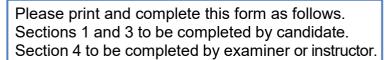
Medical flight test (MFT) report B

Performance-affecting medication





1. Candidate's person	onal particulars
Name (in full)	
CAA reference number	
Date of birth	
Current address	
Telephone numbers	Home Mobile
2. Purpose of the tes	st
medical condition. The ap	e applicant has demonstrated satisfactory clinical recovery from their oplicant is taking acceptable prescribed medication that has a low risk of lude effects on flying / operational performance.
•	ment before certificate issue is to demonstrate that there is no erformance during a licence / operator proficiency check or licence skills
The examiner should the	refore confirm that there are no problems with relevant tasks such as:
	on (both in the cockpit)
concentrationmemory reca	i on task Il for essential items
 ability to read 	t appropriately to emergencies
flight plan chagood airmans	anges ship / behaviour and other general flying skills.
Please note that separat	e reports may be required for different classes and types of aircraft.
	nd the purpose of the medical flight test (section 2) and consent to the ation provided in this document.
Signature of candidate	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 s section 2.	pecified in
Aircraft / simulator type & registration	
Modifications (if any)	
Date & place of test	
Please answer the questions below and comment on the candidate's ability to ope (required). Any concerns about the capability of the candidate should be included.	rate safely
Does the candidate communicate clearly to crew and ATC?	Yes □ No□
Are candidate's responses appropriate and actions taken as necessary?	Yes □ No□
Does the candidate exercise proper judgement during critical phases of flight, such as take-off, climb-out, approach and landing?	Yes □ No□
Is the candidate able to process and retain information during activities such as flight planning and communication with external agencies?	Yes □ No□
Does the candidate demonstrate satisfactory monitoring of controls and instruments, responding to abnormalities or making adjustments as required?	Yes □ No□
Does the candidate react in a timely and appropriate manner in emergency situations, following established procedures and checklists?	Yes □ No□
Additional comments (required)	
Name of examiner or instructor (please print)	
Position	
UK CAA licence / certificate number	
Signature Date	

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