

Medical Primary Case Review Decision



CAA Reference No:	Medical certificate <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 2 <input type="checkbox"/> LAPL
Name:	Status <input type="checkbox"/> Fit <input type="checkbox"/> Unfit <input type="checkbox"/> Referred
DOB:	Licences held: <input type="checkbox"/> ATPL <input type="checkbox"/> CPL <input type="checkbox"/> PPL <input type="checkbox"/> LAPL <input type="checkbox"/> ATCO <input type="checkbox"/> Aeroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Other
Diagnoses Relevant to the Assessment: 1) 2) 3) 4)	
Medication: 1) 2) 3) 4)	
Medical Report(s) and Investigations: 1) 2) 3) 4)	Dated: Click here to enter a date.
Experts consulted:	
Certificatory assessment: EU Regulation paragraph(s) Please attach relevant AMC, Flowchart or GM	
Certificatory assessment: Confirm Class : <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> LAPL Confirm Status: <input type="checkbox"/> Fit <input type="checkbox"/> Unfit <input type="checkbox"/> Remains referred <input type="checkbox"/> Add/remove limitation (please specify) <input type="checkbox"/> Unable to make decision at present (state further investigations/ information required below)	
Follow-up investigations/ information required: 1) 2) 3) 4)	
Comments:	
Signature: Name of Medical Assessor:	Date of Signing: Click here to enter a date.

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