnormal	Tests	Normal	Abnormal
A- Urinalysis			E- ECG			I- ENT		
B- Peak Expiratory Flow (L/min)			F- Audiogram			J- Blood Lipids		
C- Haemoglobin			G- Ophthalmology			K- Pulmonary Function		
D- Tympanic			H- Name of Other Tests *(if applicable)*					
Comments on Abnormal Findings								

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Visual Acuity	18. If the Candidate Possesses Glasses		**Right**	S	C	A	**Left**	S	C	A
		Distant								
		Near								
	19. Distant Vision At 5m/6m			**Uncorrected**	**Corrected to with glasses**		**Corrected to with Contact lenses**			
		Right								
		Left								
	20. Near Vision At N5 To 50 Cm			**Uncorrected**	**Corrected to with glasses**		**Corrected to with Contact lenses**			
		Right								
		Left								
	21. Colour Perception	◯ Normal ◯ Abnormal								
	22. Pseudoisochromatic Plates	Type: Ishihara /24								
	23. Advanced Colour Test									
	24. Corrective Eye Surgery			Type		Date		Any Complications		
Auditory acuity	25. Conversational voice test at 2m back turned to examiner	Right								
		Left								
	26. Audiometry	Frequency		500	1000	2000		3000	4000	
		Right								
		Left								
	Max Permitted Loss			35				50	60	

Other Comments	

AME Recommendations				
		Limitations	Class of License issue	Next Medical Examination

AME Declaration: I thereby declare that I have carefully considered the statement above, and to the best of my belief, they are complete and correct, and I have not withheld any relevant information or made any misleading statements.

AME Name and NUM		**AME Email**		**Date**	
Expiry DATE		**AME's address**		**AME Stamp**	
AME Signature *Draw your signature*		**AME Contact No.**			

For CAA use only

CAA Medical Assessor	

Submit **Clear**