

APPLICATION FORM FOR AN AVIATION MEDICAL ASSESSMENT



(TO BE COMPLETED BY THE AEROMEDICAL EXAMINER)

MEDICAL IN CONFIDENCE

Date of Previous Examination:						
1. Height	2. Weight	3. BMI	4. Chest Dimension Inspiration Expiration	5. Waist	6. Colour Hair Eyes	7. Pulse (resting) Rate (bpm) Rhythm
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			Identifying Marks and 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	Distant	Right	S	C	A	Left	S	C	A	
		Near									
	19. Distant Vision At 5m/6m	Right	Uncorrected	Corrected to with glasses		Corrected to with Contact lenses					
			Left								
	20. Intermediate Vision N14 At 100 Cm	Right	Uncorrected	Corrected to with glasses		Corrected to with Contact lenses					
			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 hereby 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	
CAA DESIGNATION DATE		AME's address		AME Stamp	
AME Signature <i>Draw your signature</i>		AME Contact No.			

For CAA use only

CAA Medical Assessor	
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