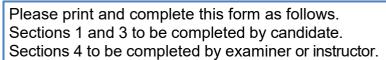
Medical flight test (MFT) report A

General including musculoskeletal





1. Candidate's perso	onai particulars	
Name (in full)		
CAA reference number		
Date of birth		
Current address		
Telephone numbers	Home Mob	oile
2. Purpose of the tes	st	
aircraft controls. It should	cal flight test is to assess the candidate's ha normally be performed during a licence / o all aspects of the flying task are tested.	• • • •
The examiner should the standard as follows:	refore confirm that the candidate has demo	nstrated a satisfactory safe
normal flight	ht conditions (pre-flight checks, preparation manoeuvres and operation of all switches, n the cockpit)	
	of an emergency (for example, engine failure ng, rejected take off following engine failure	
in demonstra	ting safe evacuation of the aircraft	
Please note that separat	e reports may be required for different class	ses and types of aircraft.
	and the purpose of the medical flight test (So ation provided in this document.	ection 2) and consent to the
Signature		Date

MEDICAL IN CONFIDENCE

Candidate's CAA reference number
4. Medical flight test report
I, the examiner / instructor, have discussed the purpose of the medical flight test (section 2).
Aircraft / simulator type & registration
Modifications (if any)
Artificial aids used by the candidate (if any)
Date & place of test
Please comment below on the candidate's ability to operate safely (required) Any concerns about the capability of the candidate should be included.
Particular regard should be directed to:
 the freedom of range of movement, strength, dexterity and agility as required for ingress egress and control inputs when completing the test
 physical limitations or body mass, which should not interfere with the safe exercise of licence privileges
 the strength required for any hand / foot inputs to control pitch, roll and yaw in both emergency and routine operations when completing the test
There should be no impediment of access to, and full and free movement of all aircraft controls, ancillary controls, switches or levers.
Additional comments (required)
Name of examiner or instructor (please print)
Position
UK CAA licence / certificate number
Signature Date

MFT (A) 12/2023 v4.0

This form should be sent to the AME (Class 2 / LAPL) or CAA Medical Department (Class 1): Civil

Aviation Authority, Aviation House, Beehive Ringroad, Crawley, RH6 0YR