LOGO

CIVIL AVIATION ADMINISTRATION/MEMBER STATE

APPLICATION FORM FOR A MEDICAL CERTIFICATE

MEDICAL IN CONFIDENCE

Complete this page fully and in block capitals - Refer to instructions for completion.

(1) State of licence issue:		(2) Medical certificate applied for: class 1 □ class 2 □ LAPI										
(3) Surname:			(4) Previ	ous surname(s):		(12) Application: Initial Revalidation/Renewal						
(5) Forename(s):			(6) Date	of birth(dd/mm/yyyy):	(7) Sex: Male Female							
(8) Place and country of birth:			(9) Natio	onality:		(14) Type of licence applied for:						
(10) Permanent address:			(11) Post	tal address (if different):								
Country: Telephone No.: Mobile No.: E-mail:		Country: Telephor	ne No.:		(15) Occupation (principal): (16) Employer: (17) Last medical examination: Date: Place:							
(18) Licence(s) held (type): Licence number: State of issue:				(19) Any limitations on licence(s)/medical certificate held No ☐ Yes ☐ Details:								
(20) Have you ever had a medic licensing authority? No □ Yes □ Date: Details:	ate denied, suspended or revoke Country:	(21) Flight time total: (22) Flight time since last medical: (23) Aircraft class/type(s) presently flown:										
(24) Any aviation accident or rep No ☐ Yes ☐ Date: Details:	ident since last medical examina Place:	(25) Type of flying intended: (26) Present flying activity: Single pilot □ Multi pilot □										
(27) Do you drink alcohol? ☐ No ☐ Yes, amount (29) Do you smoke tobacco? ☐ No, never ☐ No, date stopped: ☐ Yes, state type and amount:				(28) Do you currently use any medication? No □ Yes □ State medication, dose, date started and why:								
General and medical history:	Do you ha	ave, or have you ever had, any	of the fo	ollowing? (Please tick).	If yes, give de	etails in	remarks section (30).					
	Yes No		Yes	No	Ŋ	Yes No	Family history of:	Yes No				
101 Eye trouble/eye operation		112 Nose, throat or speech disorder		123 Malaria or other trop	ical disease		170 Heart disease					
102 Spectacles and/or contact lenses ever		113 Head injury or concussion		124 A positive HIV test			171 High blood pressure					
worn		114 Frequent or severe headaches		125 Sexually transmitted	disease		172 High cholesterol level					
103 Spectacle/contact lens prescriptions		115 Dizziness or fainting spells		126 Sleep disorder/apnoe	ea syndrome		173 Epilepsy					
change since last medical exam.		116 Unconsciousness for any reason		127 Musculoskeletal illne	ess/impairment		174 Mental illness					
104 Hay fever, other allergy		117 Neurological disorders; stroke,		128 Any other illness or	injury		175 Diabetes					
105 Asthma, lung disease		epilepsy, seizure, paralysis, etc.		129 Admission to hospita	al		176 Tuberculosis					
106 Heart or vascular trouble		118 Psychological/psychiatric trouble of		130 Visit to medical prac	titioner since		177 Allergy/asthma/eczema					
107 High or low blood pressure		any sort		last medical examina	ation		178 Inherited disorders					
108 Kidney stone or blood in urine		119 Alcohol/drug/substance abuse		131 Refusal of life insura			179 Glaucoma					
109 Diabetes, hormone disorder					ince							
		120 Attempted suicide		132 Refusal of flying lice								
110 Stomach, liver or intestinal trouble		120 Attempted suicide 121 Motion sickness requiring medication	on		ence		Females only: 150 Gynaecological, menstrual					
110 Stomach, liver or intestinal trouble 111 Deafness, ear disorder		<u> </u>		132 Refusal of flying lice 133 Medical rejection fro	om or for		•					
111 Deafness, ear disorder (30) Remarks: If previously reported and r (31) Declaration: I hereby declare that I h misleading statements. I understand that, if	ave carefully f I have made	121 Motion sickness requiring medication 122 Anaemia/sickle cell trait/other blood disorders 2e, so state. considered the statements made above and any false or misleading statements in co	d to the best	132 Refusal of flying lice 133 Medical rejection for military service 134 Award of pension or for injury or illness of my belief they are complete th this application, or fail to rel	once om or for compensation and correct and the lease the supporting		150 Gynaecological, menstrual problems 151 Are you pregnant?					
111 Deafness, ear disorder (30) Remarks: If previously reported and r (31) Declaration: I hereby declare that I h	ave carefully f I have made lraw any med INFORMAT ese document	121 Motion sickness requiring medication 122 Anaemia/sickle cell trait/other blood disorders 22. so state. considered the statements made above and any false or misleading statements in colical certificate granted, without prejudice to ION: I hereby authorise the release of all its or electronically stored data are to be used.	d to the best nnection wit to any other information and for comp	132 Refusal of flying lice 133 Medical rejection fromilitary service 134 Award of pension or for injury or illness of my belief they are complete the this application, or fail to relaction applicable under national contained in this report and any oletion of a medical assessment	om or for compensation and correct and the ease the supporting I law. or all attachments to	medical i	150 Gynaecological, menstrual problems 151 Are you pregnant? or withheld any relevant information information, the licensing authority in a cand, where necessary, to the medical	nay refuse to				

MEDICAL	EXAMIN	ATIO								ASS 2 APPI				ICAL IN C	CONF	IDENCE
(201) Examin	ation category	/		(202) He	eight	(203) W	eight	(204)	Colour	(205) Colour		slood press		07) Pulse -	restin	ng
Initial				(cm)		(kg)		eye		hair	seated ((mmHg)	Ra	ate (bpm)	Rh	ythm:
Revalidation		Renewal													reg	ular 🛘
Special referra											Systolic	e Diasto	lic			egular 🛮
Clinical exan						Norma	l Al	bnormal						Norma	al	Abnorma
(208) Head, fa		lp							(218) A	Abdomen, hernia	a, liver, s	pleen				
(209) Mouth,	throat, teeth								(219) A	Anus, rectum						
(210) Nose, si									(220) C	Genito-urinary s	ystem					
(211) Ears, dr	ums, eardrum	motility							(221) E	Endocrine system	n					
(212) Eyes - o	rbit & adnexa	ı; visual i	fields						(222) U	Jpper & lower li	imbs, joii	nts				
(213) Eyes - p										pine, other mus						
(214) Eyes - o	cular motility	; nystagi	nus						(224) N	Veurologic - refl	exes, etc					
(215) Lungs, o	chest, breasts								` /	sychiatric						
(216) Heart									(226) S	kin, identifying	marks a	nd lympha	tics			
(217) Vascula	r system								(227) C	General systemic						
(228) Notes: 1	Describe ever	y abnorn	nal find	ing. Ente	r appli	cable item	numl	ber befor	e each co	omment.						
Visual acuity																
(229) Distant v							(2	236) Pul	monary	function		(237) H a	emoglol	oin		
	Uncorrected	1		Spectac	·les	Contact										
				Брестис	7103	lenses	F	EV ₁ /FV	С	%					_ (un	it)
Right eye		Con														
Left eye		Con					N	Normal		Abnormal □		Normal		Abnori	nal [
Both eyes		Con	r. to													
							(235) Uri	nalysis	Normal	Al	onormal []			
(230) Intermed		Uncor	rected	C	orrect	ed	C	Glucose		Protein		Blood		Other		
N14 at 100 cn	1	Yes	No	Yes		No										
Right eye							A	Accompa	nying re	eports						
Left eye											Not per	formed	Norma	ıl Abno	rmal/C	Comment
Both eyes							_ \	238) EC								
								239) Au								
(231) Near vis	sion	Uncor	rected		orrect	ed	(240) Opl	hthalmol	ogy						
N5 at 30-50 c	m	Yes	No	Yes		No			L (ENT)							
Right eye									od lipids							
Left eye							(243) Pul	monary f	function						
Both eyes							(244) Oth	er (what	?)						
(232) Spectac			(233)	Contact		3										
Yes □	No □		Yes	□ 1	No 🗆											
Type:			Type:				(2	247) AN	IE recon	nmendation:						
D - f4:		C 1-	C1	A:-		A 11	N	Name of	applicant	:	Date of	of birth:		Refere	nce nu	ımber:
Refraction		Sph	Cyl	Axis	•	Add										
Right eye																
Left eye								☐ Fit fo	r class:							
(313) Colour	perception		Norm	al 🗆	Abnor	mal 🗆		☐ Medi	cal certif	icate issued by	undersigi	ned (copy	attached)	for class: -		
Pseudo-isochr	omatic plates		Type:	Ishihara	(24 pl	ates)		☐ Unfit	for class							
No of plates:			No of	errors:			[☐ Defer	red for fi	urther evaluatio	n. If yes,	why and t	o whom?	?		
(234) Hearing								249) Car	ta	limitations						
(when 239/24			Right		Left ea		(.	248) Cu	iiiiieiits,	limitations						
Conversationa			Yes		Yes [l l										
with back turn	ed to examin	er	No	□ :	No []										
Audiometry						****										
Hz	500	1000)	2000		3000										
Right																
Left																
(2.10) :																
(249) AME de																
		_	-	•	ly exa	mined the	applic	cant nam	ed on thi	s medical exam	ination re	eport and t	hat this r	eport with	any at	tachment
embodies my		pietely ar	nd corre	ectly.		A 3 4T		1 11				43.50		N		
(250) Place ar	nd date:					AME na	me an	d addres	s:			AME o	ertificate	e No.:		
AME						-										
AME signatur	e:					E										
						E-mail: Telephor	ne No									
						Telefax		••								
						1 CICIAN	. 10									

Shaded areas do not require completion

MEDICAL EXAMINATION REPORT FORM FOR LAPITAPPI ICANTS

MEDI	CAL EA	AWII	NAI	HON	KEP	OKIFU)KWI I	OKL	APL APP	LICAN	15	IVII	EDICAL	IN CONF	IDEN
(201) Examin	ation categor	у		(202) H	leight	(203) Weig	ht (20-	4) Colour	(205) Colour	(206) Bloo	d pressure-	(207)) Pulse - re	esting	\Box
Initial		•		(cm)	Ü	(kg)	eye	<i></i>	hair	seated (mm	nHg)		(bpm)	Rhythm:	
Revalidation		Renewal				_					-		. 1	regular	
Special referra	al 🗆						Systolic			Systolic	Diastolic			irregular	
Clinical e	xam: Check	each item				Norm	al Abno	ormal				•	Nori	mal Al	bnorm
(208) Head, fa	ace, neck, sca	alp						(218) A	bdomen, herni	a, liver, splee	n				
(209) Mouth,	throat, teeth	•							anus, rectum						
(210) Nose, si	inuses							(220) C	Senito-urinary s	ystem					
(211) Ears, dr		n motility						_ `	indocrine syster	~					
(212) Eyes - c									Jpper & lower l						
(213) Eyes - p									pine, other mus						
(214) Eyes - c			mus					. /	leurologic - refl						
(215) Lungs,									sychiatric	,					
(216) Heart									kin, identifying	marks and b	vmphatics				
(217) Vascula	ır system								General systemic		, <u>,</u>				
(228) Notes:		rv abnorn	nal fin	ding En	ter applic	cable item nu	mber bef						I.		
(220) 1100051	2 0 0 0 1 0 0 1 0	i i uoiioiii		ug. 2	иррич			ore ederi e							
Visual act	ıity														
	ant vision at	5m /6m					(236) P 1	ulmonary	function	(23)) Haemogl	obin			
()	Uncorrecte				C	ontact		J			,				
				Spect	acles	enses	FEV ₁ /F	VC	%					(unit)	
Right eye		Cor	r. to											,	
Left eye		Con					Normal	□ Abı	normal \square	No	rmal 🗆	Abn	ormal 🗆]	
Both eyes		Cor													
	1				I		(235) U	rinalysis	Normal	Abnorma	1 🗆				
(230) Interme	diate vision	Uncor	rected		Correcte	d	Glucose		Protein		ood		Other		
N14 at 100 cn		Yes	No	Ye		No	Oluc obc		11010111	5.	004		o tiner		
Right eye	•	100	110	1		110	Accom	oanying re	eports						
Left eye							11000111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Porus	Not perform	ed Nor	mal	Abnorma	al/Comme	nt
Both eyes							(238) E0	CG							
		<u> </u>		L	l l			udiogram							
(231) Near vis	sion	Uncor	rected		Correcte	d		phthalmol	ogv						
N5 at 30-50 c		Yes	No	_		No		RL (ENT)	753						
Right eye		103	140	10	.3	110		lood lipids							
Left eye								ılmonary f							
Both eyes								ther (what							
(232) Spectac	loc		(222	Conto	ct lenses		(244) 0	uici (wiiat	•)				l		
Yes \square	No 🗆		Yes		No \square										
	NO L				NO L		(0.17) 1	AF (C) AP							
Type:		1	Туре	2:					recommendat		.1		D. C	1	
Refraction		Sph	Cyl	Ax	is	Add	Name of	f applicant	:	Date of bi	rth:		Reference	e number	
D' 1.		-	<u> </u>												
Right eye		1	 	-				1.	1						
Left eye			N.T.	1. 🗖	A 1-	1 🖂			l certificate for		(· · ·	4) . c	. I ADI		
(313) Colour				nal 🗆	Abnorn		☐ Medical certificate issued by undersigned (copy attached) for LAPL								
Pseudo-isochi	omatic plate	S			ra (24 pla	ites)	☐ Unfit for class: ☐ Deferred for further evaluation. If yes, why and to whom?								
No of plates: (234) Hearing			NO C	of errors:			L Dei	erred for fi	irtner evaluatio	n. 11 yes, wn	and to who	om?			
(when 239/24		aad)	Diah	ıt ear	Left ear										
Conversationa					Yes \Box		(248) C	ommonto	limitations						
with back turn		` '	No		No 🗆		(246) C	omments,	miniations						
with back turi	icu to examin	ici	140	_	140										
Audiometry							L								
Hz	500	1000		2000	300	10									
Right	300	1000		2000	300										
Left															
Leit															
(249) AM	E/GMP decl	aration.													
			114 000	minad t	ha anni:	ant named a	n this ma	dical aven	nination report	and that this	raport with	ony cf	tachmant	ambodica	m
			пу еха	анинеа т	не аррис	ant named 0	uus me	uicai exan	imation report	and mat this	report with	any at	taciiment	emboaies	шу
findings com (250) Place a		orrectly.				AME/GMF) nama co	d addrass:			AME and	rtificat	e No./GM	D	
(230) Place a	na uate.					AIVIE/GIVIE	паше ап	u audress:			identifica			1	
AME/GMP s	ianoturo					-					Identifica	ation in	0		
AIVIE/GIVIP S	ignature:					E-mail:									ļ
						Telephone	No ·								
						Telefay No					1				

OPHTHALMOLOGY EXAMINATION REPORT FORM

 $Complete \ this \ page \ fully \ and \ in \ block \ capitals-Refer \ to \ instructions \ for \ completion.$

MEDICAL IN CONFIDENCE

Applicant's details												
(1) State applied to:	(2) Medi	cal certificate applie		class 1		class 2						
(3) Surname:			(4) Previ	ous surname(s):		(12) Application: Initial Revalidation/Renewal						
(5) Forename(s):	(6) Date	of birth:	ex:	(13) Reference number:								
(301) Consent to release of me attachments to the AME and, velectronically stored data, are to authority, providing that I or my all times.	essary, to the or completion	sessor of the licens al assessment and w	ing auth	nority, reame and r	cognising the emain the pr	at these doc operty of the	uments e licensii	or ng				
Date		Sign	ature of applicant			Signatu	re of AME					
(302) Examination category: Initial E Revalidation E Renewal E Special referral]]]) Ophthalmo	ological history	<i>r</i> :								
Clinical examination				Visual acuity								
Check each item		Normal	Abnormal	(314) Distant	vision d Uncorre			Contact lenses				
(304) Eyes, external & eyelids				Right eye		Co	orrected to					
(305) Eyes, Exterior				Left eye			orrected to		<u> </u>			
(slit lamp, ophth.) (306) Eye position and movemen	rta.			Both eyes (315) Interme	. d:		orrected to	s Conta				
					Uncorre	ected		Speciacies	lenses			
(307) Visual fields (confrontation	n)			Right eye			orrected to		_			
(308) Pupillary reflexes (309) Fundi (Ophthalmoscopy)				Left eye Both eyes			orrected to					
(310) Convergence c		(316) Near vi		30-50cm	nrected to	Spectacles	s Contaction lenses					
(311) Accommodation D					Uncorrected Right eye Co			orrected to				
(311) Accommodation D	<u> </u>			Left eye			orrected to		1			
(312) Ocular muscle balance (in	prisme di	optres)		Both eyes			orrected to		1			
Distant at 5m/6m]	Near at 30-5	60 cm									
Ortho	Ortho			(317) Refract	ion	Sph	Cylinder	Axis	Near (add)			
Eso	Eso			Right eye			•					
Exo	Exo			Left eye			Spectacles prescription based					
Hyper	Hyper			Actual refrac	tion exa	mined S	Spectacles pro	escription ba	sed			
Cyclo Tropia Yes No	Cyclo	Vac	No	(318) Spectacles (319) Contact lenses								
Fusional reserve testing Not per	Phoria formed	Yes Normal	No Abnormal		nes \Box		Yes D No D					
(313) Colour perception	iornica .	TTOTITIAL	7 tonorman	Type:		Type:						
Pseudo-Isochromatic plates	Type:	Ishihara (2	4 plates)] -,,,,			- 7 F - 1					
No of plates:		errors:		(320) Intra-o	cular pr	essure						
Advanced colour perception test: Method:	ing indicat	ted Yes	No	Right (mmHg	g)		Left (mmHg)					
Colour SAFE Colour U	NSAFE			Method Normal □ Abnormal □								
(321) Ophthalmological rema	rks and	recommen	dation:									
(322) Examiner's declaration	1:											
I hereby certify that I/my AM: this report with any attachmen					med on	this med	dical examir	nation repor	t and th	ıat		
(323) Place and date:			xaminer's nar	me and address: (I	olock	AME o	r specialist s	stamp with	No.:			
AME signature:		(apitais)										
		E-mail: Telephor Telefax I										

OTORHINOLARYNGOLOGY EXAMINATION REPORT FORM Complete this page fully and in block capitals – Refer to instructions for completion.

MEDICAL	IN COME	IDENCE
MEDICAL		IDENCE

Applicant's details							1,1	LDICI	LI	COIN	IDE:	CL		
(1) State applied to:	(2)	(2) Medical certificate applied for:						class 1 □ class 2						
(3) Surname:		(4)	(4) Previous surname(s):					(12) Application: Initial Revalidation/Renewal						
(5) Forename(s):		(6)	Date of birth:		(7) Se Male Femal		(13) Reference number:							
(401) Consent to release of medical attachments to the AME and, where not electronically stored data, are to be use authority, providing that I or my physicall times.	licensing a ent and wi	authorit 11 becoi	y, recog me and 1	nising emair	that the property	hese d	ocume y of th	ents, or ne licer	r any nsing					
Date	Si	gnature of appl	icant	Signature of AME										
(402) Examination category: (4	403) Otorhino	olaryngologi	ical history:											
Initial □ Special referral □	,	, , ,												
Clinical examination	_													
Check each item		Normal	Abnormal	(419)	Pure to	tone audiometry								
(404) Head, face, neck, scalp				111	-		_ `	earing						
(405) Buccal cavity, teeth (406) Pharynx				Hz	250	Right ear			Lei	t ear				
(407) Nasal passages and naso-pharynr	ıv				500				+					
(incl. anterior rhinoscopy)	11/				000				+					
(408) Vestibular system incl. Romberg	test				000				+					
(409) Speech					000				+					
(410) Sinuses					000				1					
(411) Ext acoustic meati, tympanic mea	mbranes			60	000									
(412) Pneumatic otoscopy				80	000									
(413) Impedance tympanometry includ	ing													
Valsalva menoeuvre (initial only)			(420)	Audio ₈									
							Right			- = Aiı				
		1	1			x = 1	Left			. = Bo	ne			
Additional teating (if indicated)	Not	Normal	Abnormal	dB/H	,				$\vdash \vdash$					
Additional testing (if indicated)	performed	Normai	Abhormai	—1		+			\vdash					
(414) Speech audiometry	periorinea				0									
(415) Posterior rhinoscopy					0				$\vdash \vdash$					
(416) EOG; spontaneous and			l .		0									
positional nystagnus					0									
(417) Differential caloric test or					0									
vestibular autorotation test					0									
(418) Mirror or fibre laryngoscopy				6	0									
				7	0									
					0									
(421) Otorhinolaryngology remarks	and recomm	endation:			0									
				10					igsquare					
				11	_	-			$\vdash \vdash$					
				12		500 10	00 2	000 2	000 4	000 6	000 0	000		
				Hz	250	500 10	00 2	000 3	000 4	000 6	000 8	000		
(422) Examiner's declaration:														
I hereby certify that I/my AME group with any attachment embodies my find				named on	this me	dical ex	amina	tion re	port ar	nd that	this re	eport		
(423) Place and date:	<u> </u>		name and	address:	(block	ДМЕ	oren	ecialist	t ctam•	with	No:			
(723) I face and date.	capitals		name and	udui 055.	OIOCK	AWIE	or sp	ciaiisl	stattif	, with	110.			
AME signature:														
	E-mail:													
		one No.:												