

|  |              |              |                  |                   |                                    |           |                       |        |
|--|--------------|--------------|------------------|-------------------|------------------------------------|-----------|-----------------------|--------|
| Surname:   |              | Forenames:   |                  |                   | Date of birth:                     |           |                       |        |
| (201) Examination category:  | (202) Height | (203) Weight | (204) Eye Colour | (205) Hair Colour | (206) Blood pressure (seated) mmHg |           | (207) Pulse - resting |        |
| <input type="checkbox"/> Initial <input type="checkbox"/> Renewal / Revalidation | cm           | kg           |                  |                   | Systolic                           | Diastolic | Rate                  | Rhythm |

| Clinical exam: Check each item                    | Normal                   | Abnormal                 |  | Normal                   | Abnormal                 |
|---|--------------------------|--------------------------|--|--------------------------|--------------------------|
| (208) Head, face neck, scalp                      | <input type="checkbox"/> | <input type="checkbox"/> | (218) Abdomen, hernia, liver, spleen         | <input type="checkbox"/> | <input type="checkbox"/> |
| (209) Mouth throat, teeth                         | <input type="checkbox"/> | <input type="checkbox"/> | (219) Anus, rectum                           | <input type="checkbox"/> | <input type="checkbox"/> |
| (210) Nose, sinuses                               | <input type="checkbox"/> | <input type="checkbox"/> | (220) Genito-urinary system                  | <input type="checkbox"/> | <input type="checkbox"/> |
| (211) Ears, drums, eardrum motility               | <input type="checkbox"/> | <input type="checkbox"/> | (221) Endocrine system                       | <input type="checkbox"/> | <input type="checkbox"/> |
| (212) Eyes - orbit & adnexa; visual fieldssynfält | <input type="checkbox"/> | <input type="checkbox"/> | (222) Upper & lower limbs, joints            | <input type="checkbox"/> | <input type="checkbox"/> |
| (213) Eyes - pupils and optic fundi               | <input type="checkbox"/> | <input type="checkbox"/> | (223) Spine, other musculoskeletal           | <input type="checkbox"/> | <input type="checkbox"/> |
| (214) Eyes - ocular motility; nystagmus           | <input type="checkbox"/> | <input type="checkbox"/> | (224) Neurologic - reflexes, etc.            | <input type="checkbox"/> | <input type="checkbox"/> |
| (215) Lungs, chest, breasts                       | <input type="checkbox"/> | <input type="checkbox"/> | (225) Psychiatric                            | <input type="checkbox"/> | <input type="checkbox"/> |
| (216) Heart                                       | <input type="checkbox"/> | <input type="checkbox"/> | (226) Skin, identifying marks and lymphatics | <input type="checkbox"/> | <input type="checkbox"/> |
| (217) Vascular system                             | <input type="checkbox"/> | <input type="checkbox"/> | (227) General systemic                       | <input type="checkbox"/> | <input type="checkbox"/> |

(228) **Notes:** Describe every abnormal finding. Enter applicable item number before each comment.

### Visual acuity

|                                 |             |         |                |
|---------------------------------|-------------|---------|----------------|
| (229) Distant vision at 5m / 6m | Uncorrected | Glasses | Contact lenses |
| Right eye                       |             |         |                |
| Left eye                        |             |         |                |
| Both eyes                       |             |         |                |

|   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| (230) Intermediate vision N14 at 100 cm | Uncorrected              |                          | Corrected                |                          |
|   | Yes                      | No                       | Yes                      | No                       |
| Right eye                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Left eye                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Both eyes                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|                                  |                          |                          |                          |                          |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (231) Near vision N5 at 30-50 cm | Uncorrected              |                          | Corrected                |                          |
|                                  | Yes                      | No                       | Yes                      | No                       |
| Right eye                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Left eye                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Both eyes                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  |   |     |      |     |
|--|---|-----|------|-----|
| (232) Glasses <input type="checkbox"/> Yes <input type="checkbox"/> No | (233) Contact lenses <input type="checkbox"/> Yes <input type="checkbox"/> No |     |      |     |
| Type:  | Type:   |     |      |     |
| Refraction   | Sph   | Cyl | Axis | Add |
| Right eye  |   |     |      |     |
| Left eye   |   |     |      |     |

|   |  |
|---|--|
| (313) Colour perception Pseudoisochromatic plates | Type (Ishihara):                       |
| No of plates:                                     | No of errors:                          |
| <input type="checkbox"/> Colour safe              | <input type="checkbox"/> Colour unsafe |

(248) **Comments, restrictions, limitations:**

(249) **Medical examiner's declaration:**

I hereby certify that I/my AME group have personally examined the applicant named on this medical report and that this report with any attachment embodies my findings completely and correctly.

(250) Place and date:

Examiner's name and address:

Medical examiner's stamp

Medical examiner's signature

Telephone No: \_\_\_\_\_

E-mail: \_\_\_\_\_

|  |           |  |
|--|-----------|--|
| (234) <b>Hearing</b> (when 241 not performed)<br>Conversational voice test at 2 m<br>back turned to examiner | Right ear | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|  | Left ear  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

### Audiometry

|       |     |      |      |      |
|-------|-----|------|------|------|
| Hz    | 500 | 1000 | 2000 | 3000 |
| Right |     |      |      |      |
| Left  |     |      |      |      |

|   |         |       |       |
|---|---------|-------|-------|
| (235) <b>Urinanalysis</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal |         |       |       |
| Sugar   | Protein | Blood | Other |

|   |   |
|---|---|
| (236) <b>Pulmonary function</b>                                   | (237) <b>Haemoglobin</b>  |
| FEV1/FVC _____ %  | _____ g/l   |
| <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal |

| Accompanying reports     | Not performed            | Normal                   | Abnormal                 |
|--------------------------|--------------------------|--------------------------|--------------------------|
| (238) ECG                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (239) Audiogram          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (240) Ophthalmology      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (241) ORL (ENT)          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (242) Blood lipids       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (243) Pulmonary function | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (244) Other (pcs _____)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(247) **Aeromedical medical examiner's recommendation:**

|  |
|--|
| <input type="checkbox"/> Fit, Class: _____   |
| <input type="checkbox"/> Medical certificate issued, Class: _____                  |
| <input type="checkbox"/> Unfit, Class: _____                                       |
| <input type="checkbox"/> Deferred for further evaluation. If yes, why and to whom? |

## AME INSTRUCTIONS FOR COMPLETION OF THE MEDICAL EXAMINATION REPORT FORM

All questions (boxes) on the Medical Examination Report Form must be completed in full. If an Otorhinolaryngology Examination Report Form is attached, then Questions 209, 210, 211 and 234 may be omitted. If an Ophthalmology Examination Report Form is attached then Questions 212, 213, 214, 229, 230, 231, 232, and 233 may be omitted.

The applicant must carefully fill in all boxes of the application form. Type the answers and print three identical copies of the form. Clear the form after printing. If more space is required to answer any questions, write on a plain sheet of paper the applicant's name, the information, your signature and the date signed. The following instructions apply to the same numbered headings on the Medical Examination Report Form.

**NOTICE:** Failure to complete the medical examination report form in full as required or to write legibly may result in non-acceptance of the application in total and may lead to withdrawal of any medical certificate issued. The making of false or misleading statements or the withholding of relevant information by an AME may result in criminal prosecution, denial of an application or withdrawal of any medical certificate granted.

**201 EXAMINATION CATEGORY** - Tick appropriate box.

Initial - Initial examination for either Class 1 or 2 ; also initial examination for upgrading from Class1 to 2 (notate "upgrading" in Section 248). Renewal/Revalidation - Subsequent ROUTINE examinations. Extended Renewal/Revalidation - Subsequent ROUTINE examinations which include comprehensive Ophthalmological and ORL examinations.

**202 HEIGHT** - Measure height without shoes in centimetres to nearest cm.

**203 WEIGHT** - Measure weight in indoor clothes in kilograms to nearest kg.

**204 EYE COLOR** - State colour of applicants eyes from the following list: brown, blue, green, hazel, grey, multi.

**205 HAIR COLOUR** - State colour of applicants hair from the following list: brown, black, red, fair, bald.

**206 BLOOD PRESSURE** - Blood pressure readings should be recorded as Phase 1 for Systolic pressure and Phase 5 for Diastolic pressure. The applicant should be seated and rested. Recordings in mm Hg.

**207 PULSE (RESTING)** - The pulse rate should be recorded in beats per minute and the rhythm should be recorded as regular or irregular. Further comments if necessary may be written in Section 228, 248 or separately.

**SECTION 208-227** inclusive constitute the general clinical examination and each of the sections must be checked as Normal or Abnormal.

**208 HEAD, FACE, NECK, SCALP** - To include appearance, range of neck and facial movements, symmetry etc.

**209 MOUTH, THROAT, TEETH** - To include appearance of buccal cavity, palate motility, tonsillar area, pharynx and also gums, teeth and tongue.

**210 NOSE, SINUSES** - To include appearance and any evidence of nasal obstruction or sinus tenderness on palpation.

**211 EARS, DRUMS, EARDRUM MOTILITY** - To include otoscopy of external ear, canal, tympanic membrane. Eardrum motility by Valsalva manoeuvre or by pneumatic otoscopy.

**212 EYES - ORBIT AND ADNEXA, VISUAL FIELDS** - To include appearance, position and movement of eyes and their surrounding structures in general, including eyelids and conjunctiva. Visual fields check by campimetry, perimetry or confrontation.

**213 EYES - PUPILS AND OPTIC FUNDI** - To include appearance, size, reflexes, red reflex and fundoscopy. Special note of corneal scars.

**214 EYES - OCULAR MOTILITY, NYSTAGMUS** - To include range of movement of eyes in all directions; symmetry of movement of both eyes; ocular muscle balance; convergence; accommodation; signs of nystagmus.

**215 LUNGS, CHEST, BREAST** - To include inspection of chest for deformities, operation scars, abnormality of respiratory movement, auscultation of breath sounds. Physical examination of female applicants breasts should only be performed with informed consent.

**216 HEART** - To include apical heart beat, position, auscultation for murmurs, carotid bruits, palpation for trills.

**217 VASCULAR SYSTEM** - To include examination for varicose veins, character and feel of pulse, peripheral pulses, evidence of peripheral circulatory disease.

**218 ABDOMEN, HERNIA, LIVER, SPLEEN** - To include inspection of abdomen; palpation of internal organs; check for inguinal hernias in particular.

**219 ANUS, RECTUM** - Examination only with informed consent.

**220 GENITO-URINARY SYSTEM** - To include renal palpation; inspection or palpation of male/female reproductive organs only with informed consent.

**221 ENDOCRINE SYSTEM** - To include inspection, palpation for evidence of hormonal abnormalities/imbalance; thyroid gland.

**222 UPPER AND LOWER LIMBS, JOINTS** -To include full range of movements of joints and limbs , any deformities, weakness or loss. Evidence of arthritis.

**223 SPINE, OTHER MUSCULOSKELETAL** - To include range of movements, abnormalities of joints.

**224 NEUROLOGIC - REFLEXES ETC.** - To include reflexes, sensation, power, vestibular system - balance, Romberg test, etc.

**225 PSYCHIATRIC** - To include appearance, appropriate mood/thought, unusual behaviour.

**226 SKIN, LYMPHATICS, IDENTIFYING MARKS** - To include inspection of skin; inspection, palpation for lymphadenopathy, etc. Briefly describe scars, tattoos, birthmarks, etc. which could be used for identification purposes.

**227 GENERAL SYSTEMIC** - All other areas, systems and nutritional status.

**228 NOTES** - Any notes, comments or abnormalities to be described - extra notes if required on paper, signed and dated.

**229 DISTANT VISION AT 5/6 METRES** - Each eye to be examined separately and then both together. First without correction, then with spectacles (if used) and lastly with contact lenses, if used. Record visual acuity in appropriate boxes. Visual acuity to be tested at either 5 or 6 metres with the appropriate chart for the distance.

**230 INTERMEDIATE VISION AT 1 METRE** - Each eye to be examined separately and then both together. First without correction, then with spectacles (if used) and lastly with contact lenses, if used. Record visual acuity in appropriate boxes as ability to read N14 at 100 cm (Yes/No).

**231 NEAR VISION AT 30-50 CMS.** - Each eye to be examined separately and then both together. First without correction, then with spectacles (if used) and lastly with contact lenses, if used. Record visual acuity in appropriate boxes as ability to read N5 at 30-50 cm (Yes/No).

Note: Bifocal contact lenses and contact lenses correcting for near vision only are not acceptable.

**232 SPECTACLES** - Tick appropriate box signifying if spectacles are or are not worn by applicant. If used, state whether unifocal, bifocal, varifocal or look-over.

**233 CONTACT LENSES** - Tick appropriate box signifying if contact lenses are or are not worn. If worn, state type from the following list: hard, soft, gas-permeable or disposable.

**313 COLOUR PERCEPTION** - Tick appropriate box signifying if colour perception is normal or not.

**234 HEARING** - Tick appropriate box to indicate hearing ability as tested separately in each ear at 2 m.

**235 URINANALYSIS** - State whether result of urinalysis is normal or not by ticking appropriate box. If no abnormal constituents, state NIL in each appropriate box.

**236 FEV 1/FVC** - When required or on indication , state actual value obtained in % and state if normal or not with reference to height, age, sex and race.

**237 HAEMOGLOBIN** - Enter actual haemoglobin test result in g/l. Then state whether normal value or not by ticking appropriate box.

**238-244 ACCOMPANYING REPORTS** - One box opposite each of these sections must be ticked. If the test is not required and has not been performed, then tick the NOT PERFORMED box. If the test has been performed (whether required or on indication), tick the normal or abnormal box as appropriate. In the case of question 246, the number of other accompanying reports must be stated.

**247 MEDICAL EXAMINER'S RECOMMENDATION** - Tick appropriate box and specify the applicable class of medical certificate. If a fit assessment is recommended, please indicate whether a medical certificate has been issued or not. Even if the applicant is assessed as fit for Class 2, further examinations may be required or the applicant may be assessed as unfit for Class 1 medical certificate. If an unfit recommendation is made, applicable paragraph in Part-MED requirements must be specified. If the applicant is referred to another medical examiner for further examination, please indicate the reason for referral and the other examiner's name.

**248 COMMENTS, RESTRICTIONS, LIMITATIONS, ETC.** - Enter here your findings and assessment of any abnormality in the history or examination. State also any limitation required.

**249 MEDICAL EXAMINERS DETAILS** - In this section the AME must sign the declaration, complete his/her name and address in block capitals, contact telephone number (and fax if available) and lastly stamp the relevant box with his/her designated AME stamp incorporating his/her AME number.

**250 PLACE AND DATE** - Enter the place (town or city) and the date of examination. The date of examination is the date of the general examination and not the date of finalisation of the form. If the medical examination report is finalised on a different date, enter date of finalisation in Section 248 as "Report finalised on.....".