

Civil Aviation Regulatory Commission

MEDICAL EXAMINATION REPORT

MEDICAL IN CONFIDENCE

First name:	Family name:	CARC Reference number:
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(31) Examination Initial ☐ Revalidation ☐ Renewal ☐	(32) Height cm	(33) Weight kg	(34) Eye Colour	(35) Hair Colour	(36) Blood Pressure – Systolic Diastolic	(37) Pulse – resting Rate(bpm) Rhythm Reg ☐ Irreg ☐
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(38) Clinical examination: Check each item		Normal	Abnormal	Abnormal/Comment	Normal	Abnormal
(a) Head, face, neck, scalp				(k) Abdomen, hernia, liver, spleen		
(b) Mouth, throat, teeth				(l) Anus, rectum	Abnormal/Comment	
(c) Nose, sinuses				(m) Genito -urinary system		
(d) Ears, drums, eardrum motility				(n) Endocrine system		
(e) Eyes - orbit & adnexa; visual fields				(o) Upper & lower limbs, joints		
(f) Eyes - pupils and optic fundi				(p) Spine, other musculoskeletal		
(g) Eyes - ocular motility; nystagmus				(q) Neurologic - reflexes, etc.		
(h) Lungs, chest, breasts				(r) Psychiatric		
(i) Heart				(s) Skin, identifying marks and lymphatics		
(j) Vascular system				(t) General systemic		
(39) Notes: Describe every abnormal finding. Enter applicable item number before each comment.				(40) Identifying marks, scars etc		

Visual acuity

(41) Distant vision at 5m/6m	☐ Glasses	☐ Contact lenses
Right eye	Corrected to	
Left eye	Corrected to	
Both eyes	Corrected to	

(42) Intermediate vision	Uncorrected		Corrected	
	Yes	No	Yes	No
Right eye				
Left eye				
Both eyes				

(43) Near vision N5 at 30–50 cm	Uncorrected		Corrected	
	Yes	No	Yes	No
Right eye				
Left eye				
Both eyes				

(44) Glasses Yes ☐ No ☐	(45) Contact lenses Yes ☐ No ☐
Type:	Type:
Refraction	Sph Cyl Axis Add
Right Eye	
Left Eye	

(46) Colour perception	Normal ☐ Abnormal ☐
Pseudo-isochromatic plates	Type: Ishihara (24 plates)
No of plates:	No of errors

(47) Hearing	Right ear	Left ear
When Audiometry not performed		
Conversational voice test at 2 m back turned to examiner	Yes ☐ No ☐	Yes ☐ No ☐

Audiometry	500	1000	2000	3000
Hz				
Right				
Left				

(48) Urinalysis	Normal ☐ Abnormal ☐
Glucose	Protein Blood Other

(60) AME declaration: I hereby certify that I/my AME have personally examined the applicant named on this medical examination report and that this report with any attachment embodies my findings completely and correctly.		
Place and date:	Examiner's Name and Address: (Block Capitals)	AME Stamp:
AME Signature:		
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(49) Pulmonary function	(50) Haemoglobin
FEV ₁ /FVC _____ %	(unit) _____
Normal ☐ Abnormal ☐	Normal ☐ Abnormal ☐
Accompanying Reports	Normal Abnormal/Comment Not Performed
(51) ECG	
(52) Audiogram	
(53) Ophthalmology	
(54) ORL (ENT)	
(55) Blood lipids	
(56) Pulmonary function	
(57) Other (What?)	

(58) AME recommendation:
☐ Fit class _____
☐ Medical certificate issued by undersigned (copy attached) for class _____
☐ Unfit class _____
☐ Referred for further evaluation. If yes, why and to whom?

(59) Comments, limitations:



Civil Aviation Regulatory Commission

APPLICATION FORM FOR AVIATION MEDICAL CERTIFICATE

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

MEDICAL IN CONFIDENCE

First name:	Family name:	CARC Reference number:
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(28) General and medical history: Do you have, or have you ever had, any of the following? YES or NO (or as indicated) must be ticked after each question. Elaborate YES answers in the remarks section.

	Yes	No		Yes	No		Yes	No		Yes	No
a. Eye trouble/eye operation			i. Nose, throat or speech disorder			w. Malaria or other tropical disease			Females only:		
b. Spectacles and/or contact lenses ever worn			m. Head injury or concussion			x. A positive HIV test			a. i. Gynaecological, menstrual problems		
c. Spectacles/contact lens prescriptions/change since last medical exam			n. Frequent or severe headaches			y. Sexually transmitted disease			a. j. Are you pregnant?		
d. Hay fever, other allergy			o. Dizziness or fainting spells			z. Admission to hospital			Family history of:		
e. Asthma, lung disease			p. Unconsciousness for any reason			a. a. Any other illness or injury			a. k. Heart disease		
f. Heart or vascular trouble			q. Neurological disorders: stroke, epilepsy, seizure, paralysis, etc			a. b. Visit to medical practitioner since last medical examination			a. l. High blood pressure		
g. High or low blood pressure			r. Psychological/psychiatric trouble of any sort			a. c. Sleep Apnoea			a. m. High cholesterol level		
h. Kidney stone or blood in urine			s. Alcohol/drug/substance abuse			a. d. Musculoskeletal illness			a. n. Epilepsy		
i. Diabetes, hormone disorder			t. Attempted suicide			a. e. Refusal of Life insurance			a. o. Mental illness		
j. Stomach, liver or intestinal trouble			u. Motion sickness requiring medication			a. f. Refusal of Flying licence			a. p. Diabetes		
k. Deafness, ear disorder			v. Anaemia/Sickle cell trait/other blood disorders			a. g. Medical rejection from or for military service			a. q. Tuberculosis		
						a. h. Award of pension or compensation for injury or illness			a. r. Allergy/asthma/eczema		
									a. s. Inherited disorders		
									a. t. Glaucoma		

Mental Health

Please answer the following:

	Yes	No
Do you have any current work and / or life stressors?		
Do you have difficulty applying coping Strategies during periods of psychological stress or pressure, including seeking advice from others?		
Do you have any difficulties with operational crew resource management (CRM), or with your employer or work colleagues?		
Do you have any significant interpersonal or relationship issues, including difficulties with relatives, friends or work colleagues?		
Have you suffered any periods of anxiety affecting your behavior or ability to cope?		

Do you have any of the following:

	Yes	No
Loss of interest / energy in personal or work- related activities		
Sleep problems		
Change in eating habits or unexpected weight changes		
Increased use of alcohol or use of other substances, including illicit or prescribed drugs, to help cope with stress		
Low mood / suicidal thoughts		
Anger, agitation or high mood		
Feelings of detachment from events or loss of control		
Family history of psychiatric disorders, including suicide, or addiction disorders		
Anything else causing concern that you would like to discuss, mental or physical (please specify on next page)		

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

(30) Declaration: I hereby declare that I have carefully considered the statements made above and that to the best of my belief they are complete and correct and that I have not withheld any relevant information or made any misleading statement. I understand, that if I have made any false or misleading statement in connection with this application, or fail to release the supporting medical information, CARC 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 CARC, recognising that these documents or any other electronically stored data are to be used for completion of a medical assessment and will become and remain the property of CARC, 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 (Witness)

