To be completed by an accredited specialist in Respiratory Medicine and returned to AME (for Class 2) or CAA AMS* (for Class 1).

Please see [UK CAA asthma certification guidance](#) for further information.

Fees incurred in providing reports are the responsibility of the applicant and not the CAA.

<table>
<thead>
<tr>
<th>CAA Reference Number:</th>
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<tbody>
<tr>
<td>Name:</td>
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<tr>
<td>DOB:</td>
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</tbody>
</table>

**Reason for Request:**

- Abnormal lung function: Class 1: FEV₁/FVC <70% [ ]
- Class 2: Peak flow <80% predicted [ ]
- Other [ ]
- History of asthma: Current or past diagnosis of asthma (within 5 yrs Class 1 or 2 yrs for Class 2) needing regular (> once per 3 months) use of any inhaler [ ]
- Other clinical reason: ................................................................. [ ]

**List of current medication taken**

- .................................................................
- .................................................................
- .................................................................

**Contraindications for Exercise Spirometry:**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active illness (e.g. URTI, fever, current treatment for cold, etc.) [ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Cardiovascular abnormalities (e.g. suspicious history, abnormal findings during examination incl ECG, etc) [ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Other: ........................................................................................................ [ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>
Bronchial Reactivity Test (6 minute free running test):

(A) Resting FEV₁ (ml) ........................

(B) Immediate post-exercise FEV₁ ........................... (ml) =       % fall [(A-B)/A]

(C) 10 minutes post-exercise FEV₁ ........................... (ml) =       % fall [(A-C)/A]

Please tick ONE:

☐ ≤ 10% FEV₁ fall
☐ 11-15% FEV₁ fall
☐ 16-20% FEV₁ fall
☐ > 20% FEV₁ fall

If further investigations/information/discussion required, please specify:

..........................................................................................................................

If any follow-up requirements, please specify:

..........................................................................................................................

Test conclusions:

Any additional comments:

Name (Print): .....................................................  GMC No: ..............................................

Signature: ..........................................................   Date of Signing: .................................

Please send the completed form to AME for Class 2
or
AMS for Class 1:
Authority Medical Section
Medical Department
CAA
Gatwick Airport South
West Sussex  RH6 0YR