United Kingdom

Civil Aviation Authority

Official Record Series 9

CAA Decision to amend AMC and GM to UK Reg (EU) No 1178/2011 Annex VI (Part-ARA) pursuant to Article 76(3) of UK Reg (EU) No 2018/1139

DECISION No. 29

Publication date: 4 August 2023

Decision amending Acceptable Means of Compliance (AMC) and Guidance Material (GM) for UK Reg (EU) No 1178/2011 Annex VI

Background

1. CAA UK-EU Transition Decision No. 1 dated 22 December 2020 adopted a form of Acceptable Means of Compliance ("**AMC**") as a means by which the requirements in UK Reg (EU) No 1178/2011 as retained (and amended in UK domestic law) under the European Union (Withdrawal) Act 2018 ("**UK Reg (EU) No. 1178/2011**") could be met. That decision also adopted Guidance Material ("**GM**") as non-binding, explanatory and interpretation material on how to achieve the requirements in that Regulation.

2. The CAA has identified that it is necessary to delete the following AMC and GM as they are no longer relevant following the UK's EU Exit:

    a. AMC1 ARA.GEN.120(d)(3) and GM1 ARA.GEN.120;
    b. AMC1 ARA.GEN.200(d), AMC1 ARA.GEN.220(a)(7);
    c. GM1 ARA.GEN.300(d);
    d. GM1 ARA.GEN.350(e);
    e. AMC1 ARA.GEN.360(a);
    f. AMC1 ARA.GEN.360(a)(1), AMC1 ARA.GEN.360(a)(2);
    g. GM1 ARA.GEN.360, GM2 ARA.GEN.360, GM3 ARA.GEN.360;
    h. AMC1 ARA.FCL.200(a)(1), AMC1 ARA.FCL.200(a)(2);
    i. AMC1 to Appendix I to Annex VI (Part-ARA) – Flight crew licence.

3. The CAA has identified that it is necessary to amend the following AMC and GM to replace references to 'Member States' with 'the United Kingdom':

    a. AMC1 ARA.GEN.200(a); GM1 ARA.GEN.200(a)(2) (GM amended).

4. The following AMC and GM are amended to replace references to the Agency and other (EU) Member States and to update references from repealed Regulation (EC) No. 216/2008 to UK Regulation (EU) 2018/1139:

    a. GM1 ARA.GEN.200(a);
    b. AMC1 ARA.GEN.200(a)(2);
    c. AMC2 ARA.GEN.200(a)(2).

5. In AMC1 ARA.GEN.315(a), reference to contacting other competent authorities in (EU) Member States is deleted.

6. By way of restatement, Schedule 1 to this Decision includes illustration of ORS9 Decision 1 which decided that that under Article 76(3) of Regulation (EU) 2018/1139, the CAA adopted all EASA AMC and GM published by EASA on or before Exit Day (whether pending or in force), except for, pertaining to Regulation UK (EU) No. 1178/2011:

    a. AMC1 ARA.MED.135 (a) (b) & (c)
    b. GM1 ARA.MED.135 (b) & (c).

7. AMC1 to ARA.MED.130 is deleted as the CAA publishes templates within its online specialist systems (e.g. CELLMA),which are also available to aero-medical examiners on the website.

8. AMC1 ARA.MED.150 is covered by the UK Data Protection Act 1998 (as amended) and is therefore deleted.

9. ARA.MED.160 was not included in the UK retained EU legislation and therefore the associated AMC is deleted.

10. GM1 ARA.MED.330 is deleted.

Decision

11. The CAA, under Article 76(3) of Regulation (EU) 2018/1139, as retained (and amended in UK domestic law) under the European Union (Withdrawal) Act 2018, has decided to adopt the AMC and GM for UK Reg (EU) No. 1178/2011 Annex VI Part-ARA attached at Schedule 1.

12. The AMC and GM attached at Schedule 1 to this Decision is a restatement of the position as existed in the UK from 1 January 2021 thereby already being in force as at the date of this published Decision.

13. This Decision will remain in force unless revoked or amended by the CAA.

Definitions

All references to UK Reg (EU) 2018/1139 and to UK Reg (EU) No. 1178/2011 are to those Regulations as retained and amended in UK domestic law pursuant to the European Union (Withdrawal) Act 2018.

Rob Bishton
For the UK Civil Aviation Authority

Date of decision 4 August 2023

Schedule 1

Includes the Acceptable Means of Compliance (AMC) and Guidance Material (GM) documents referenced below.

The text of the amendment is arranged to show deleted text, new or amended text as shown below:
(a) ~~Text to be deleted is shown struck through~~;
(b) New text is highlighted in grey;
(c) ~~Text to be deleted is shown struck through~~ followed by the replacement text which is highlighted in grey.

~~AMC1 ARA.GEN.120(d)(3) Means of compliance~~

~~**GENERAL**~~

~~The information to be provided to other Member States following approval of an alternative means of compliance should contain a reference to the Acceptable Means of Compliance (AMC) to which such means of compliance provides an alternative, as well as a reference to the corresponding Implementing Rule, indicating as applicable the subparagraph(s) covered by the alternative means of compliance.~~

~~GM1 ARA.GEN.120 Means of compliance~~

~~**GENERAL**~~

~~Alternative means of compliance used by a competent authority or by organisations under its oversight may be used by other competent authorities or organisations only if processed again in accordance with **ARA.GEN.120(d) and (e)**.~~

AMC1 ARA.GEN.200(a) Management System

GENERAL

(a) All of the following should be considered when deciding upon the required organisational structure:

(1) the number of certificates, attestations, authorisations and approvals to be issued;

(2) the number of declared training organisations;

(3) the number of certified persons and organisations exercising an activity within the United Kingdom ~~that Member State~~, including persons or organisations certified by, or having made a declaration to, other competent authorities;

(4) the possible use of qualified entities ~~and of resources of other competent authorities~~ to fulfil the continuing oversight obligations;

(5) the level of civil aviation activity in terms of:

(i) number and complexity of aircraft operated;

(ii) size and complexity of the United Kingdom's ~~that Member State's~~

aviation industry;

(6) the potential growth of activities in the field of civil aviation.

(b) The set-up of the organisational structure should ensure that the various tasks and obligations of the competent authority do not rely solely on individuals. A continuous and undisturbed fulfilment of these tasks and obligations of the competent authority should also be guaranteed in case of illness, accident or leave of individual employees.

GM1 ARA.GEN.200(a) Management system

GENERAL

(a) The competent authority ~~designated by each Member State~~ should be organised in such a way that:

(1) there is specific and effective management authority in the conduct of all relevant activities;

(2) the functions and processes described in the applicable requirements of ~~Regulation (EC) No 216/2008~~[1] UK Regulation (EU) 2018/1139 and its Implementing Rules and AMCs, Certification Specifications (CSs) and Guidance Material (GM) may be properly implemented;

(3) the competent authority's organisation and operating procedures for the implementation of the applicable requirements of ~~Regulation (EC) No 216/2008~~ UK Regulation (EU) 2018/1139 and its Implementing Rules are properly documented and applied;

(4) all competent authority personnel involved in the related activities are provided with training where necessary;

(5) ~~specific and effective provision is made for the communication and interface as necessary with the Agency and the competent authorities of other Member States~~; and

(6) all functions related to implementing the applicable requirements are adequately described.

(b) A general policy in respect of activities related to the applicable requirements of ~~Regulation (EC) No 216/2008~~ UK Regulation (EU) 2018/1139 and its Implementing Rules should be developed, promoted and implemented by the manager at the highest appropriate level; for example the manager at the top of the functional area of the competent authority that is responsible for such activities.

(c) Appropriate steps should be taken to ensure that the policy is known and understood by all personnel involved, and all necessary steps should be taken to implement and maintain the policy.

(d) The general policy, whilst also satisfying additional national regulatory responsibilities, should in particular take into account:

(1) the provisions of ~~Regulation (EC) No 216/2008~~ UK Regulation (EU) 2018/1139;

(2) the provisions of the applicable Implementing Rules and their AMCs, CSs and GM;

(3) the needs of industry; and

(4) the needs of ~~the Agency and of~~ the competent authority.

The policy should define specific objectives for key elements of the organisation and processesfor implementing related activities, including the corresponding control procedures and the measurement of the achieved standard.

AMC1 ARA.GEN.200(a)(2) Management System

QUALIFICATION AND TRAINING – GENERAL

(a) The competent authority should ensure appropriate and adequate training of its personnel to meet the standard that is considered necessary to perform the work. To ensure personnel remain qualified, arrangements should be made for initial and recurrent training as required.

(b) The basic capability of the competent authority's personnel is a matter of recruitment and normal management functions in selection of personnel for particular duties. Moreover, the competent authority should provide training in the basic skills as required for those duties. However, to avoid differences in understanding and interpretation, all personnel should be provided with further training specifically related to ~~Regulation (EC)No 216/2008~~ UK Regulation (EU) 2018/1139, its Implementing Rules and related AMCs, CSs and GM, as well as related to the assessment of alternative means of compliance.

(c) The competent authority may provide training through its own training organisation with qualified trainers or through another qualified training source.

(d) When training is not provided through an internal training organisation, adequately experienced and qualified persons may act as trainers, provided their training skills have been assessed. If required, an individual training plan should be established covering specific training skills. Records should be kept of such training and of the assessment, as appropriate.

AMC2 ARA.GEN.200(a)(2) Management System

QUALIFICATION AND TRAINING - INSPECTORS

(a) Qualification

(1) All inspectors should receive, as appropriate to their role, training in the following areas:

(i) auditing techniques, as relevant to the particular duties and responsibilities of the inspector;

(ii) safety management systems (SMSs);

(iii) compliance monitoring system (CMSs);

(iv) the requirements of UK Regulation (EU) No 1178/2011 related to their duties, in particular of Annex VII (Part-ORA) and Annex VI (Part ARA) thereto; and

(v) ICAO Annexes and guidance material relevant to their duties.

(2) Additional qualification criteria:

(i) inspectors conducting sampling of training flights in aircraft or FSTD sessions should hold or have held a pilot licence and relevant ratings and certificates appropriate to the level of the training conducted;
(ii) inspectors conducting sampling of training flights in aircraft as a member of the flight crew should hold a pilot licence and relevant ratings and certificates appropriate to the level of the training conducted;
(iii) inspectors conducting sampling of theoretical-knowledge instruction should have a practical background in aviation in the areas relevant to the training provided as well as practical experience in instructional techniques;
(iv) inspectors approving training programmes should have relevant experience in the same area; and
(v) inspectors not involved in activities referred to in (i)-(iv) above should have a relevant background in aviation related to their duties.

(b) Initial training programme

The initial training programme for inspectors should include, as appropriate to their role, current knowledge of, as well as experience and skills in, at least the following:

(1) air law – organisation and structure;
(2) ~~Regulation (EC)No 216/2008~~ UK Regulation (EU) 2018/1139, as well as its implementing regulations and related AMC/GM;
(3) the Chicago Convention, as well as relevant ICAO Annexes and guidance;
(4) relevant national aviation and administrative legislation;
(5) the applicable requirements and procedures (including the correct formulation of findings);
(6) management systems, including assessment of SMSs and CMSs, as well as auditing, risk assessment, and reporting techniques;
(7) competency-based training, including approval of training organisations;
(8) criteria for the qualification of FSTDs;
(9) evidence-based training;
(10) HF training (including 'just culture' in aviation and conflict management);
(11) performance-based oversight;
(12) rights and obligations of the competent authority's inspecting personnel;
(13) 'on-the-job training';
(14) the relevant Annexes to UK Regulation (EU) No 965/2012; and
(15) suitable technical training appropriate to the role and tasks of the inspector, in particular for those areas requiring approvals.

(c) Recurrent training programme

The recurrent training programme should reflect, at least, changes in aviation legislation and industry. It should also cover the specific needs of the inspectors and of the competent authority, and include at least the following:

(1) an inspection on behalf of the competent authority, supervised by another inspector;
(2) licence proficiency check (LPC)/OPC on an appropriate aircraft type/class (if applicable);
(3) instructor refresher seminar (if applicable);
(4) audit techniques course for regulators (refresher course); and

(5) SMS refresher course.

GM1 ARA.GEN.200(a)(2) Management system

SUFFICIENT PERSONNEL

(a) This GM on the determination of the required personnel is limited to the performance of certification and oversight tasks, excluding personnel required to perform tasks subject to any other ~~national~~ regulatory requirements.

(b) The elements to be considered when determining required personnel and planning their availability may be divided into quantitative and qualitative elements:

(1) Quantitative elements:

(i) the estimated number of initial certificates to be issued and declarations to be received;

(ii) the number of:

(A) organisations certified by the competent authority; and

(B) organisations having declared their activity to the competent authority;

(ii) the number of persons to whom the competent authority has issued a licence, certificate, rating, authorisation or attestation;

(iii) the estimated number of persons and organisations exercising their activity within ~~the territory of~~ the United Kingdom ~~the Member State and established or residing in another Member State~~.

(2) Qualitative elements:

(i) the size, nature and complexity of activities of certified and declared organisations as well as FSTD qualification certificate holders (cf. AMC1 ORA.GEN.200(b)), taking into account:

(A) privileges of the organisation;

(B) type and scope of approval or declared activities, multiple certification or declaration;

(C) possible certification or declaration to industry standards;

(D) types of aircraft / flight simulation training devices (FSTDs) operated;

(E) number of personnel; and

(F) organisational structure, existence of subsidiaries;

(ii) the safety priorities identified;

(iii) the results of past oversight activities, including audits, inspections and reviews, in terms of risks and regulatory compliance, taking into account:

(A) number and level of findings;

(B) timeframe for implementation of corrective actions; and

(C) maturity of management systems implemented by organisations and their ability to effectively manage safety risks~~, taking into account also information provided by other competent authorities related to activities in the territory of the Member States concerned~~; and

(iv) the size and complexity of the United Kingdom's ~~the Member State's~~ aviation industry and the potential growth of activities in the field of civil aviation, which may be an indication of the number of new applications and declarations as well as changes to existing

certificates and declarations to be expected.

(c) Based on existing data from previous oversight planning cycles and taking into account the situation within ~~the Member State's~~ the United Kingdom's aviation industry, the competent authority may estimate:
  (1) the standard working time required for processing:
    (i) applications for new certificates (for persons, organisations and FSTD qualification);
    (ii) new declarations;
  (2) for each planning period, the number of:
    (i) new certificates to be issued;
    (ii) declarations to be received; and
    (iii) changes to existing certificates and declarations to be processed;
  (3) the number of changes to existing certificates to be processed for each planning period.

(d) In line with the competent authority's oversight policy, the following planning data should be determined specifically for each type of organisation certified by the competent authority ~~ining the AMC & GM to the implementing rules of Commission Regulation (EU)~~, including ~~(~~approved training organisations (ATOs), ~~and~~ aero-medical centres (AeMCs)~~)~~ and for FSTD qualification certificate holders as well as for declared training organisations:
  (1) standard number of audits to be performed per oversight planning cycle;
  (2) standard duration of each audit;
  (3) standard working time for audit preparation, on-site audit, reporting and follow-up, per inspector;
  (4) standard number of ramp and unannounced inspections to be performed;
  (5) standard duration of inspections, including preparation, reporting and follow-up, per inspector;
  (6) minimum number and required qualification of inspectors for each audit/inspection.

(e) Standard working time could be expressed either in working hours per inspector or in working days per inspector. All planning calculations should then be based on the same unit (hours or working days).

(f) It is recommended to use a spreadsheet application to process data defined under (c) and (d), to assist in determining the total number of working hours / days per oversight planning cycle required for certification, oversight and enforcement activities. This application could also serve as a basis for implementing a system for planning the availability of personnel.

(g) For each type of organisation certified by the competent authority, FSTD qualification certificate holders and declared training organisations, the number of working hours/days per planning period for each qualified inspector that may be allocated for certification, oversight and enforcement activities should be determined, taking into account:
  (1) purely administrative tasks not directly related to oversight and certification;
  (2) training;
  (3) participation in other projects;
  (4) planned absence; and
  (5) the need to include a reserve for unplanned tasks or unforeseeable events.

(h) The determination of working time available for certification, oversight and enforcement activities should also consider~~:~~
  ~~(1)~~ the possible use of qualified entities~~; and~~

(2) possible cooperation with other competent authorities for approvals and declarations involving more than one Member State.

(i) Based on the elements listed above, the competent authority should be able to:
(1) monitor dates when audits and inspections are due and when they have been carried out;
(2) implement a system to plan the availability of personnel; and
(3) identify possible gaps between the number and qualification of personnel and the required volume of certification and oversight.

Care should be taken to keep planning data up-to-date in line with changes in the underlying planning assumptions, with particular focus on risk-based oversight principles.

AMC1 ARA.GEN.200(d) Management system

PROCEDURES AVAILABLE TO THE AGENCY

(a) Copies of the procedures related to the competent authority's management system and their amendments to be made available to the Agency for the purpose of standardisation should provide at least the following information:

(1) Regarding continuing oversight functions undertaken by the competent authority, the competent authority's organisational structure with description of the main processes. This information should demonstrate the allocation of responsibilities within the competent authority, and that the competent authority is capable of carrying out the full range of tasks regarding the size and complexity of the Member State's aviation industry. It should also consider overall proficiency and authorisation scope of competent authority personnel.

(2) For personnel involved in oversight activities, the minimum professional qualification requirements and experience and principles guiding appointment (e.g. assessment).

(3) How the following are carried out: assessing applications and evaluating compliance of applications and declarations, issue of certificates, performance of continuing oversight, follow-up of findings, enforcement measures and resolution of safety concerns.

(4) Principles of managing exemptions and derogations.

(5) Processes in place to disseminate applicable safety information for timely reaction to a safety problem.

(6) Criteria for planning continuing oversight (oversight programme), including adequate management of interfaces when conducting continuing oversight (air operations, flight crew licensing, continuing airworthiness management for example).

(7) Outline of the initial training of newly recruited oversight personnel (taking future activities into account), and the basic framework for continuation training of oversight personnel.

(b) As part of the continuous monitoring of a competent authority, the Agency may request details of the working methods used, in addition to the copy of the

procedures of the competent authority's management system (and amendments). These additional details are theprocedures and related guidance material describing working methods for competent authority personnel conducting oversight.

(c) Information related to the competent authority's management system may be submitted in electronic format.

AMC1 ARA.GEN.220(a)(7) Record-keeping

ACTIVITIES PERFORMED IN THE TERRITORY OF A MEMBER STATE BY PERSONS OR ORGANISATIONSESTABLISHED OR RESIDING IN ANOTHER MEMBER STATE

(a) Records related to the oversight of activities performed in the territory of a Member State by persons or organisations established or residing in another Member State should include, as a minimum:

(1) oversight records including all audit and inspection records and related correspondence;

(2) copies of all relevant correspondence to exchange information with other competentauthorities relating to the oversight of such persons/organisations;

(3) details of any enforcement measures and penalties; and

(4) any report from other competent authorities relating to the oversight of these persons/organisations, including any notification of evidence showing non-compliance with the applicable requirements.

(b) Records should be kept by the competent authority having performed the audit or inspection and should be made available to other competent authorities at least in the following cases:

(1) serious incidents or accidents;

(2) findings through the oversight programme where organisations certified by, or having declared its activities to, another competent authority are involved to determine the rootcause;

(3) an organisation being certified by, having approvals issued by, or having declared its activities to, competent authorities in several Member States.

(c) When records are requested by another competent authority, the reason for the request shouldbe clearly stated.

(d) The records can be made available by sending a copy or by allowing access to them forconsultation.

GM1 ARA.GEN.300(d) Oversight

ACTIVITIES WITHIN THE TERRITORY OF THE MEMBER STATE

(a) Activities performed in the territory of the Member State by persons or organisations established or residing in another Member State include:

~~(1) activities of organisations certified by the competent authority of any other Member State or the Agency as well as activities of organisations having declared their activities to the competent authority of any other Member State;~~

~~(2) activities of persons holding a licence, certificate, rating, or attestation issued by the competent authority of any other Member State; and~~

~~(3) activities of persons making declarations to the competent authority of any other Member State.~~

~~Audits and inspections of such activities, including ramp and unannounced inspections, should be prioritised towards those areas of greater safety concern, as identified through the analysis of data on safety hazards and their consequences in operations.~~

AMC1 ARA.GEN.315(a) Procedure for issue, revalidation, renewal or change of licences, ratings or certificates – persons

VERIFICATION OF COMPLIANCE

(a) In order to verify that the applicant meets the requirements, the competent authority should review the application and any supporting documents submitted, for completeness and compliance with applicable requirements.

~~(b) As part of the verification that the applicant meets the requirements, the competent authority should check that he/she:~~

~~(1) was not holding any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another Member State;~~

~~(2) has not applied for any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category in another Member State; and~~

~~(3) has never held any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another Member State which was revoked or suspended in any other Member State.~~

The competent authority should request the applicant to make a declaration ~~covering items (b)(1) to (b)(3)~~. Such declaration should include a statement that any incorrect information could disqualify the applicant from being granted a personnel licence, certificate, rating, authorisation or attestation. ~~In case of doubts, the competent authority should contact the competent authority of the Member State where the applicant may have previously held any personnel licence, certificate, rating, authorisation or attestation.~~

~~GM1 ARA.GEN.350(e) Findings and corrective actions – organisations~~

~~**LEVELS OF FINDINGS ISSUED TO A DTO**~~

Part-ARA requirements do not require competent authorities to categorise findings issued to a DTO. As a consequence, point **ARA.GEN.350(c)** does not require competent authorities to provide other competent authorities with an indication of the level of the findings issued to a DTO. However, point **ARA.GEN.350(c)** must not be understood as a prohibition for competent authorities to inform other competent authorities about the level of a finding in such a case, if such finding levels are used by thatcompetent authority on a voluntary basis.

AMC1 ARA.GEN.360(a) Change of competent authority

When transferring the summary of the applicant's relevant medical history and copies of medical records to the receiving competent authority in accordance with point **ARA.GEN.360(a)**, the transferring competent authority should include at least all of the following:

(a) copies of:

(1) the most recent aeromedical report containing the detailed results of the aeromedical examinations and assessments that are required for the class of medical certificate;

(2) the application form, examination form, and medical certificate issued;

(3) the most recent electrocardiogram (ECG), ophthalmological and ear-nose-throat (ENT), including audiometry, examination reports, as applicable for the class of medical certification;

(4) the initial medical examination or the supporting documents for the last medical file transfer between licensing authorities; where this is not available, a copy of the medical report from the last three aeromedical examinations should be transferred as an alternative;

(5) the mental health assessment, as applicable for the class of medical certificate; and

(6) any other relevant medical documentation; and

(b) the 'Summary of medical history' form of **AMC1 ARA.GEN.360(a)(2)**, filled in and signed by the medical assessor.

AMC1 ARA.GEN.360(a)(1) Change of competent authority

LICENCE VERIFICATION FORM

In this form, 'issuing competent authority of the license' means the 'transferring competent authority' of **ARA.GEN.360**.

LICENCE VERIFICATION FORM It is required that this form is filled in and signed by the issuing competent authority of the licence being transferred.		
ITEM	**DESCRIPTION**	
1	State of licence(s) issue	*Country*

2	Title of licences/certificates (including restriction(s)) and corresponding licences/certificates numbers[1]*	*e.g. PPL(A) — UN country code.FCL.xxx — no valid ratings or SPL — UN country code.FCL.xxx*	
3	Licence issue date and expiry date (if applicable)	*Issue PPL(A): xx/xx/xxxx* *Issue SPL: xx/xx/xxxx*	
4	Full name (Last and first names)	*LAST NAME 1, LAST NAME 2, etc.* *First name 1, First name 2, etc.*	
5	Date of birth (dd/mm/yyyy)	*xx/xx/xxxx*	
6	Address (as on the licence)		
7	Contact details: email and phone number.	*e.g.* *example@example.eu* *+(country code) xxxxxxxxxx*	
8	Nationality	*Country*	
9	Issuing authority (conditions under which the licence was issued, where necessary)	*Country and authority*	
10	Valid and non-expired ratings/privileges and certificates held (Type/class/instrument/additional ratings and instructor/examiner certificates) Note: indicate all applicable restrictions and extensions.	**Ratings and certificates**	**Valid until (dd/mm/yyyy)**
		e.g. TMG (Sailplane)	*xx/xx/xxxx*
		e.g. FI (Sailplane) *with extensions for TMG and FI*	*xx/xx/xxxx*
11	Expired ratings and certificates held (Type/class/instrument/additional ratings and instructor/examiner certificates) Note: indicate all applicable restrictions and extensions.	**Ratings and certificates**	**Valid until (dd/mm/yyyy)**
		e.g. TMG (Aeroplane)	*xx/xx/xxxx*
12	Remarks, i.e. special endorsements relating to limitations, restrictions, or endorsements for privileges (e.g. language proficiency level and validity (English, others))	*Special endorsements*	
		Language / *Level* / *Validity (dd/mm/yyyy)*	
13	Details on completion of theoretical knowledge or flight instruction, theoretical knowledge examination or skill test in other Member States, if applicable (e.g validity of the ATPL theoretical knowledge)	*e.g. IR theory valid until xx/xx/xxxx*	

14	Past or pending enforcement action[1]	**Yes ☐** **No ☐** (If yes, please give details on a separate page.)

I,_____certify that the details entered on this information form are true, complete, and correct.
For any comments, please use the space provided below or on the next page, and tick here: ☐

Authority:_____
Contact details:_____ Position:_____
Signature:_____ Stamp/seal:_____ Date:_____

Comments:

AMC1 ARA.GEN.360(a)(2) Change of competent authority

SUMMARY OF MEDICAL HISTORY — FORM FOR THE TRANSFER OF MEDICAL RECORDS

SUMMARY OF MEDICAL HISTORY — FORM FOR THE TRANSFER OF MEDICAL RECORDS **MEDICAL DETAILS IN CONFIDENCE**			
Item	**Description**		
1	State of licence(s) issue	*Country*	
2	Title of licence(s)/certificate(s) and corresponding serial number of licence(s) held (or national medical reference number)	*e. g. PPL(A) — UN country code.FCL.xxx or SPL — UN country code.FCL.xxx*	
3	Full name (Last and first names)	*LAST NAME 1, LAST NAME 2, etc.* *First name 1, First name 2, etc.*	
4	Date of birth (dd/mm/yyyy)	*xx/xx/xxxx*	
5	Address		
6	Contact details: email; and phone number.	*e.g.* *(a) example@example.eu* *(b) +(country code) xxxxxxxxxx*	
7	Nationality	*Country*	
8	Issuing authority	*Country and authority*	
9	Initial medical certificate:	Date of issue	*xx/xx/xxxx*
		Date of examination	*xx/xx/xxxx*
		Type of certificate (Joint Aviation Authorities (JAR), Part-Med or national)	
		Class	
10	Dates of last three revalidation/renewal examinations (if any)		
11	Limitations (if any)		
12	Comments on any relevant aspect of the applicant's medical history or examination (if applicable, please enclose reports) Please enclose at least the latest examination report and electrocardiogram (ECG). In addition, where applicable for the class of medical certification, please enclose the latest ophthalmological, ear-nose-throat (ENT), and mental health assessment reports.		
13	Past or pending enforcement action[1]	Yes ☐ No ☐ (If yes, please give details on a separate page.)	

If there is insufficient space on this form for any information, please use additional pages.

CERTIFICATION

I, Dr_____, as medical assessor of the (NAA name) _____, certify that the details given above and on any additional pages included are true, complete, and correct.		
Date	Signature	Licensing authority and stamp/seal

GM1 ARA.GEN.360 Change of competent authority

APPLICATION FORM FOR CHANGE OF COMPETENT AUTHORITY

In this form, 'current competent authority' means the 'transferring competent authority' of **ARA.GEN.360**, and 'future competent authority' means the 'receiving competent authority' of **ARA.GEN.360**.

APPLICATION FORM FOR CHANGE OF COMPETENT AUTHORITY		
Applicant details:	Full name (Last and first names)	*LAST NAME 1, LAST NAME 2, etc. First name 1, First name 2, etc.*
	Title of licence(s)/certificate(s) (including restriction(s)) and corresponding licence(s)/certificate(s) number(s)[1]	*e.g. PPL(A) — UN country code.FCL.xxx e.g. SPL — UN country code.FCL.xxx*
	Current competent authority	*Country and authority*
	Future competent authority	*Country and authority*
I,_____(last name, first name) hereby apply for a change of competent authority from my current competent authority to the future competent authority. To that end, I consent to a transfer of medical records, including the transfer of medical records and associated exchange of information between the current and future competent authorities. I apply for transfer of all my licences issued in accordance with Regulations (EU) No 1178/2011, (EU) 2018/395, and (EU) 2018/1976 within the different categories.		
I will immediately surrender my current licences/certificates and medical certificate to the future competent authority upon receiving the 'new' licences/certificates and medical certificate. I understand that the current competent authority remains my competent authority until I have received the new licences/certificates and medical certificate, as applicable, issued by the future competent authority. I hereby declare that I have not submitted any other request to another competent authority than the future competent authority as indicated above. I have fully reviewed the [*please insert reference to the current competent authority's relevant information material*] and have submitted all the necessary paperwork for my application to be considered. I declare that the information provided on this application form is true, complete, and correct. Any incorrect information on this form or non-compliance with the essential requirements of Annex IV to the Basic Regulation or with the requirements of Regulations (EU) No 1178/2011, (EU) 2018/395, and (EU) 2018/1976 could disqualify the applicant from having his records transferred from the current to the future competent authority.		
Signature:		Date:

GM2 ARA.GEN.360 Change of competent authority

LICENCE VERIFICATION

The licence verification includes the verification of all associated privileges, ratings, certificates, and endorsements that were obtained in accordance with the technical requirements of Regulations (EU)No 1178/2011, (EU) 2018/395, and (EU) 2018/1976. This means that for example, senior examiner privileges are not included.

AVAILABLE RECORDS

Available medical records are all medical records of the licence holder that are related to the history of the medical certificate.

RECORDS

Original licensing and medical records are the original records of the licence holder or electronic records kept by the competent authority.

VALIDITY PERIODS

When reissuing the licence(s) and medical certificate(s), the receiving competent authority should ensure that the validity periods and limitations (if any) are in accordance with the ones of the licence(s)and medical certificate(s) transferred.

PROCESSING

Processing all documents means that the receiving competent authority checks the completeness, and correctness of all the information provided by the transferring competent authority and asks the transferring competent authority for clarification, if needed. If by any means, the receiving competentauthority becomes aware of non-compliance with the essential requirements of Annex IV to the BasicRegulation or with the requirements of Regulations (EU) No 1178/2011, (EU) 2018/395, and (EU) 2018/1976 during the processing of the documents, it should reject the application for change of competent authority and inform the transferring competent authority in accordance with its nationaladministration rules.

GM3 ARA.GEN.360 Change of competent authority

The competent authority can establish and implement its administrative procedures as it considers appropriate. The following practical guidance is considered best practice that may facilitate the workof, and coordination between, competent authorities.

CASES OF SUSPENSION, REVOCATION, OR CURRENT INVESTIGATION

In case of suspension of a licence or medical certificate, the competent authority responsible for the suspension is the only one entitled to remove the suspension. Therefore, a licence holder with a suspended licence or medical certificate cannot apply for change of competent authority until the suspension is revoked.

In case of revocation of a licence, the licence holder can apply for change of competent authority. The licence holder does not immediately receive a new licence after the change of competent authority, but is able to apply for a new licence to the new authority after all necessary requirements of Annex I(Part-FCL) to Regulation (EU) No 1178/2011 and/or Annex III (Part-BFCL) to Regulation (EU) 2018/395and/or Annex III (Part-SFCL) to Regulation (EU) 2018/1976 are met. However, the licence holder may

~~immediately receive a medical certificate from the receiving competent authority, if applicable.~~

~~In case of revocation of a medical certificate, the certificate holder can apply for change of competent authority. The certificate holder does not immediately receive a new licence after the change of competent authority, but is able to apply for a new certificate and licence to the new authority after all necessary requirements of Annexes I (Part-FCL) and IV (Part-MED) to Regulation (EU) No 1178/2011 and/or Annex III (Part-BFCL) to Regulation (EU) 2018/395 and/or Annex III (Part-SFCL) to Regulation (EU) 2018/1976 are met.~~

~~In case of an ongoing investigation that is based on evidence of non-compliance, the licence holder cannot immediately apply for change of competent authority. Sufficient time to investigate the case should be provided to reach a conclusion whether or not the licence or medical certificate must be suspended or revoked before the licence holder can apply for change of competent authority.~~

~~AMC1 ARA.FCL.200(a)(1) ICAO attachment~~

~~When issuing the licence with the remark on the licence item XIII: 'This licence is automatically validated as per the ICAO attachment to this licence', the competent authority should provide the holder of the licence with the ICAO attachment.~~

~~AMC1 ARA.FCL.200(a)(2) ICAO attachment~~

~~The format of the ICAO attachment in electronic or paper format is the following:~~

EASA
European Union Aviation Safety Agency

~~EUROPEAN UNION~~ **~~ICAO attachment to automatically validate licences~~** **~~(Issue 1)~~** ~~issued in accordance with Annex VII to Commission Regulation (EU) No 1178/2011~~
~~1. The licence is automatically validated by all the ICAO States listed in point (2) under an agreement registered with ICAO. The ICAO Registration Number is: XXXX.~~

~~2. The ICAO Contracting States that automatically validate this licence are:~~

~~[Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland, United Kingdom.]*~~

~~* Please select the applicable ICAO Contracting States~~

~~European Aviation Safety Agency~~

~~Date of issue: _____~~

AMC1 ARA.MED.130 Medical certificate format

STANDARD EASA MEDICAL CERTIFICATE FORMAT

The format of the medical certificate should be as shown below.

Competent authority name and logo (English and any language(s) determined by the competent authority) EUROPEAN UNION (English only) Class 1/2/LAPL MEDICAL CERTIFICATE pertaining to a Part-FCL licence (English and any language(s) determined by the competent authority) Issued in accordance with Part-MED This medical certificate complies with ICAO standards, except for the LAPL medical certificate (English and any language(s) determined by the competent authority)		Requirements "European Union" to be deleted for non-EU Member States Size of each page shall be one eighth A4

I ~~National language(s)/ Authority that issued or is to issue the pilot~~ III ~~National language(s):/Certificate~~ I ~~National language(s):/ Last and first name of~~ XIV ~~National language(s):/Date of birth~~: V ~~National~~ VII ~~National language(s)/~~
2

~~XIII National language(s)/Limitations: Code.~~ X ~~National language(s)/* Date of issue: (dd/mm/yyyy~~) ~~Signature of issuing AME/medical assessor~~ X ~~National~~
3

~~IX Nat. lang(s)/ Expiry date of this certificate~~	~~Class 1 single pilot commercial operations carrying passengers (dd/mm/yyyy)~~
	~~Class 1 (dd/mm/yyyy)~~
	~~Class 2 (dd/mm/yyyy)~~
	~~LAPL (dd/mm/yyyy)~~
~~Nat. lang(s)./Examination date: (dd/mm/yyyy)~~	
~~MED.A.020 Decrease in medical fitness~~ ~~(a) Licence holders shall not exercise the privileges of their licence and related ratings or certificates at any time when they:~~ ~~(1) are aware of any decrease in their medical fitness that might render them unable to safely exercise those privileges;~~ ~~(2) take or use any prescribed or non-prescribed medication that is likely to interfere with the safe exercise of the privileges of the applicable licence; or~~ ~~(3) receive any medical, surgical or other treatment that is likely to interfere with flight safety.~~ ~~(b) In addition, licence holders shall, without undue delay, seek aero-medical advice when they:~~ ~~(1) have undergone a surgical operation or invasive procedure;~~ ~~(2) have commenced the regular use of any medication;~~ ~~(3) have suffered any significant personal injury involving incapacity to function as a member of the flight crew;~~ ~~(4) have been suffering from any significant illness involving incapacity to function as a member of the flight crew;~~ ~~(5) are pregnant;~~ ~~(6) have been admitted to hospital or medical clinic; or~~ ~~(7) first require correcting lenses.~~	
~~4~~	

~~* Date of issue is the date the certificate is issued and signed~~

AMC1 ARA.MED.135(a) Aero-medical forms

APPLICATION FORM FOR A MEDICAL CERTIFICATE

The form referred to in **ARA.MED.135(a)** should reflect the information indicated in the following form and corresponding instructions for completion.

LOGO

CIVIL AVIATION ADMINISTRATION / MEMBER STATE

APPLICATION FORM FOR A MEDICAL CERTIFICATE
Complete this page fully and in block capitals - Refer to instructions pages for details.

MEDICAL IN CONFIDENCE

<table>
<tr><td>(1) State of licence issue:</td><td colspan="2">(2) Medical certificate applied for: class 1 ☐ class 2 ☐ LAPL ☐</td></tr>
<tr><td>(3) Surname:</td><td colspan="2">(4) Previous surname(s):</td><td>(12) Application Initial ☐
Revalidation/Renewal ☐</td></tr>
<tr><td>(5) Forenames:</td><td>(6) Date of birth (dd/mm/yyyy):</td><td>(7) Sex
Male ☐
Female ☐</td><td>(13) Reference number:</td></tr>
<tr><td>(8) Place and country of birth:</td><td colspan="2">(9) Nationality:</td><td>(14) Type of licence applied for:</td></tr>
<tr><td rowspan="2">(10) Permanent address:

Country:
Telephone No.:
Mobile No.:
e-mail:</td><td colspan="2" rowspan="2">(11) Postal address (if different)

Country:
Telephone No.:</td><td>(15) Occupation (principal)</td></tr>
<tr><td>(16) Employer</td></tr>
<tr><td colspan="2">(18) Aviation licence(s) held (type):
Licence number:
State of issue:</td><td colspan="2" rowspan="2">(19) Any Limitations on Licence/ Medical Certificate
No ☐ Yes ☐
Details:</td><td>(17) Last medical examination
Date:
Place:</td></tr>
<tr><td colspan="2" rowspan="2">(20) Have you ever had an aviation medical certificate denied, suspended or revoked by any licensing authority?
No ☐ Yes ☐ Date: Country:
Details:</td><td>(21) Flight time hours total:</td><td>(22) Flight time hours since last medical:</td></tr>
<tr><td colspan="2">(23) Aircraft class /type(s) presently flown:</td></tr>
<tr><td colspan="2" rowspan="2">(24) Any aviation accident or reported incident since last medical examination?
No ☐ Yes ☐ Date: Place:
Details:</td><td colspan="2">(25) Type of flying intended:</td></tr>
<tr><td colspan="2">(26) Present flying activity:
Single pilot ☐ Multi pilot ☐</td></tr>
<tr><td colspan="2">(27) Do you drink alcohol?
☐ No ☐ Yes, amount</td><td colspan="2" rowspan="2">(28) Do you currently use any medication?
No ☐ Yes ☐ State drug, dose, date started and why:</td></tr>
<tr><td colspan="2">(29) Do you smoke tobacco? ☐ No, never ☐ No, date stopped:
☐ Yes, state type and amount:</td></tr>
</table>

General and medical history: Do you have, or have you ever had, any of the following? (Please tick). If yes, give details in remarks section(30).

	Yes	No		Yes	No		Yes	No	**Family history of:**	Yes	No
101 Eye trouble/eye operation			112 Nose, throat or speech disorder			123 Malaria or other tropical disease			170 Heart disease		
102 Spectacles and/or contact lenses ever worn			113 Head injury or concussion			124 A positive HIV test			171 High blood pressure		
			114 Frequent or severe headaches			125 Sexually transmitted disease			172 High cholesterol level		
103 Spectacle/contact lens prescriptions change since last medical exam.			115 Dizziness or fainting spells			126 Sleep disorder/ apnoea syndrome			173 Epilepsy		
			116 Unconsciousness for any reason			127 Musculoskeletal illness/impairment			174 Mental illness or suicide		
104 Hay fever, other allergy			117 Neurological disorders; stroke, epilepsy, seizure, paralysis, etc			128 Any other illness or injury			175 Diabetes		
105 Asthma, lung disease						129 Admission to hospital			176 Tuberculosis		
106 Heart or vascular trouble			118 Psychological/ psychiatric trouble of any sort			130 Visit to medical practitioner since last medical examination			177 Allergy/ asthma/eczema		
107 High or low blood pressure									178 Inherited disorders		
108 Kidney stone or blood in urine			119 Alcohol/drug/ substance abuse			131 Refusal of life insurance			179 Glaucoma		
109 Diabetes, hormone disorder			120 Attempted suicide or self-harm			132 Refusal of flying licence					
110 Stomach, liver or intestinal trouble			121 Motion sickness requiring medication			133 Medical rejection from or for military service			**Females only:**		
									150 Gynaecological, menstrual problems		
111 Deafness, ear disorder			122 Anaemia / Sickle cell trait/other blood disorders			134 Award of pension or compensation for injury or illness			151 Are you pregnant?		

(30) Remarks: If previously reported and no change since, so state.

(31) Declaration: I hereby declare that I have carefully considered the statements made above and to the best of my belief they are complete and correct and that I have not withheld any relevant information or made any misleading statements. I understand that, if I have made any false or misleading statements in connection with this application, or fail to release the supporting medical information, the licensing authority may refuse to grant me a medical certificate or may withdraw any medical certificate granted, without prejudice to any other action applicable under national law.

CONSENT TO RELEASE OF MEDICAL INFORMATION: I hereby authorise the release of all information contained in this report and any or all attachments to the AME and, where necessary, to the medical assessor of the my licensing authority , to the medical assessor of the competent authority of my AME and to relevant medical professionals for the purpose of completion of an aero-medical assessment or a secondary review, recognising that these documents or electronically stored data are to be used for completion of a medical assessment and will become and remain the property of the licensing authority, providing that I or my physician may have access to them according to national law. Medical confidentiality will be respected at all times.

NOTIFICATION OF DISCLOSURE OF PERSONAL DATA: I hereby declare that I have been informed and I understand that the data contained in my medical certificate according to ARA.MED.130 may be electronically stored and made available to my AME in order to provide historical data required in MED.A.035(b)(2)(ii)/(iii) and to the medical assessors of the competent authorities of the Member States in order to facilitate the enforcement of ARA.MED.150(c)(4).

.....

Date Signature of applicant Signature of AME/(GMP)/ (medical assessor)

INSTRUCTIONS FOR COMPLETION OF THE APPLICATION FORM FOR A MEDICAL CERTIFICATE

This application form and all attached report forms will be transmitted to the licensing authority. Medical confidentiality shall be respected at all times.

The applicant should personally complete, in full, all questions (sections) on the application form. Writing shouldbe legible and in block capitals, using a ball-point pen. Completion of this form by typing/printing is also acceptable. If more space is required to answer any questions, a plain sheet of paper should be used, bearing the applicant's name and signature, and the date of signing. The following numbered instructions apply to the numbered headings on the application form for a medical certificate.

~~Failure to complete the application form in full, or to write legibly, may result in non-acceptance of the application form. The making of false or misleading statements or the withholding of relevant information in respect of this application may result in criminal prosecution, denial of this application and/or withdrawal of anymedical certificate(s) granted.~~

~~1. LICENSING AUTHORITY:~~ ~~State name of country this application is to be forwarded to.~~	~~17. LAST APPLICATION FOR A MEDICAL CERTIFICATE:~~ ~~State date (day, month, year) and place (town, country)~~ ~~Initial applicants state 'NONE'.~~
~~2. MEDICAL CERTIFICATE APPLIED FOR:~~ ~~Tick appropriate box.~~ ~~Class 1: Professional Pilot~~ ~~Class 2: Private Pilot~~ ~~LAPL~~	~~18. LICENCE(S) HELD (TYPE):~~ ~~State type of licence(s) held.~~ ~~Enter licence number and State of issue.~~ ~~If no licences are held, state 'NONE'.~~
~~3. SURNAME:~~ ~~State surname/family name.~~	~~19. ANY LIMITATIONS ON THE LICENCE(S)/MEDICAL CERTIFICATE:~~ ~~Tick appropriate box and give details of any limitations on your licence(s)/medical certificate, e.g. vision, colour vision, safety pilot, etc.~~
~~4. PREVIOUS SURNAME(S):~~ ~~If your surname or family name has changed for any reason, state previous name(s).~~	~~20. MEDICAL CERTIFICATE DENIAL, SUSPENSION OR REVOCATION:~~ ~~Tick 'YES' box if you have ever had a medical certificate denied, suspended or revoked, even if only temporary.~~ ~~If 'YES', state date (dd/mm/yyyy) and country where it occurred.~~
~~5. FORENAME(S):~~ ~~State first and middle names (maximum three).~~	~~21. FLIGHT TIME TOTAL:~~ ~~State total number of hours flown.~~
~~6. DATE OF BIRTH:~~ ~~Specify in order dd/mm/yyyy.~~	~~22. FLIGHT TIME SINCE LAST MEDICAL:~~ ~~State number of hours flown since your last medical examination.~~
~~7. SEX:~~ ~~Tick appropriate box.~~	~~23. AIRCRAFT CLASS/TYPE(S) PRESENTLY FLOWN:~~ ~~State name of principal aircraft flown, e.g. Boeing 737, Cessna 150, etc.~~
~~8. PLACE AND COUNTRY OF BIRTH:~~ ~~State town and country of birth.~~	~~24. ANY AVIATION ACCIDENT OR REPORTED INCIDENT SINCE LAST MEDICAL EXAMINATION:~~ ~~If 'YES' box ticked, state date (dd/mm/yyyy) and country of accident/incident.~~
~~9. NATIONALITY:~~ ~~State name of country of citizenship.~~	~~25. TYPE OF FLYING INTENDED:~~ ~~State whether airline, charter, single-pilot, commercial air transport, carrying passengers, agriculture, pleasure, etc.~~
~~10. PERMANENT ADDRESS:~~ ~~State permanent postal address and country. Enter telephone area code as well as telephone number.~~	~~26. PRESENT FLYING ACTIVITY:~~ ~~Tick appropriate box to indicate whether you fly as the SOLE pilot or not.~~
~~11. POSTAL ADDRESS (IF DIFFERENT):~~ ~~If different from permanent address, state full current postal address including telephone number and area code. If the same, enter 'SAME'.~~	~~27. DO YOU DRINK ALCOHOL?~~ ~~Tick applicable box. If yes, state weekly alcohol consumption e.g. 2 litres beer.~~
~~12. APPLICATION:~~ ~~Tick appropriate box.~~	~~28. DO YOU CURRENTLY USE ANY MEDICATION?:~~ ~~If 'YES', give full details - name, how much you take and when, etc. Include any non-prescription medication.~~
~~13. REFERENCE NUMBER:~~ ~~State reference number allocated to you by the licensing authority~~ ~~Initial applicants enter 'NONE'.~~	~~29. DO YOU SMOKE TOBACCO?~~ ~~Tick applicable box. Current smokers state type (cigarettes, cigars, pipe) and amount (e.g. 2 cigars daily; pipe – 1 oz. weekly)~~

14. TYPE OF LICENCE APPLIED FOR: State type of licence applied for from the following list: Aeroplane Transport Pilot Licence Multi-Pilot Licence Commercial Pilot Licence/Instrument Rating Commercial Pilot Licence Private Pilot Licence/Instrument Rating Private Pilot Licence Sailplane Pilot Licence Balloon Pilot Licence Light Aircraft Pilot Licence And whether Fixed Wing / Rotary Wing / Both Other – Please specify	GENERAL AND MEDICAL HISTORY All items under this heading from number 101 to 179 inclusive should have the answer 'YES' or 'NO' ticked. You should tick 'YES' if you have ever had the condition in your life and describe the condition and approximate date in the (30) remarks section. All questions asked are medically important even though this may not be readily apparent. Items numbered 170 to 179 relate to immediate family history, whereas items numbered 150 to 151 should be answered by female applicants only. If information has been reported on a previous application form for a medical certificate and there has been no change in your condition, you may state 'Previously reported; no change since'. However, you should still tick 'YES' to the condition. Do not report occasional common illnesses such as colds.
15. OCCUPATION (PRINCIPAL): Indicate your principal employment.	
16. EMPLOYER: If principal occupation is pilot, then state employer's name or if self-employed, state 'self'.	31. DECLARATION AND CONSENT TO OBTAINING AND RELEASING INFORMATION: Do not sign or date these declarations until indicated to do so by the AME/GMP who will act as witness and sign accordingly.

AMC1 ARA.MED.135(b);(c) Aero-medical forms

MEDICAL EXAMINATION REPORT FORMS

The forms referred to in ARA.MED.135(b) and (c) should reflect the information indicated in the following forms and corresponding instructions for completion.

MEDICAL EXAMINATION REPORT FORM FOR CLASS 1 & CLASS 2 APPLICANTS

MEDICAL IN CONFIDENCE

(201) Examination category Initial ☐ Revalidation ☐ Renewal ☐ Special referral ☐	(202) Height (cm)	(203) Weight (kg)	(204) Colour eye	(205) Colour hair	(206) Blood pressure seated (mmHg) Systolic / Diastolic	(207) Pulse – resting Rate (bpm) / Rhythm: regular ☐ irregular ☐

Clinical exam: Check each item

	Normal	Abnormal		Normal	Abnormal
(208) Head, face, neck, scalp			(218) Abdomen, hernia, liver, spleen		
(209) Mouth, throat, teeth			(219) Anus, rectum		
(210) Nose, sinuses			(220) Genito-urinary system		
(211) Ears, drums, eardrum motility			(221) Endocrine system		
(212) Eyes – orbit & adnexa; visual fields			(222) Upper & lower limbs, joints		
(213) Eyes – pupils and optic fundi			(223) Spine, other musculoskeletal		
(214) Eyes – ocular motility; nystagmus			(224) Neurologic – reflexes, etc.		
(215) Lungs, chest, breasts			(225) Psychiatric		
(216) Heart			(226) Skin, identifying marks and lymphatics		
(217) Vascular system			(227) General systemic		
(228) Notes: Describe every abnormal finding. Enter applicable item number before each comment.					

Visual acuity

(229) *Distant vision at 5m/6m*

	Uncorrected		Spectacles	Contact lenses
Right eye		Corr. to		
Left eye		Corr. to		
Both eyes		Corr. to		

(236) **Pulmonary function**

FEV_1/FVC _____ %

Normal ☐ Abnormal ☐

(237) **Haemoglobin**

_____ _____(unit)

Normal ☐ Abnormal ☐

(230) *Intermediate vision* N14 at 100 cm

	Uncorrected		Corrected	
	Yes	No	Yes	No
Right eye				
Left eye				
Both eyes				

(235) **Urinalysis** Normal ☐ Abnormal ☐

Glucose	Protein	Blood	Other

Accompanying reports

	Not performed	Normal	Abnormal/ Comment
(238) ECG			
(239) Audiogram			
(240) Ophthalmology			
(241) ORL (ENT)			
(242) Blood lipids			
(243) Pulmonary function			
(244) Other (what?)			

~~(231) *Near vision*~~	~~Uncorrected~~		~~Corrected~~	
~~N5 at 30-50 cm~~	~~Yes~~	~~No~~	~~Yes~~	~~No~~
~~Right eye~~				
~~Left eye~~				
~~Both eyes~~				

~~(232) **Spectacles**~~ ~~(233) **Contact lenses**~~

Yes ☐ No ☐ Type:			Yes ☐ No ☐ Type:	
Refraction	Sph	Cyl	Axis	Add
Right eye				
Left eye				

~~(313) **Colour perception**~~ ~~Normal ☐ Abnormal ☐~~

Pseudo-isochromatic plates	Type: Ishihara (24 plates)

~~(234) **Hearing**~~

~~(when 239/241 not performed) Right ear Left ear~~

~~Conversational voice test (2m) with back turned to examiner~~		~~Yes ☐ No ☐~~	~~Yes ☐ No ☐~~	
~~Audiometry~~				
~~Hz~~	~~500~~	~~1000~~	~~2000~~	~~3000~~
~~Right~~				
~~Left~~				

~~(247) **AME recommendation:**~~

Name of Date of birth: Reference

---------- ---------- ----------

☐ Fit for class: ----------

☐ Medical certificate issued by undersigned (copy attached) forclass: ----------

☐ Unfit for class: ----------

☐ Deferred for further evaluation. If yes, why and to whom?

~~(249) **AME declaration:**~~

~~I hereby certify that I/my AME group have personally examined the applicant named on this medical examination report and that this report with any attachment embodies my findings completely and correctly.~~		
~~(250) Place and date:~~	~~AME name and address:~~	~~AME certificate No.:~~
~~AME signature:~~	~~E-mail:~~ ~~Telephone No.:~~ ~~Telefax No.:~~	

1.1.1.1 Shaded areas do not require completion

MEDICAL EXAMINATION REPORT FORM FOR LAPL APPLICANTS

MEDICAL IN CONFIDENCE

(201) Examination category Initial ☐ Revalidation ☐ Renewal ☐ Special referral ☐	(202) Height (cm)	(203) Weight (kg)	(204) Colour eye	(205) Colour hair	(206) Blood pressure seated (mmHg) Systolic / Diastolic	(207) Pulse - resting Rate (bpm) / Rhythm: regular ☐ irregular ☐

Clinical exam: Check each item

	Normal	Abnormal		Normal	Abnormal
(208) Head, face, neck, scalp			(218) Abdomen, hernia, liver, spleen		
(209) Mouth, throat, teeth			(219) Anus, rectum		
(210) Nose, sinuses			(220) Genito-urinary system		
(211) Ears, drums, eardrum motility			(221) Endocrine system		
(212) Eyes - orbit & adnexa; visual fields			(222) Upper & lower limbs, joints		
(213) Eyes - pupils and optic fundi			(223) Spine, other musculoskeletal		
(214) Eyes - ocular motility; nystagmus			(224) Neurologic - reflexes, etc.		
(215) Lungs, chest, breasts			(225) Psychiatric		
(216) Heart			(226) Skin, identifying marks and lymphatics		
(217) Vascular system			(227) General systemic		

(228) Notes: Describe every abnormal finding. Enter applicable item number before each comment.

Visual acuity

(229) *Distant vision at 5m/6m*

	Uncorrected		Spectacles	Contact lenses
Right eye		Corr. to		
Left eye		Corr. to		
Both eyes		Corr. to		

(230) *Intermediate vision N14 at 100 cm*	Uncorrected		Corrected	
	Yes	No	Yes	No
Right eye				
Left eye				
Both eyes				

(231) *Near vision N5 at 30-50 cm*	Uncorrected		Corrected	
	Yes	No	Yes	No
Right eye				
Left eye				
Both eyes				

(232) **Spectacles**

Yes ☐ No ☐
Type:

(233) **Contact lenses**

Yes ☐ No ☐
Type:

Refraction	Sph	Cyl	Axis	Add
Right eye				
Left eye				

(313) **Colour perception** Normal ☐ Abnormal ☐

Pseudo-isochromatic plates
No of plates:

Type: Ishihara (24 plates)
No of errors:

(234) **Hearing**

(when 239/241 not performed) Right ear Left ear

Conversational voice test (2m) with back turned to examiner	Yes ☐ No ☐	Yes ☐ No ☐

Audiometry				
Hz	500	1000	2000	3000
Right				
Left				

(236) **Pulmonary function**

FEV_1/FVC _____ %

Normal ☐ Abnormal ☐

(237) **Haemoglobin**

_____ _____(unit)

Normal ☐ Abnormal ☐

(235) **Urinalysis** Normal ☐ Abnormal ☐

Glucose	Protein	Blood	Other

Accompanying reports

	Not performed	Normal	Abnormal/ Comment
(238) ECG			
(239) Audiogram			
(240) Ophthalmology			
(241) ORL (ENT)			
(242) Blood lipids			
(243) Pulmonary function			
(244) Other (what?)			

(247) **AME/GMP recommendation:**

Name of Date of birth: Reference

☐ Fit for medical certificate for LAPL
☐ Medical certificate issued by undersigned (copy attached) forLAPL
☐ Unfit for class: ----------
☐ Deferred for further evaluation. If yes, why and to whom?

(248) **Comments, limitations**

(249) **AME/GMP declaration:**

I hereby certify that I have personally examined the applicant named on this medical examination report and that this report with any attachment embodies my findings completely and correctly.		
(250) Place and date:	AME name and address: E-mail: Telephone No.: Telefax No.:	AME certificate No./GMP identification No.:
AME/GMP signature:		

INSTRUCTIONS FOR COMPLETION OF THE MEDICAL EXAMINATION REPORT FORMS

The AME performing the examination should verify the identity of the applicant.

All questions (sections) on the medical examination report form should be completed in full. If an otorhinolaryngology examination report form is attached, then questions 209, 210, 211, and 234 may be omitted. If an ophthalmology examination report form is attached, then questions 212, 213, 214, 229, 230, 231,
232, and 233 may be omitted.

Writing should be legible and in block capitals using a ball-point pen. Completion of this form by typing/printing is also acceptable. If more space is required to answer any question, a plain sheet of paper should be used, bearing the applicant's name, the AME's name and signature, and the date of signing. The following numbered instructions apply to the numbered headings on the medical examination report form.

Failure to complete the medical examination report form in full, as required, or to write legibly, may result in non-acceptance of the application in total and may lead to withdrawal of any medical certificate issued. The making of false or misleading statements or the withholding of relevant information by an AME may result in criminal prosecution, denial of an application or withdrawal of any medical certificate(s) granted.

Shaded areas do not require completion for the medical examination report form for the LAPL.

201 EXAMINATION CATEGORY – Tick appropriate box.

Initial – Initial examination for either LAPL, class 1 or 2; also initial examination for upgrading from LAPL to class 2, or class 2 to 1 (notate 'upgrading' in box 248).

Renewal/Revalidation – Subsequent ROUTINE examinations.

Extended Renewal/Revalidation – Subsequent ROUTINE examinations, which include comprehensive ophthalmological and otorhinolaryngology examinations.

202 HEIGHT – Measure height, without shoes, in centimetres to nearest cm.

203 WEIGHT – Measure weight, in indoor clothes, in kilograms to nearest kg.

204 COLOUR EYE – State colour of applicant's eyes from the following list: brown, blue, green, hazel, grey, multi.

205 COLOUR HAIR – State colour of applicant's hair from the following list: brown, black, red, fair, bald.

206 BLOOD PRESSURE – Blood pressure readings should be recorded as Phase 1 for Systolic pressure and Phase 5 for Diastolic pressure. The applicant should be seated and rested. Recordings in mm Hg.

207 PULSE (RESTING) – The pulse rate should be recorded in beats per minute and the rhythm should be recorded as regular or irregular. Further comments if necessary may be written in section 228, 248 or separately.

208 to 227 inclusive constitute the general clinical examination, and each of the boxes should be marked (with a tick) as normal or abnormal.

~~208 HEAD, FACE, NECK, SCALP – To include appearance, range of neck and facial movements, symmetry, etc.~~

~~209 MOUTH, THROAT, TEETH – To include appearance of buccal cavity, palate motility, tonsillar area, pharynxand also gums, teeth and tongue.~~

~~210 NOSE, SINUSES – To include appearance and any evidence of nasal obstruction or sinus tenderness on palpation.~~

~~211 EARS, DRUMS, EARDRUM MOTILITY – To include otoscopy of external ear, canal, tympanic membrane. Eardrum motility by valsalva manoeuvre or by pneumatic otoscopy.~~

~~212 EYES – ORBIT AND ADNEXA; VISUAL FIELDS – To include appearance, position and movement of eyes andtheir surrounding structures in general, including eyelids and conjunctiva. Visual fields check by campimetry, perimetry or confrontation.~~

~~213 EYES – PUPILS AND OPTIC FUNDI – To include appearance, size, reflexes, red reflex and fundoscopy. Special note of corneal scars.~~

~~214 EYES – OCULAR MOTILITY, NYSTAGMUS – To include range of movement of eyes in all directions; symmetry of movement of both eyes; ocular muscle balance; convergence; accommodation; signs of nystagmus.~~

~~215 LUNGS, CHEST, BREASTS – To include inspection of chest for deformities, operation scars, abnormality of respiratory movement, auscultation of breath sounds. Physical examination of female applicant's breastsshould only be performed with informed consent.~~

~~216 HEART – To include apical heartbeat, position, auscultation for murmurs, carotid bruits, palpation for trills.~~

~~217 VASCULAR SYSTEM – To include examination for varicose veins, character and feel of pulse, peripheral pulses, evidence of peripheral circulatory disease.~~

~~218 ABDOMEN, HERNIA, LIVER, SPLEEN – To include inspection of abdomen; palpation of internal organs; check for inquinal hernias in particular.~~

~~219 ANUS, RECTUM – Examination only with informed consent.~~

~~220 GENITO-URINARY SYSTEM – To include renal palpation; inspection palpation male/female reproductive organs only with informed consent.~~

~~221 ENDOCRINE SYSTEM – To include inspection, palpation for evidence of hormonal abnormalities/imbalance; thyroid gland.~~

~~222 UPPER AND LOWER LIMBS, JOINTS – To include full range of movements of joints and limbs, any deformities, weakness or loss. Evidence of arthritis.~~

~~223 SPINE, OTHER MUSCULOSKELETAL – To include range of movements, abnormalities of joints.~~

~~224 NEUROLOGIC – REFLEXES ETC. To include reflexes, sensation, power, vestibular system – balance, romberg test, etc.~~

~~225 PSYCHIATRIC – To include appearance, appropriate mood/thought, unusual behaviour.~~

~~226 SKIN, IDENTIFYING MARKS AND LYMPHATICS – To include inspection of skin; inspection, palpation for lymphadenopathy, etc. Briefly describe scars, tattoos, birthmarks, etc. which could be used for identification purposes.~~

~~227 GENERAL SYSTEMIC – All other areas, systems and nutritional status.~~

~~228 NOTES – Any notes, comments or abnormalities to be described – extra notes if required on separate sheet of paper, signed and dated.~~

~~229 DISTANT VISION AT 5/6 METRES – Each eye to be examined separately and then both together. First without correction, then with spectacles (if used) and lastly with contact lenses, if used. Record visual acuity in appropriate boxes. Visual acuity to be tested at either 5 or 6 metres~~

~~with the appropriate chartfor the distance.~~

~~230 INTERMEDIATE VISION AT 100 CM – Each eye to be examined separately and then both together. First without correction, then with spectacles if used and lastly with contact lenses if used. Record visual acuity in appropriate boxes as ability to read N14 at 100 cm (Yes/No).~~

~~231 NEAR VISION AT 30-50 CM. – Each eye to be examined separately and then both together. First without correction, then with spectacles if used and lastly with contact lenses, if used. Record visual acuity in appropriate boxes as ability to read N5 at 30-50 cm (Yes/No).~~

~~Note: Bifocal contact lenses and contact lenses correcting for near vision only are not acceptable.~~

~~232 SPECTACLES – Tick appropriate box signifying if spectacles are or are not worn by applicant. If used, state whether unifocal, bifocal, varifocal or look-over.~~

~~233 CONTACT LENSES – Tick appropriate box signifying if contact lenses are or are not worn. If worn, state type from the following list; hard, soft, gas-permeable or disposable.~~

~~313 COLOUR PERCEPTION – Tick appropriate box signifying if colour perception is normal or not. If abnormal; state number of plates of the first 15 of the pseudo-isochromatic plates (Ishihara 24 plates) have not been read correctly.~~

~~234 HEARING – Tick appropriate box to indicate hearing level ability as tested separately in each ear at 2 m.~~

~~235 URINALYSIS – State whether result of urinalysis is normal or not by ticking appropriate box. If no abnormal constituents, state NIL in each appropriate box.~~

~~236 PULMONARY FUNCTION – When required or on indication, state actual FEV1/FVC value obtained in % and state if normal or not with reference to height, age, sex and race.~~

~~237 HAEMOGLOBIN – Enter actual haemoglobin test result and state units used. Then state whether normal value or not, by ticking appropriate box.~~

~~238 to 244 inclusive: ACCOMPANYING REPORTS – One box opposite each of these sections must be ticked. If the test is not required and has not been performed, then tick the NOT PERFORMED box. If the test has been performed (whether required or on indication) complete the normal or abnormal box as appropriate. In the case of question 244, the number of other accompanying reports must be stated.~~

~~247 AME RECOMMENDATION – The applicant's name, date of birth and reference number, should be entered here in block capitals. The applicable class of medical certificate should be indicated by a tick in the appropriate box. If a fit assessment is recommended and a medical certificate has been issued, this should be indicated in the appropriate box. An applicant may be recommended as fit for a lower class of medical certificate (e.g. class 2), but also be deferred or recommended as unfit for a higher class of medical certificate (e.g. class 1). If an unfit recommendation is made, applicable Part-MED paragraph references should be entered. If an applicant is deferred for further evaluation, the reason and the doctor or licensing authority to whom the applicant is referred should be indicated.~~

~~248 COMMENTS, LIMITATIONS, ETC. – The AME's findings and assessment of any abnormality in the history or examination, should be entered here. The AME should also state any limitation required.~~

~~249 AME DETAILS – The AME should sign the declaration, complete his/her name and address in block capitals, contact details and lastly stamp the relevant section with his/her designated AME stamp incorporating his/her AME number. The GMP identification no. is the number provided by the national medical system.~~

~~250 PLACE AND DATE – The place (town or city) and the date of examination should be entered here. The date of examination is the date of the general examination and not the date of finalisation of the form. If the medical examination report is finalised on a different date, the date of finalisation should be entered in section 248 as 'Report finalised on '.~~

GM1 ARA.MED.135(b);(c) Aero-medical forms

OPHTHALMOLOGY AND OTORHINOLARYNGOLOGY EXAMINATION REPORT FORMS

The ophthalmology and otorhinolaryngology examination report forms may be used as indicated in the following forms and corresponding instructions for completion.

OPHTHALMOLOGY EXAMINATION REPORT FORM

Complete this page fully and in block capitals – Refer to instructions for completion.

MEDICAL IN CONFIDENCE

Applicant's details

(1) State applied to:	(2) Medical certificate applied for: class 1 ☐		class 2 ☐
(3) Surname:	(4) Previous surname(s):		(12) Application: Initial ☐ Revalidation/Renewal ☐
(5) Forename(s):	(6) Date of birth:	(7) Sex: Male ☐ Female ☐	(13) Reference number:
(301) Consent to release of medical information: I hereby authorise the release of all information contained in this report and any or all attachments to the AME and, where necessary, to the medical assessor of the licensing authority, recognising that these documents or electronically stored data, are to be used for completion of a medical assessment and will become and remain the property of the licensing authority, providing that I or my physician may have access to them according to national law. Medical confidentiality will be respected at all times.			

Date ..... Signature of applicant ..... Signature of AME .....

(302) Examination	(303) Ophthalmological
Initial ☐	
Revalidation ☐	
Renewal ☐	
Special referral ☐	

Clinical examination

Check each item		Normal	Abnormal
(304) Eyes, external & eyelids			
(305) Eyes, Exterior (slit lamp, ophth.)			
(306) Eye position and movements			
(307) Visual fields (confrontation)			
(308) Pupillary reflexes			
(309) Fundi (Ophthalmoscopy)			
(310) Convergence	cm		
(311) Accommodation	D		

(312) *Ocular muscle balance* (in prisme dioptres)

Distant at 5m/6m	Near at 30-50 cm
Ortho	Ortho
Eso	Eso
Exo	Exo
Hyper	Hyper

Visual acuity

(314) *Distant vision at 5m/6m*

	Uncorrected		Spectacles	Contact lenses
Right eye		Corrected to		
Left eye		Corrected to		
Both eyes		Corrected to		

(315) *Intermediate vision at 1m*

	Uncorrected		Spectacles	Contact lenses
Right eye		Corrected to		
Left eye		Corrected to		
Both eyes		Corrected to		

(316) *Near vision at 30-50cm*

	Uncorrected		Spectacles	Contact lenses
Right eye		Corrected to		
Left eye		Corrected to		
Both eyes		Corrected to		

Cyclo Yes No Phoria Yes No

Fusional reserve testing Not performed Normal Abnormal

(313) *Colour perception*

(317) *Refraction*	Sph	Cylinder	Axis	Near (add)
Right eye				
Left eye				

Pseudo-Isochromatic plates Type: Ishihara (24 plates)	
No of plates: No of errors:	
Advanced colour perception testing indicated Yes No Method:	
Colour SAFE Colour UNSAFE	

(318) *Spectacles*	(319) *Contact lenses*
Yes ☐ No ☐	Yes ☐ No ☐
Type:	Type:

(320) *Intra-ocular pressure*

Right (mmHg)	Left (mmHg)
Method	Normal ☐ Abnormal ☐

(321) Ophthalmological remarks and recommendation:

(322) Examiner's declaration:

I hereby certify that I/my AME group have personally examined the applicant named on this medical examination report and that this report with any attachment embodies my findings completely and correctly.		
(323) Place and date:	Ophth examiner's name and address: (block capitals)	AME or specialist stamp with No.:
AME signature:	E-mail: Telephone No.: Telefax No.:	

INSTRUCTIONS FOR COMPLETION OF THE OPHTHALMOLOGY EXAMINATION REPORT FORM

Writing should be legible and in block capitals using a ball-point pen. Completion of this form by typing or printing is also acceptable. If more space is required to answer any question, a plain sheet of paper should be used, bearing the applicant's name, the name and signature of the AME or ophthalmology specialist performing the examination and the date of signing. The following numbered instructions apply to the numbered headings on the ophthalmology examination report form.

Failure to complete the medical examination report form in full, as required, or to write legibly may result in non-acceptance of the application in total and may lead to withdrawal of any medical certificate issued. The making of false or misleading statements or the withholding of relevant information by an examiner may result in criminal prosecution, denial of an application or withdrawal of any medical certificate granted.

The AME or ophthalmology specialist performing the examination should verify the identity of the applicant. The applicant should then be requested to complete the sections 1, 2, 3, 4, 5, 6, 7, 12 and 13 on the form and then sign and date the consent to release of medical information (section 301) with the examiner countersigning as witness.

302 EXAMINATION CATEGORY – Tick appropriate box.

Initial – Initial examination for either class 1 or 2; also initial examination for upgrading from class 2 to 1 (notate 'upgrading' in section 303).

Renewal/Revalidation – Subsequent comprehensive ophthalmological examinations (due to refractive error).

Special referral – NON-ROUTINE examination for assessment of an ophthalmological symptom or finding.

303 OPHTHALMOLOGICAL HISTORY – Detail here any history of note or reasons for special referral.

304 to 309 inclusive: CLINICAL EXAMINATION – These sections together cover the general clinical examination and each of the sections should be marked (with a tick) as normal or abnormal. Any abnormal findings or comments on findings should be entered in section 321.

310 CONVERGENCE – Enter near point of convergence in cm, as measured using RAF near point rule or equivalent. Tick whether normal or abnormal. Any abnormal findings or comments on findings should be entered in section 321.

311 ACCOMMODATION – Enter measurement recorded in dioptres using RAF near point rule or equivalent. Tick whether normal or abnormal. Any abnormal findings or comments on findings should be entered in section 321.

312 OCULAR MUSCLE BALANCE – Ocular muscle balance is tested at distant 5 or 6 m and near at 30-50 cm and results recorded. Presence of tropia or phoria must be entered accordingly and also whether fusional reserve testing was NOT performed and if performed whether normal or not.

313 COLOUR PERCEPTION – Enter type of pseudo-isochromatic plates (ishihara) as well as number

of plates presented with number of errors made by examinee. State whether advanced colour perception testing is indicated and what methods used (which colour lantern or anomaloscopy) and finally whether judged to be colour safe or unsafe. Advanced colour perception testing is usually only required for initial assessment, unless indicated by change in applicant's colour perception.

314–316 VISUAL ACUITY TESTING AT 5 m/6 m, 1 m and 30-50 cm – Record actual visual acuity obtained in appropriate boxes. If correction not worn nor required, put line through corrected vision boxes. Distant visual acuity to be tested at either 5 m or 6 m with the appropriate chart for that distance.

317 REFRACTION – Record results of refraction. Indicate also whether for class 2 applicants, refraction details are based upon spectacle prescription.

318 SPECTACLES – Tick appropriate box signifying if spectacles are or are not worn by applicant. If used, state whether unifocal, bifocal, varifocal or look-over.

319 CONTACT LENSES – Tick appropriate box signifying if contact lenses are or are not worn. If worn, state type from the following list; hard, soft, gas-permeable, disposable.

320 INTRA-OCULAR PRESSURE – Enter intra-ocular pressure recorded for right and left eyes and indicate whether normal or not. Also indicate method used – applanation, air etc.

321 OPHTHALMOLOGICAL REMARKS AND RECOMMENDATION – Enter here all remarks, abnormal findings and assessment results. Also enter any limitations recommended. If there is any doubt about findings or recommendations, the examiner may contact the AMS for advice before finalising the report form.

322 OPHTHALMOLOGY EXAMINER'S DETAILS – The ophthalmology examiner must sign the declaration, complete his/her name and address in block capitals, contact details and lastly stamp the report with his/her designated stamp incorporating his/her AME or specialist number.

323 PLACE AND DATE – Enter the place (town or city) and the date of examination. The date of examination is the date of the clinical examination and not the date of finalisation of form. If the ophthalmology examination report is finalised on a different date, enter date of finalisation on section 321 as 'Report finalised on'.

OTORHINOLARYNGOLOGY EXAMINATION REPORT FORM

Complete this page fully and in block capitals – Refer to instructions for completion.

MEDICAL IN CONFIDENCE

Applicant's details

(1) State applied to:	(2) Medical certificate applied for: class 1 ☐ class 2 ☐		
(3) Surname:	(4) Previous surname(s):		(12) Application: Initial ☐ Revalidation/Renewal ☐
(5) Forename(s):	(6) Date of birth:	(7) Sex: Male ☐ Female ☐	(13) Reference number:

(401) **Consent to release of medical information:** I hereby authorise the release of all information contained in this report and any or all attachments to the AME and, where necessary, to the medical assessor of the licensing authority, recognising that these documents, or any electronically stored data, are to be used for completion of a medical assessment and will become and remain the property of the licensing authority, providing that I or my physician may have access to them according to national law. Medical confidentiality will be respected at all times.

Date Signature of applicant Signature of AME

(402) Examination (403) Otorhinolaryngological

Initial ☐
Special referral ☐

Clinical examination

Check each item	Normal	Abnormal
(404) Head, face, neck, scalp		
(405) Buccal cavity, teeth		
(406) Pharynx		
(407) Nasal passages and naso-pharynnx (incl. anterior rhinoscopy)		
(408) Vestibular system incl. Romberg test		
(409) Speech		
(410) Sinuses		
(411) Ext acoustic meati, tympanic membranes		
(412) Pneumatic otoscopy		
(413) Impedance tympanometry including Valsalva menoeuvre (initial only)		

(419) *Pure tone audiometry*
dB HL (hearing level)

Hz	Right ear	Left ear
250		
500		
1000		
2000		
3000		
4000		
6000		
8000		

Additional testing (if indicated)	Not performed	Normal	Abnormal
(414) Speech audiometry			
(415) Posterior rhinoscopy			
(416) EOG; spontaneous and positional nystagnus			
(417) Differential caloric test or vestibular autorotation test			
(418) Mirror or fibre laryngoscopy			

(420) *Audiogram*

o = Right – – – = Air
x = Left.....= Bone

dB/HL								
–10								
0								
10								
20								
30								
40								
50								
60								
70								
80								
90								
100								
110								
120								
Hz	250	500	1000	2000	3000	4000	6000	8000

(421) **Otorhinolaryngology remarks and recommendation:**

(422) **Examiner's declaration:**

I hereby certify that I/my AME group have personally examined the applicant named on this medical examination report and that this report with any attachment embodies my findings completely and correctly.		
(423) Place and date:	ORL examiner's name and address: (block capitals)	AME or specialist stamp with No:
AME signature:	E-mail: Telephone No.: Telefax No.:	

INSTRUCTIONS FOR COMPLETION OF THE OTORHINOLARYNGOLOGY EXAMINATION REPORT FORM

Writing should be legible and in block capitals using a ball-point pen. Completion of this form by typing or printing is also acceptable. If more space is required to answer any question, a plain sheet of paper should be used, bearing the applicant's name, the name and signature of the AME or otorhinolaryngology specialist performing the examination and the date of signing. The following numbered instructions apply to the numbered headings on the otorhinolaryngology examination report form.

Failure to complete the medical examination report form in full, as required, or to write legibly may result in non-acceptance of the application in total and may lead to withdrawal of any medical certificate issued. The making of false or misleading statements or the withholding of relevant information by an examiner may resultin criminal prosecution, denial of an application or withdrawal of any medical certificate granted.

The AME or otorhinolaryngology specialist performing the examination should verify the identity of the applicant. The applicant should then be requested to complete the sections 1, 2, 3, 4, 5, 6, 7, 12 and 13 on the form and then sign and date the consent to release of medical information (section 401) with the examiner countersigning as witness.

402 EXAMINATION CATEGORY – Tick appropriate box.

Initial – Initial examination for class 1; also initial examination for upgrading from class 2 to 1 (notate upgrading' in section 403)

Special Referral – NON-ROUTINE examination for assessment of an ORL symptom or finding

403 OTORHINOLARYNGOLOGICAL HISTORY – Detail here any history of note or reasons for special referral. 404-413 inclusive: CLINICAL EXAMINATION – These sections together cover the general clinical examination and

each of the sections should be marked (with a tick) as normal or abnormal. Any abnormal findings or comments on findings should be entered in section 421.

414-418 inclusive: ADDITIONAL TESTING – These tests are only required to be performed if indicated by historyor clinical findings and are not routinely required. For each test one of the boxes must be completed – ifthe test is not performed then tick that box – if the test has been performed then tick the appropriate box for a normal or abnormal result. All remarks and abnormal findings should be entered in section 421.

419 PURE TONE AUDIOMETRY – Complete figures for dB HL (hearing level) in each ear at all listed frequencies.

420 AUDIOGRAM – Complete audiogram from figures as listed in section 419.

421 OTORHINOLARYNGOLOGY REMARKS AND RECOMMENDATION – Enter here all remarks, abnormal findings and assessment results. Also enter any limitations recommended. If there is any doubt about findings or recommendations the examiner may contact the AMS for advice before finalising the report form.

422 OTORHINOLARYNGOLOGY EXAMINER'S DETAILS – The otorhinolaryngology examiner must sign the declaration, complete his/her name and address in block capitals, contact details and

lastly stamp the report with his/her designated stamp incorporating his/her AME or specialist number.

423 PLACE AND DATE – Enter the place (town or city) and the date of examination. The date of examination is the date of the clinical examination and not the date of finalisation of form. If the ORL examination report is finalised on a different date, enter date of finalisation in section 421 as 'Report finalised on.....'.

AMC1 ARA.MED.150 Record-keeping

RELEASE OF AERO-MEDICAL RECORDS

In accordance with Directive 95/46/EC as implemented under national law, aero-medical records may also be released:

(a) upon written request of the applicant, to management of the competent authority, for review in response to a complaint;

(b) to research institutes for the purpose of scientific research, with assurance of de-identification prior to publication;

(c) to any investigation body (accident, security, police), when required under national law; and

(d) for any other circumstances, as required under national law.

AMC1 ARA.MED.160(b) Exchange of information on medical certificates

DATA CATEGORIES

For the purpose of the EAMR, the information processed is divided into two categories as follows: Category 1: Basic applicant data as described in **ARA.MED.160(b)(1)**

Category 2: Medical certificate data as described in **ARA.MED.160(b)(2)** Typically, the following information should not be recorded:

— Reasons for which a medical certificate has not been issued

Only the fact that no certificate has been issued should be indicated. Any need for further clarification on whether the certificate has not been issued because of medical reasons, administrative matters or interruption of the medical assessment process before reaching the conclusion should be addressed, outside the scope of the EAMR, by the medical assessor of the licensing authority associated with the applicant's class 1 medical certificate.

— Details of the limitations associated with a given medical certificate

Only a 'Yes/No' status on the existence of such a limitation should be recorded. Any need for further clarification on the limitation(s) should be addressed, outside the scope of the EAMR, by the medical assessor of the licensing authority associated with the applicant's class 1 medical certificate.

[4] Regulation (EC) No 45/2001 of the European Parliament and of the Council of 18 December 2000 on the protection of individuals with regard to the processing of personal data by the Community institutions and bodies and on the free movement of such data (OJ L 8, 12.1.2001, p. 1).

AMC1 ARA.MED.160(c) Exchange of information on medical certificates

ROLE OF THE COMPETENT AUTHORITIES

Each competent authority should:

(a) designate its EAMR administrator;

(b) ensure control and oversight of all personnel managing or using the EAMR.

AMC2 ARA.MED.160(c) Exchange of information on medical certificates

RESTRICTED ACCESS TO INFORMATION

Each competent authority should restrict access to personal data in the EAMR on need-to-know basis as follows:

Category as determined by AMC2 ARA.MED.160(a)	Restricted access
Category 1	(a) to relevant authorised administrative personnel of the licensing authority, to the extent needed to create and manage the applicant's record for licensing purposes, as required by Commission Regulation (EU) No 1178/2011.
Category 1 & 2	(b) to the AeMC(s) or the AME(s) to whom the applicant submits a declaration in accordance with MED.A.035(b)(2) for a class 1 medical certificate, to the extent needed to verify their previous medical certificate history, as required by Commission Regulation (EU) No 1178/2011; (c) to the medical assessor(s) of the licensing authority and the competent authority(ies) exercising oversight on the AeMC(s) or the AME(s) to whom the application for a class 1 medical certificate is submitted, to theextent needed to ensure proper implementation of Commission Regulation (EU) No 1178/2011.

AMC3 ARA.MED.160(c) Exchange of information on medical certificates

USE OF THE EAMR

The competent authority should ensure that:

(a) all personnel accessing the EAMR are trained and proficient in using the system and having thenecessary knowledge for implementing the applicable data protection legislation;

(b) the oversight of persons and organisations, subject to Regulation (EU) No 2018/1139 and its implementing rules, includes the assessment of

~~compliance with the provisions applicable to the use and functioning of the EAMR.~~

AMC1 ARA.MED.160(d) Exchange of information on medical certificates

APPLICANT'S RECORD

Each competent authority should ensure that:

(a) for each applicant for a class 1 medical certificate, a unique personal record is created in the EAMR, containing the category 1 personal data listed in **ARA.MED.160(b)(1)**. This record is referred to as the 'applicant's record';

(b) the applicant's record is managed in accordance with the applicable regulation (typically for inserting, updating, viewing, validating data, etc.).

(c) an applicant is granted the right to obtain, without undue delay, the rectification of inaccurate personal data concerning them and, taking into account the purposes of the EAMR, the applicant is granted the right to have incomplete personal data completed. Such corrections should also be mirrored in the associated records kept in accordance with **ARA.MED.150**.

(d) the data recorded in the EAMR is complete as relevant for the purpose of the EAMR as described in **AMC1 ARA.MED.160(b)**.

AMC1 ARA.MED.160(d) Exchange of information on medical certificates

RECOVERY FROM UNSERVICEABILITY

The competent authority should ensure that class 1 medical certificates issued or amended without being properly recorded in the EAMR, due to unserviceability of the system, are entered in the EAMR without undue delay when the system recovers.

AMC1 ARA.MED.160(h) Exchange of information on medical certificates

INFORMATION OF APPLICANTS

The competent authority should ensure at least the following:

(a) At the time of the creation of the applicant's record at the latest, the applicants should be informed:

(1) that their personal data as listed in **ARA.MED.160(b)(1)** will be lawfully processed in a European central repository, in accordance with Article 72 of Regulation (EU) 2018/1139 and **ARA.GEN.200(c)** and **ARA.MED.160** of Commission Regulation (EU) No 1178/2011.

(2) that the purpose of the processing is to verify that the information, as regards their previous medical certificates, provided in their declaration submitted in accordance with MED.A.035(b)(2), is consistent with the records available to all competent authorities in accordance with **ARA.MED.150**;

(3) of the contact details of the data protection officer as applicable;

(4) that the period for which the personal data will be stored is determined in accordance with **ARA.MED.160(g)**;

(5) of the existence of their right to request access to, and rectification of personal data;

(6) of the contact details of the data controller;

(7) of their right to lodge a complaint with the competent data protection authority in accordance with the applicable data protection legislation;

(8) that it is ensured that access to personal data contained in the EAMR is restricted to authorised personnel in accordance with Commission Regulation (EU) No 1178/2011.

(b) When applying for a class 1 medical certificate, the applicants should be informed that the category 2 data of their medical certificate, as listed in **ARA.MED.160(b)(2)**, will be processed toverify that the information provided in their declaration, as regards their previous medical certificates, is consistent with the information available in the EAMR.

GM1 ARA.MED.330 Special medical circumstances

GENERAL

(a) When the terms 'medical assessment protocol', 'research protocol' and 'protocol' (as mentioned in ARA.MED.330 and its associated AMC) are used, they all refer to a 'medical assessment protocol'.

(b) The protocol is to enable experience to be gained in special medical circumstances in a controlled manner. This is to facilitate a better understanding of the treatment or condition, so that an evidence-based decision concerning its implementation may be considered.

(c) The protocol and its implementation should comply with the principles described in the following publication of the World Medical Association (WMA): "WMA Declaration of Helsinki - Ethical Principles for Medical Research Involving Human Subjects", as last amended.

AMC1 to Appendix I to ANNEX VI (Part-ARA) – Flight crew licence

In case of using privileges outside the Union territory to which the Treaty applies on an aircraft registered in a Member State other than the one that issued the flight crew licence, the following remark should be added to licence item XIII: 'This licence is automatically rendered valid as per the ICAO attachment to this licence.