

ATCO FUNCTIONAL TEST REPORT

This form should normally be used for assessments where the ATCO has a currently valid medical certificate.

If the ATCO does not have a valid medical certificate, a representative simulated environment should be used.

1) Candidate's personal particulars:

Name (in full):

CAA Ref No:

Date of Birth: / /

Current Address:

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Telephone Numbers: Home/Mob:

Work:

2) Purpose of test (to be completed by AME / CAA):

a) TO ASSESS THAT THE CONDITIONS/ISSUES LISTED BELOW DO NOT IMPAIR FULL AND SAFE OPERATION OF AIR TRAFFIC CONTROL SYSTEMS RELATING TO THE APPLICABLE LICENCE

b) TO ASSESS THAT THE CONDITIONS/ISSUES LISTED BELOW DO NOT DEMOSTRABLY IMPAIR SAFE EVACUATION FROM THE PLACE OF WORK E.G. TOWER

Candidate's medical condition(s) that may impair performance (including symptoms, medication and artificial aids):

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3) Declaration

I understand the purpose of the **ATCO functional test report** (see Section 2) relating to my medical issues listed

Signature of candidate: Date: / /

4) **ATCO functional test report** (To be completed by Nominated Examiner)

ATCO CAA Licence No:

Type of ATCO role:

Artificial aids used by the candidate during the test (if any):

Date & place of test: / /

..... Live controlling / Simulated (delete as appropriate)

- Comment on freedom of range of movement, strength, dexterity, and agility as required for control inputs when completing the test

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- Check that physical limitations or body mass do not interfere with the safe exercise of licence privileges

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- Confirm no impediment of access to, and full and free movement of all controls, ancillary controls, switches or devices

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- Comment on ability to safely evacuate from place of work and whether any special considerations may be required for this (e.g. assistance with stairs)

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Please summarise the candidate's overall ability to compensate for his/her medical condition/disability

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Examiner's name (please print):

Examiner's CAA Licence No:

Signature of examiner: **Date:** / /