FUNCTIONAL HEARING ASSESSMENT/SPEECH DISCRIMINATION TEST

Based on ICAO guidance, hearing loss greater than the requirements may be acceptable provided that there is normal hearing performance against a background noise that reproduces or simulates the masking properties of the flight deck noise in the cockpit upon speech and beacon signals. This test should be conducted where background noise is representative of the noise in the cockpit of the type of aircraft for which the pilot’s licence and ratings are valid. Both aviation-relevant phrases and phonetically balanced words should be used in the speech material for discrimination testing.

### 1. PERSONAL DETAILS

Name: ........................................................................................... CAA Licence N°: .............................................

Place of test: ................................................................. Aircraft/Simulator/Other: .............................................

### 2. DETAILS OF TEST

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes □ No □ N/A □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can the subject hear adequately in the Aircraft/Simulator/Other (Please state) during all phases of flight?</td>
<td></td>
</tr>
<tr>
<td>Does his/her hearing loss interfere with the ability to communicate with Air Traffic Control and/or other flight crew members during all phases of flight?</td>
<td></td>
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<tr>
<td>Can he/she accurately identify non-routine R/T phraseology?</td>
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<tr>
<td>Can he/she identify accurately the identification signals of Navigation Beacons?</td>
<td></td>
</tr>
<tr>
<td>In your opinion, does his/her hearing loss interfere with flight safety?</td>
<td></td>
</tr>
</tbody>
</table>

Have you any other observations or comments?

Signed: ........................................................................................... Date: ......................................................

Print name: .......................................................................... CAA Licence N°: ......................................................

Position: ..................................................................................................................................................................

### 3. SUBMISSION INSTRUCTIONS

Please return the completed form to:

Civil Aviation Authority  
Medical Department  
GW Aviation House  
Gatwick Airport South  
West Sussex  
RH6 0YR  

Telephone  +44 (0) 1293 573700  
Fax  +44 (0) 1293 573995  
Email  medicalweb@caa.co.uk  

Reports submitted to the Medical Department are disclosable by the CAA pursuant to the Data Protection Act