

Initial Renewal	Medical Examination	Place	Date
1 FULL NAME (Block Letters, Surname first) Mr./ Mrs. / Ms.			
2 PERMANENT ADDRESS			Telephone No
3 POSTAL ADDRESS (if different from above)			Telephone No
4 PLACE AND DATE OF BIRTH		AGE	5. OCCUPATION
6 EMPLOYER (if applicable)			
7 TYPE OF LICENCE(S) HELD OR APPLIED FOR			
Airline Transport Pilot		ATCO	Licence Number(s)
Senior Commercial Pilot		Flt Radio Operator	Expiry Date(s) of last Medical Certificate(s)
Commercial Pilot		Student Pilot	Expiry Date(s) of 5 Year Licence(s)
Flt Engineer		Private Pilot	
Flt Navigator		PPL Inst Rating	Total Hours flown Since last examination
Type(s) of Aircraft flown since last medical examination		Route(s) flown	
8 If involved in an Aircraft accident since last Medical Examination give date and location,			
9 Name and Address of own General Practitioner			Telephone No
10 Any medication presently being prescribed? YES / NO		If YES give description, purpose and by whom prescribed.	
11 Have you ever been treated for Alcoholism/Drug Addiction? Do you Smoke?..... How much per Day / Week?			
12 Medical History - have you a History of any of the following - if Yes please tick and describe in Remarks			
(a) Frequent or Severe Headaches		(g) High or Low Blood Pressure	(m) Motion Sickness requiring Drugs
(b) Dizziness, Fainting or Unconsciousness		(h) Stomach Trouble	(n) Discharge on Medical grounds from Service
(c) Eye Trouble		(i) Kidney Stone or Blood in Urine	(o) Head Injury
(d) Hay Fever		(j) Sugar or Albumin in Urine	(p) Heart Trouble
(e) Asthma		(k) Epilepsy or Fits	(q) Nervous Trouble of any sort
(f) Have you ever been refused Life Insurance		(l) Any family history of diabetes, epilepsy, tuberculosis	(r) Have you ever been refused a flying licence?
Remarks:			
13 Brief details of any Illness, Accident, Disability or Admission to Hospital since last Medical Examination (or in the six months preceding initial examination).			
Date(s)	Details		Doctor's Name and Address
14 Declaration			
I hereby declare that I have carefully considered the statements made above and that to the best of my belief they are complete and correct and that I have not withheld any relevant information or made any misleading statement. I understand that if I have, with intent to deceive, made any false representation for the purpose of procuring for myself a medical certificate, I may be guilty of a criminal offence.			
Consent To Obtaining Of Medical Information			
I hereby consent to the Civil Aviation Authority's Medical Department (so long as I hold or I'm an applicant for the issue or for the renewal of a medical certificate) obtaining information about my health from any medical adviser or facility consulted by me.			
Signed Witnessed			
Date Name in BLOCK LETTERS			
Address			
15 Routine ECG, CXR Reports and other tests reports and tracings should be securely attached to this examination report. AMEs are advised to retain copies of reports for future reference.			
AMEs comments including recommendation for further progress reports, specialist consultations should be submitted on a separate sheet of paper.			
47	ECG	CAA Official Use Only	
Date of Next:	CXR	Annex 1 Requirements	
	AUDIO	Attained	Not Attained
Medical Certificate Issued:	YES / No	Prof Pilot	
	If YES, Class Issued	PPL/IR	
AME Signature and Stamp	Date	FN	
		FE/FRO	
		ATCO	
		S/PPL	

REPORT OF MEDICAL EXAMINATION

16 Height Inches / cm	17 Weight Kgs / lbs	18 Chest Insp. in cm Exp. in cm	19 Waist Inches / cm		
20 Identifying Marks, Scars, Tattoos, Deformities: Colour of hair: Colour of eyes: Physical Impression:			21 ECG Date of last CXR Audio		
Please complete each item and place a tick in the appropriate column	Normal	Abnormal	NOTES: Enter item number before each comment. Any abnormal finding should be given in detail. Attach additional sheet(s) if necessary.		
22 Head. Neck					
23 Mouth. Throat. Teeth					
24 Sinuses					
25 Ears. Drums. Valsalva					
26 Lungs. Chest including Breasts					
27 Heart. Size, Auscultation					
28 Vascular System. Varicose Veins					
29 Pulse Rate (Sitting, Standing)					
30 Blood Pressure - Systolic/Diastolic (Recumbent) Pulse Rate					
31 Abdomen, Hernia					
32 Liver. Spleen, Glands					
33 Anus. Rectum (Haemorrhoids, Fistula, Prostate)					
34 Genito-urinary System					
35 Endocrine System					
36 Upper, Lower Limbs. Joints					
37 Spine. Spinal Movements					
38 Neurological (Reflexes, equilibrium, etc)					
39 Skin					
40 Psychiatric					
41 Last Menstruation Date.....	Pelvic Examination (If applicable)				
42 EYES VISUAL ACUITY					
Lids, Pupils, Lens, Media, Fundi	Normal	Abnormal	Right Left		
Distant Division (Standard Test Types)	Without Glasses				
	With Glasses				
Near Vision (N type at 30 to 50 cm) (Able to read N5 in the range 30 to 50 cm)	Without Glasses				
	With Glasses				
Accommodation in cm (Near point 30 cm (12 in) with or without lenses)	Without Glasses				
	With Glasses				
Does the Candidate Possess Glasses	YES / NO	RIGHT	S C A		
Prescription of Glasses if applicable	Near / Distant		LEFT	S C A	
Field of vision by confrontation test	Normal	Abnormal	Power of convergence in cm		
			Result of cover test		
43 COLOUR PERCEPTION (Initial medical exam only - ALL licences) Tested by pseudo-isochromatic (Ishihara) plates (if abnormal a Lantern test MUST be performed for ALL licences) Tested by, an approved Colour Perception Lantern		Normal	Abnormal	Remarks:	
44 MEASURE OF HETEROPHORIA Maddox Rod Maddox Wing		Exophoria	Esophoria	Hyperphoria	
45 AUDITORY ACUITY Any hearing difficulty with <i>Conversational</i> voice at 8 feet with back to examiner? YES / NO					
At what distance from examiner can <i>Forced Whisper</i> be heard in each ear separately? (when appropriate) Rinne:..... Weber:.....		Right:	Left:		
AUDIOMETRY (For periodicity see AME Manual)	Right	Frequency	Left	Max Permitted Loss	Remarks:
		3000		50	
		2000		35	
		1000		35	
		500		35	
46 URINALYSIS Albumen Sugar Other.....		Remarks:			