



ATCO Class 3 Functional Test Report

This form should be normally used for assessments where the ATCO has a currently valid medical certificate.

If the ATCO does not have a valid medical certificate, a representative simulated environment should be used.

Please complete all sections in full.
Sections 1 and 3 to be completed by candidate.
Section 2 to be completed by aeromedical examiner or Civil Aviation Authority medical assessor.
Section 4 to be completed by Unit Competence Assessor or On Job Training Instructor.

1. Candidate's personal particulars

Name (in full)

CAA reference number

Date of birth

2. Purpose of the test

Following consideration of medical reports and examination, a functional test may be required to confirm ability in the operating environment. For example, a functional test may be indicated to check musculoskeletal capacity or mobility. The candidate will have been informed of the reason for the test and its purpose.

The assessor / instructor is not required to make a medical assessment but to use their skill, knowledge and judgement to

- assess that the conditions / issues listed below do not impair full and safe operation of air traffic control systems relating to the applicable licence
- assess that the conditions / issues listed below do not demonstrably impair safe evacuation from the place of work (for example, tower)

Candidate's medical condition(s) that may impair performance (including symptoms, medication and artificial aids)

3. Declaration

I, the candidate, understand the purpose of the ATCO functional test and I consent to the sharing of medical information provided in this document.

Signature of candidate

Date

Candidate's CAA reference number.

4. ATCO functional test report

I, the assessor / instructor, have discussed the purpose of the functional test as specified in section 2.

Candidate's ATCO role

Artificial aids used during the test (if any)

Place and date of test

Please comment on the freedom of range of movement, strength, dexterity and agility as required for control inputs when completing the test.

Please comment on whether physical limitations or body mass interfere with, or would interfere with, the candidate safely exercising licence privileges.

Please comment on whether there is full and free movement of all controls, ancillary controls, switches or devices, and whether there is any impediment of access.

MEDICAL IN CONFIDENCE

Candidate's CAA reference number.

Please comment on the ability to safely evacuate from place of work and whether any special considerations may be required for this, for example, assistance with stairs.

Please summarise the candidate's overall ability to compensate for their medical condition / disability.

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

.....

UK CAA licence / reference number

Signature Date

This form should be sent to CAA Medical Department, Civil Aviation Authority, Aviation House, Beehive Ringroad, Crawley, RH6 0YR or email medicalweb@caa.co.uk