

# Obesity assessment for pilots and air traffic controllers

<b>Aeromedical examiner (AME)</b>	<b>Location</b>	<b>Date of assessment (DD/MM/YYYY)</b>	<b>Completed</b>	<b>Actions required</b>

<b>Applicant information</b>					
CAA reference number			Applicant / certificate holder name		
Type of medical certificate:	<input type="checkbox"/> Class 1	<input type="checkbox"/> Class 2	<input type="checkbox"/> Class 3	<input type="checkbox"/> LAPL	<input type="checkbox"/> Other, specify
<input type="checkbox"/> Initial			<input type="checkbox"/> Revalidation / Renewal		

**Clinical assessment should include medical history and an assessment of modifiable lifestyle factors. Relevant information from the history should be included in the generic assessment entry made in the applicant / certificate holder's Cellma medical record by the referring AME.**

Examination / investigation	Result
BMI	Kg/m <sup>2</sup>
Waist circumference	cm
Neck circumference	cm
Blood pressure	mmHg
Urine dip findings (please comment in text box)	
Epworth sleepiness scale score	
HbA1c	mmol/mol
Total cholesterol	mmol/L
LDL	mmol/L
HDL	mmol/L
Cholesterol : HDL ratio	mmol/L
Triglycerides	mmol/L

Are any additional assessments indicated? Record details under 'additional information' (if none, then mark "N/A")	<b>YES</b>	<b>NO</b>	<b>N/A</b>

<b>Cardiovascular risk assessment</b>			
QRISK score			%
If QRISK is raised, has additional assessment been arranged according to the <a href="#">cardiovascular risk assessment flow chart</a> in the cardiovascular system guidance material? (if not indicated, then mark "N/A")	<b>YES</b>	<b>NO</b>	<b>N/A</b>
If the result of the additional assessment was abnormal, has further action been taken and is the report available?	<b>YES</b>	<b>NO</b>	<b>N/A</b>

<b>Medical flight test (MFT) or ATCO functional assessment</b>	<b>YES</b>	<b>NO</b>
Has an MFT or ATCO functional assessment been completed and uploaded to the applicant / certificate holder's Cellma medical record?		

<b>Health promotion</b>			
Has the applicant / certificate holder been signposted to relevant healthcare services (including community self-referral programmes, their own GP or, where appropriate, specialist medical services)? Record details under 'additional information'.	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Has the applicant / certificate holder been made aware of relevant aviation related health promotion resources, such as the ICAO Fitness to Fly Manual?	<b>YES</b>	<b>NO</b>	<b>N/A</b>

<b>Additional information</b>