

# Medical flight test (MFT) report A



## General including musculoskeletal

Please print and complete this form as follows.  
 Sections 1 and 3 to be completed by candidate.  
 Sections 4 to be completed by examiner or instructor.

### 1. Candidate’s personal particulars

Name (in full) .....

CAA reference number .....

Date of birth .....

Current address .....

.....

.....

.....

Telephone numbers Home ..... Mobile.....

### 2. Purpose of the test

The purpose of this medical flight test is to assess the candidate’s handling and ability to operate all aircraft controls. It should normally be performed during a licence / operator proficiency check or licence skill test in which all aspects of the flying task are tested.

The examiner should therefore confirm that the candidate has demonstrated a satisfactory safe standard as follows:

- in normal flight conditions (pre-flight checks, preparation for flight, taxi, take off, landing, normal flight manoeuvres and operation of all switches, levers and other operational procedures in the cockpit)
- in the event of an emergency (for example, engine failures, brake faults requiring full manual braking, rejected take off following engine failure)
- in demonstrating safe evacuation of the aircraft

Please note that separate reports may be required for different classes and types of aircraft.

### 3. Declaration

I, the candidate, understand the purpose of the medical flight test (Section 2) and consent to the sharing of medical information provided in this document.

Signature..... Date.....

Candidate's CAA reference number. ....

**4. Medical flight test report**

I, the examiner / instructor, have discussed the purpose of the medical flight test (section 2).

Aircraft / simulator type & registration. ....

Modifications (if any) .....

Artificial aids used by the candidate (if any). ....

Date & place of test. ....

Please comment below on the candidate's ability to operate safely (required)  
Any concerns about the capability of the candidate should be included.

Particular regard should be directed to:

- the freedom of range of movement, strength, dexterity and agility as required for ingress, egress and control inputs when completing the test
- physical limitations or body mass, which should not interfere with the safe exercise of licence privileges
- the strength required for any hand / foot inputs to control pitch, roll and yaw in both emergency and routine operations when completing the test

There should be no impediment of access to, and full and free movement of all aircraft controls, ancillary controls, switches or levers.

**Additional comments** (required)

Name of examiner or instructor (please print). ....

Position. ....

UK CAA licence / certificate number .....

Signature ..... Date .....

This form should be sent to the AME (Class 2 / LAPL) or CAA Medical Department (Class 1): Civil Aviation Authority, Aviation House, Beehive Ringroad, Crawley, RH6 0YR