

# CIVIL AVIATION AUTHORITY

## OTORHINOLARYNGOLOGY EXAMINATION REPORT

Applicant's details

MEDICAL IN CONFIDENCE

(3) Surname:	(4) Previous surname(s):	Title	(13) Reference number (if applicable)
(5) Forenames:	(6) Date of birth:	(7) Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	(12) Application Initial <input type="checkbox"/> Revalidation <input type="checkbox"/> Renewal <input type="checkbox"/>
(1) JAA State of licence issue:	(2) Class of medical certificate applied for 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> Others <input type="checkbox"/>		

(401) **Consent to release medical information:** I hereby authorise the release of all information contained in this report and any or all attachments to the Aeromedical Section and where necessary the Aeromedical Section of another State, recognising that these documents or electronically stored data are to be used for completion of a medical assessment and will become and remain the property of the Authority, providing that I or my physician may have access to them according to national law. Medical Confidentiality will be respected at all times.

Date: ..... Signature of the applicant: ..... Signature of medical examiner (witness): .....

(402) Examination Category Initial <input type="checkbox"/> Special referral <input type="checkbox"/>	(403) Otorhinolaryngology history:
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### Clinical examination

Check each item	Normal	Abnormal
(404) Head, face, neck, scalp		
(405) Buccal cavity, teeth		
(406) Pharynx		
(407) Nasal passages and naso-pharynx (incl. anterior and posterior rhinoscopy)		
(408) Vestibular system incl. Romberg test		
(409) Speech and voice		
(410) Sinuses		
(411) Ext acoustic meati, tympanic membranes		
Otoscopy		
(413) Impedance tympanometry including Valsalva manoeuvre (initial only)		

Additional testing (if indicated)	Not performed	Normal	Abnormal
(412) Pneumatic otoscopy			
(414) Speech audiometry			
(416) EOG; spontaneous and positional nystagmus			
(417) Differential caloric test or vestibular autorotation test			
(418) Mirror or fibre laryngoscopy			

### (419) Pure tone audiometry

Hz	Right ear	Left ear
250		
500		
1000		
2000		
3000		
4000		
6000		
8000		

### (420) Audiogram

dB/HL	O = Right ear, air		< = Right ear, bone					
	x = Left ear, air		> = Left ear, bone					
-10								
0								
10								
20								
30								
40								
50								
60								
70								
80								
90								
100								
110								
120								
Hz	250	500	1000	2000	3000	4000	6000	8000

### (421) Otorhinolaryngology remarks and recommendation:

### (422) Examiner's declaration:

I hereby certify that I have personally examined the applicant named on this medical examination report and that this report with any attachment embodies my findings completely and correctly.

(423) Place and date:	ORL Examiner's Name and Address: (Block Capitals)	Specialist Stamp:
Specialist's signature:	Telephone No.:	
	Telefax No.:	