Specification for RESPIRATORY REPORTS

The European Regulations and UK CAA's Guidance Material for fitness decision, acceptable treatments and required investigations (if specified) can be found in the medical section of the CAA website (www.caa.co.uk). For many conditions, there are also flow charts available for guidance on the assessment process.

The following subheadings are for guidance purposes only and should not be taken as an exhaustive list.

1. **Diagnoses**

2. **History**
   - Current/presenting symptoms
     - shortness of breath, wheeze or bronchospasm, nocturnal symptoms
     - circumstances surrounding onset, precipitating factors
     - residual impairment or loss of function
   - Confirmation of any systemic involvement
   - Details of respiratory events within past 5 years (incl treatment and admissions)
   - Childhood and other relevant medical history
   - Family history

3. **Examination and Investigation findings**
   - Clinical findings
   - Standard spirometry / exercise spirometry
   - Bronchial reactivity/reversibility test (if indicated)
   - Radiology imaging reports (e.g. x-ray, serial imaging if indicated)
   - Other investigations (e.g. bronchoscopy/thoracoscopy if performed)

4. **Treatment**
   - Current and recent past medications (dose, start and finish dates)
     - Include frequency of bronchodilator use (as applicable)
   - Confirmation no side effects from medication
   - Current and past history of systemic steroids
   - Other treatments must be detailed (BTS guidelines)
     - For OSA CPAP report included with medical report
   - Surgical reports (where performed)

5. **Follow up and further investigations/referrals planned or recommended**
   - Anticipated follow up/frequency of clinical reviews and investigations
   - Prognosis and risk of recurrence
   - Confirmation of full recovery or remission on maintenance dose of acceptable medication and well controlled at date of report

6. **Clinical Implications**
   - Any concerns regarding disease progression, treatment compliance or risk of sudden incapacity.