



Civil Aviation Authority - Sultanate of Oman
Flight Safety Department - Personnel Licensing Section
Application for Aero-Medical Centre (AeMC) Organization
Approval

Applicant Data

Full Name:	
ID Card/ Passport:	
Address:	
Contact Number:	
E-mail Address:	

AeMC (to be approved) Details

Name (of AeMC):	
Address (of AeMC):	
Requesting Certification Approval for:	Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Class C/C <input type="checkbox"/> Class All <input type="checkbox"/>
Initial Approval <input type="checkbox"/>	Renewal Approval <input type="checkbox"/> Change Approval <input type="checkbox"/>

Medical Accountable Manager:

Name:	AME designation number:
Class 1 privilege since (dd /mm /yyyy):	

Deputy Accountable Manager:

Name:	AME designation number:
Class 1 privilege since (dd mmm yyyy):	

1- Name of Qualified AME (S)

Use Annex I to list all qualified AMEs, medical staff and supporting specialist consultants

2- Name Of Nurses & Admin Staff

Use Annex II to list all Aviation nurses and Admin staff

Proposed Administration Documents and Manuals Submitted with The Application

- Management System documentation
- Head of AeMC and the Deputy CV
- Staff training records
- Documents of clinical attachment, or liaison with designated hospitals or medical institute
- Medical department structure
- SOP manual
- Internal Verification procedure
- others



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Details of Proposed Compliance Monitoring System	
Items:	Reference in the organization's documentation
a. Means and methods establishing the internal audit process	
b. Means and methods establishing the feedback system of audit findings to the accountable manger	
c. Nominated person or group of persons, ultimately responsible to the accountable manager of ensuring that the organization remains in compliance with the applicable requirements	
d. Means and methods making personnel aware of their responsibilities	
e. Procedure for amending the documentation	
f. Compliance with the requirement for the direct safety accountability of the accountable manger	
g. Procedure for release of Medical information	
h. Procedure of Cabin crew Medical assessment & or examination	
i. Procedure for nurse's competency check	
j. Details description of the compliance monitoring function of the management system	
k. Compliance with the requirement for the organization's safety policy	
l. Compliance with the requirement for identification of aviation safety hazards entailed by the activities of the organization (in terms of means and methods)	
m. Compliance with the requirements for the evaluation and the management of risks associated with the identified aviation safety hazards (in terms of means and methods)	
n. Compliance with the requirement for the actions to be taken to mitigate the risk and verify their effectiveness (in terms of means and methods)	
o. Compliance with the requirements for making personnel aware of their responsibilities as regards the safety functions (in terms of means and methods)	



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Notes:

If answer to any of the above questions is incomplete: Please provide full details of alternative arrangements separately.

applicant's declaration and acceptance of the General Conditions and Terms of Payment

I declare that I have the legal capacity to submit this application to the CAA and that all information provided in this application form is correct and complete.

I have understood that I am submitting an application for which fees or charges will be levied by CAA in accordance with the Cabinet Decree No. for the yearon the fees and charges levied by the CAA, as last amended. (When Applicable)

Application form has to be signed by the accountable manager

Date	Name of Accountable Manager	Signature	Place

FOR CAA USE ONLY

Aeromedical Inspector Name: _____

Signature: _____ **Date:** _____

Appendix 1

Equipment required at AeMC for issue of Initial Class 1 medicals

- Wash hand basin
- Examining couch
- Haemoglobinmeter
- Uristicks for checking urine (Sugar, Protein, PH and blood)
- Sphygmomanometer (Blood Pressure instrument)
- ENT examining set
- Height and Weight measures
- Clinical laboratory facilities approved by local health authorities for any blood tests required and for urine tests for Drug & Alcohol Testing
- Fireproof filing cabinet

Cardiology

- 12-Lead resting ECG machine
- Stress ECG machine
- 24-hour blood pressure monitoring machine
- 24-hour heart rhythm monitoring machine

Ophthalmology

- Near (Snellen or equivalent), intermediate, and distant vision charts
- Fundoscopy – Ophthalmoscope
- Binocular vision – testing kit
- Ishihara Plates
- Visual fields – perimetry
- Refraction – lenses
- Heterophoria – prisms

Hearing

- Pure-tone (audiometer)

Otorhinolaryngology

- Otoscopy – otoscope
- Rhinoscopy – rhinoscope
- Tympanic function machine
- Vestibular function machine

Pulmonary function

- Spirometer
- Ultrasound machine

Equipment required at AeMC for issue of Initial Class 3 medicals All the above, equipment and the below:

Ophthalmology

- Colour vision ((anomaloscope or equivalent)



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Appendix 2 : List of qualified AMEs, medical staff and supporting specialist consultants

No.	Identification and qualification	
1.	Name	
	Qualification	
	Role	
2.	Name	
	Qualification	
	Role	
3.	Name	
	Qualification	
	Role	
4.	Name	
	Qualification	
	Role	
5.	Name	
	Qualification	
	Role	
6.	Name	
	Qualification	
	Role	

Note: You may copy the Annex if required to add more names.



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Appendix 3: List of Aviation Nurses, and Admin staff

No.	Identification and qualification	
	Name	
	Qualification	
	Role	
	Name	
	Qualification	
	Role	
	Name	
	Qualification	
	Role	
	Name	
	Qualification	
	Role	
	Name	
	Qualification	
	Role	
	Name	
	Qualification	
	Role	