

# AME Case Referral Form

<b>CAA Reference</b>	<b>Licence(s)</b>												
<b>Name:</b>	<b>Current Medical Class</b> 1 / 2 / 3 / LAPL												
<b>DOB</b>	<b>Current Status</b> Fit / Unfit / Referred												
<b>Assessment Required:</b>  <input type="checkbox"/> CAA Class 1/3 Fitness Assessment where required by Regulations or CAA guidance material. eg. mandatory referral or adding/removing OML or other limitations  <input type="checkbox"/> Routine Class 1 or complex Class 2 following discussion with or at direction of CAA  <input type="checkbox"/> Appeal or requested review of <u>AME</u> decision  <input type="checkbox"/> Secondary review or appeal of <u>CAA</u> decision	<b><u>Conditions to be Assessed:</u></b>          												
<b>Documents Attached:</b> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Exercise ECG     Click here to enter a date.</td> <td><input type="checkbox"/> X-ray                     Click here to enter a date.</td> </tr> <tr> <td><input type="checkbox"/> Echocardiogram     Click here to enter a date.</td> <td><input type="checkbox"/> Ultrasound             Click here to enter a date.</td> </tr> <tr> <td><input type="checkbox"/> 24-hr ECG             Click here to enter a date.</td> <td><input type="checkbox"/> CT Scan                     Click here to enter a date.</td> </tr> <tr> <td><input type="checkbox"/> Angiogram inc CD     Click here to enter a date.</td> <td><input type="checkbox"/> MRI scan                     Click here to enter a date.</td> </tr> <tr> <td><input type="checkbox"/> Perfusion scan         Click here to enter a date.</td> <td><input type="checkbox"/> Blood tests                 Click here to enter a date.</td> </tr> <tr> <td><input type="checkbox"/> GP Records             Click here to enter a date.</td> <td><input type="checkbox"/> Other                         Click here to enter a date.</td> </tr> </table>		<input type="checkbox"/> Exercise ECG     Click here to enter a date.	<input type="checkbox"/> X-ray                     Click here to enter a date.	<input type="checkbox"/> Echocardiogram     Click here to enter a date.	<input type="checkbox"/> Ultrasound             Click here to enter a date.	<input type="checkbox"/> 24-hr ECG             Click here to enter a date.	<input type="checkbox"/> CT Scan                     Click here to enter a date.	<input type="checkbox"/> Angiogram inc CD     Click here to enter a date.	<input type="checkbox"/> MRI scan                     Click here to enter a date.	<input type="checkbox"/> Perfusion scan         Click here to enter a date.	<input type="checkbox"/> Blood tests                 Click here to enter a date.	<input type="checkbox"/> GP Records             Click here to enter a date.	<input type="checkbox"/> Other                         Click here to enter a date.
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<b>Medical Reports (list clinician name and date)</b>	Click here to enter a date.												
	Click here to enter a date.												
	Click here to enter a date.												
Tick here <input type="checkbox"/> if outstanding reports are awaited and state reason													
I confirm that I have made a clear summary entry on MARS to facilitate early assessment and a quick turnaround of the case.													
AME Name:	AME Number												
Date:													

## **Guidance Material AME CASE REFERRAL FORM**

This form has been created to standardise AME requests for the referral for assessment of aircrew and ATCO applicants.

The more detail that is provided in a case summary, the easier it is to provide assessment and/or advice in much the same way as you would expect to see in a referral letter to or from a professional colleague.

If you have been unable to reach a decision, in addition to a summary of the case, please detail the specific aspect of the case which you find challenging and also provide your preliminary certificatory decision. This will help us guide your decision making processes on similar cases in the future and may also in some cases lead to the development of additional guidance material for AMEs'.

### Assessment required

The CAA publishes the EU medical regulations on the medical areas of the CAA website. All LAPL and Class 2 decisions should normally be made by the AME 'in consultation' with the CAA. The CAA has produced extensive guidance material for all systems and this should be used with the regulations as the basis for decision-making. The Aeromedical Nurse Specialists (ANS) are additionally available to assist in the first instance. Other medical assessment guidance material (e.g. DVLA driving standards) and textbooks of aviation medicine are available.

- CAA Class 1/3 Fitness Assessment where required by Regulations or CAA Guidance material. e.g. Mandatory referral or adding/removing OML or other specified limitations
- Routine Class 1 or Complex Class 2 following discussion with or at direction of CAA
- Appeal or requested review of AME decision
- Secondary review or appeal of CAA decision

If you are contemplating a referral of a routine case or a complex Class 2 case, it may be useful to first discuss with peer AMEs' for advice on cases that they may have had similar experience in dealing with before. If you decide that you still need to refer the case, you should discuss the case with either a CAA ANS or Medical Assessor.