

CIVIL AVIATION AUTHORITY

MEDICAL REPORT

PLEASE COMPLETE IN BLOCK CAPITALS

INITIAL

RENEWAL

CAA Reference No.	Title			Other	Surname		
	Mr	Mrs	Miss				
Forenames				Date of Birth	Sex	Nationality	
				DD MM YYYY			

Place of Birth and Country	Previous Military Aircrew Experience			Current Service Employment Stand			Other Professional Aircrew Experience		Y	N
	Navy	Army	RAF	A	G	Z				

PERMANENT ADDRESS

POSTAL ADDRESS (if different)

General Practitioner Name and Address

.....				
.....				
County	Post Code	Country	County	Post Code	Country	County	Post Code	Country
Tel Home			Tel Office			Tel Office/Home		

Age	Marital Status				OCCUPATION				EMPLOYER				CAA Staff No (if applicable)			
	M	S	D/Sep	W												

TYPE OF LICENCE(S)	REQUIRED	HELD	LICENCES	REQD	HELD	Licence Number(s)	Pilot Flight Time				
Airline Transport			Fit Engineer				Total	Since Last Medical			
Senior Commercial			Fit Navigator								
Commercial	AERO	I	Balloon Commercial			Aircraft flown - since last medical - routes					
Basic Commercial			Glider Commercial			Single Pilot	Medium	Large	UK	Europe	World
Private			Microlight & Balloon (Private)								
PPL Instrument Rating											
Student	AERO	I	Other Licences			Any aircraft accident since last medical	Date	Location			
ATCO			Medical Certificates								

ANY HISTORY OF TREATMENT OF														
Alcohol Abuse	Y	N	Medications Currently Prescribed	Y	N	If YES - Drug			Dose	Date Started		Why		
Drug Abuse	Y	N								M	M	Y	Y	Y
Current Smoker	Y	N	Number of Years	Date Stopped	M	Yr	Cigs Day	Cigars Week	Pipe Gms/Wk					

MEDICAL HISTORY - if YES please tick and describe in remarks (add supplementary notes if space insufficient)

Family history of	Review of Systems - Have you a history of
1. Heart Disease	9. Eye trouble, refractive surgery
2. High blood pressure	10. Hay fever or asthma
3. Epilepsy	11. Heart trouble or high blood pressure
4. Mental Illness	12. Kidney stone or blood in urine
5. Diabetes	13. Sugar or albumin in urine
Have you ever been	14. Stomach trouble
6. Refused life insurance	15. Head injury/concussion
7. Refused an aviation licence or medical certificate	16. Epilepsy or fits
8. Convicted of a civil or criminal offence	17. Nervous trouble of any sort
	18. Frequent or severe headaches
	19. Dizziness, fainting or unconsciousness
	20. Malaria or tropical disease
	21. A positive HIV test
	22. Any other blood tests or disorders
	23. Admission to hospital
	24. Any other illness or injury

Remarks - if no change since last report, so state

Declaration I hereby declare that I have carefully considered the statements made above and that to the best of my belief they are complete and correct and that I have not withheld any relevant information or made any misleading statement. I understand that if I have, with intent to deceive, made any false representation for the purpose of procuring for myself a medical certificate, I may be guilty of a criminal offence.

Consent to obtaining and releasing medical information I hereby consent to the Civil Aviation Authority's Medical Department (so long as I hold, or am an applicant for a medical certificate or its renewal) obtaining information about my health from any medical adviser or hospital consulted by me. I further consent that medical information that is relevant to any licence I hold, or am an applicant for, can be disclosed to other divisions within the Authority.

SIGNED - APPLICANT	Date	EXAMINER (SIGNATURE)	AME No	AME Stamp
Place		Block letters	Address	
Certificate Issued	Y	N	R	
Limitation Imposed				

ECG Completed	Y	N	CXR Completed	Y	N	Audio completed	Y	N	Additional Investigation	Results
Recd	Y	N	Recd	Y	N	Recd	Y	N	Date Advised	
Date	Date		Date		Date		Date Performed			

HEIGHT (cm)	WEIGHT (Kg)		Recumb. Blood Pressure			Scars, marks, tattoos, deformities	*Vitalograph	FEV ₁ / FVC	
HAIR – COLOUR - EYE	Pulse Recumb.		Systolic				FVC	Y	N
			Diastolic				*Psychometric Tests		
							Date		

Normal	Check each item	Abnormal	Notes – Describe each abnormal item
	25 Head & Neck		
	26 Mouth Throat Teeth		
	27 Sinuses		
	28 Ears Drums Valsalva		
	29 Lungs Chest & Breasts		
	30 Heart Size & Vascular System		
	31 Abdomen Hernia Liver Spleen		
	32 Anus Rectum		
	33 Genito-urinary System		
	34 Endocrine System		
	35 Upper Lower Limbs Joints		
	36 Spine & Full Movements		
	37 Neurologic – Reflexes etc		
	38 Psychiatric		
	39 Skin, Lymphatics		
	40 Last Menstruation - Date		

URINALYSIS	Normal	PH	Protein	Glucose	Blood	Ketones	Bilirubin	Urobilinogen	Other/Comments
	Y	N							

EYES	VISION		Right	Left	REFRACTION	Right			Left						
	Orbit & Adnexae Normal	Y	N	Distant Uncorrected		Standard Snellen Test Type	6 /	6 /	Distant	Sph	Cyl	Axis	Sph	Cyl	Axis
Spectacles	Y	N	Distant Corrected		6 /	6 /	Near								
Contact Lenses	Y	N	Intermediate Uncorrected	N14 at 100 cm	Y	N	Y	N	*COLOUR PERCEPTION						
Field of Vision Normal	Y	N	Intermediate Corrected		Y	N	Y	N	Ishihara Test Normal	Y	N	Colour Lantern Normal	Y	N	Colour Lantern Type
Convergence		cms	Near Uncorrected	N5 at 30-50 cm	Y	N	Y	N	*HETEROPHORIA		Exo	Eso	Hyper		
Fundi			Near Corrected		Y	N	Y	N	Maddox Rod						
													Maddox Wing		
													Heterophoria Comments		

AUDIOGRAM			Auditory Acuity	Conversational Voice at 2m	Y	N	Forced Whisper at 6m	Right	Y	N	Left	Y	N
Frequency	Right	Left	Comments on history and findings – Note any disqualifying conditions and limitation stamps used										
6000													
4000													
3000													
2000			Consultant Opinion Requested										
1000													
500													