

## MEDICAL EXAMINATION REPORT

(13) Reference number:

(201) Examination Category	(202) Height  cm	(203) Weight  kg	(204) Eye Colour	(205) Hair Colour	(206) Blood Pressure – seated mmHg		(207) Pulse – resting  Rate
					Systolic	Diastolic	

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

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

(226a) Identifying marks, scars etc

### Visual acuity

(229) Distant vision at 5 m/6 m

Right eye	Corrected to	
Left eye	Corrected to	
Both eyes	Corrected to	

(230) Intermediate vision

N14 at 100 cm                      Uncorrected                      Corrected

Right eye		
Left eye		
Both eyes		

(231) Near vision

N5 at 30–50 cm                      Uncorrected                      Corrected

Right eye		
Left eye		
Both eyes		

(232) Glasses

(233) Contact lenses

Type:		Type:	
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(234) Hearing

Right ear

Left ear

Conversational voice test at 2 m back turned to examiner		
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(235) Urinalysis

Result:

Glucose	Protein	Blood	Other
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(236) Pulmonary function

(237) Haemoglobin

Peak Expiratory Flow	l/min		g/dl
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Accompanying Reports	Not performed	Date performed	Result

(247) Aviation medical examiner's recommendation:

Name of applicant:  
Date of birth:

Fit class

Medical certificate issued class

Unfit class  
(JAR-FCL para. \_\_\_\_\_)

Deferred for further evaluation. If yes, why and to whom?

(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 examination report and that this report with any attachment embodies my findings completely and correctly.

(250) Place and date:

Examiner's Name and Address: (Block Capitals)

AME Stamp with AME No.:

Authorised Medical Examiner's signature:

Telephone No.:  
Telefax No.: