



Specification for Respiratory Reports

The UK regulations and CAA's guidance material for fitness decisions, acceptable treatments and required investigations (if specified) can be found in the medical section of the CAA website (www.caa.co.uk/medical). For many conditions, there are also flow charts available for guidance on the assessment process.

The subheadings are for guidance purposes only and should not be taken as an exhaustive list.

Diagnoses

History

- current / presenting symptoms
 - shortness of breath, wheeze or bronchospasm, nocturnal symptoms
 - circumstances surrounding onset, precipitating factors
 - residual impairment or loss of function
- disease progression
- childhood and other relevant medical history (including age of onset and past symptoms)
- family history
- confirmation of any systemic involvement
- details of respiratory events, for example, exacerbations (including frequency, precipitating factors, severity, treatment and admissions)
- tests and interventions previously undertaken
- previous specialist and surgical reports

Current and past treatment

- current treatment
 - dose
 - duration of present therapy
 - any recent change and reason
 - adherence
 - frequency of bronchodilator use (if applicable)
 - side-effects
 - monitoring / peak flow diary (if applicable)
- recent past medications (dose, start and finish dates)
- current and past history of systemic steroids
- any other treatments must be detailed
 - for OSA, CPAP report to be included with medical report

Examination and investigation findings

- clinical findings
- validated symptom questionnaire, such as the Asthma Control Test™ (ACT) (if applicable)
- standard spirometry / exercise spirometry (FEV₁, FVC, FEV₁/FVC, with all parameters assessed against age-related lower limits of normal)
- bronchial reactivity / reversibility test (if clinically indicated)
- fractional exhaled nitric oxide (FeNO) test (if applicable)
- radiology imaging reports (for example, x-ray, serial imaging if indicated)
- other investigations (for example, bronchoscopy / thoracoscopy if performed)

Follow up and further investigations / referrals planned or recommended

- anticipated follow up / frequency of clinical reviews and investigations
- prognosis and risk of recurrence
- confirmation of full recovery or remission on maintenance dose of acceptable medication, and condition stable and well-controlled at date of report

Clinical implications / concerns

- disease progression
- adherence to treatment
- risk of recurrence
- risks in the aviation environment such as susceptibility to aircraft fumes or smoke, hypoxia, cold triggers, chemicals
- risk of acute impairment or incapacitation, such as an asthma attack
- risk of subtle impairment or incapacitation, for example, as a result of poor symptom control