

ATCO operational test report



ATCOs with diabetes treated with potentially performance-affecting hypoglycaemic medication

Please complete this form as follows.
Sections 1 and 3 to be completed by candidate.
Sections 4 to be completed by Unit Competence Assessor or On Job Training Instructor.

Note: For air traffic controllers, the operational test should be undertaken in conditions representative of the usual operating environment.

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

To determine that the applicant demonstrates knowledge of the aeromedical issues relevant to diabetes and demonstrates safe management of their health condition whilst exercising licence privileges. Although continuous glucose monitoring (CGM) is permitted as the primary method of monitoring glucose, the operational test should be based on finger-prick testing, which would be required in the event of malfunction of the CGM device or an abnormal reading.

3. Declaration

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

Signature Date.....

Candidate's CAA reference number.

4. ATCO operational test report

I, the assessor / instructor, have discussed the purpose of the operational test (section 2).

Candidate's job role (for example, area, approach, tower)

Duty period(s) assessed

Date & place of test

Blood testing machine used: for example, name, brand and model

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Checks	Acceptable		
	Yes	No	N/A
Appropriate briefing on diabetes conducted using UK CAA briefing sheet			
Spare blood testing meter available			
Where insulin pump is used, alternative delivery method available			
Availability of carbohydrate – state what			
Appropriate stowage of medication / equipment / resources			
Evidence of compliance with blood testing in accordance with relevant protocol			
Tests conducted in a safe manner without interference with safe operations			
Check operational blood glucose testing record and glucose meter congruity			

Time	Duty being undertaken	Result & comments

Candidate's CAA reference number.

Additional comments on the candidate's ability to operate safely (required) and any recommendations

Name of Unit Competence Assessor or On Job Training Instructor (please print)

.....

Position.

UK CAA licence / certificate number.

Signature

Date

This form should be emailed to the CAA Medical Department: medicalweb@caa.co.uk