



MEDICAL EXAMINATION REPORT

COMPLETE THIS PAGE FULLY AND IN BLOCK CAPITALS - REFER TO INSTRUCTIONS PAGES FOR DETAILS

Medical in Confidence

(201) Examination Category <input type="checkbox"/> Initial <input type="checkbox"/> Revalidation <input type="checkbox"/> Renewal <input type="checkbox"/> Special referral	(202) Height	(203) Weight	(204) Eye Colour	(205) Hair Colour	(206) Blood Pressure - seated		(207) Pulse - resting	
					mmHg		Rate (bpm)	
	cm	kg			Systolic	Diastolic		<input type="checkbox"/> regular <input type="checkbox"/> irregular

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

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

Visual acuity
 (229) Distant vision at 5m /6m

	Uncorrected	Corrected to	Glasses	Contact lenses
Right eye	<input type="checkbox"/>	<input type="checkbox"/>		
Left eye	<input type="checkbox"/>	<input type="checkbox"/>		
Both eyes	<input type="checkbox"/>	<input type="checkbox"/>		

(236) Pulmonary function

FEV1/FVC	%	(237) Haemoglobin	g/dl
<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal

(230) Interm. vision
 N14 at 100 cm

	Uncorrected	Corrected	Glasses
Right eye	<input type="checkbox"/>	<input type="checkbox"/>	
Left eye, uncorr.	<input type="checkbox"/>	<input type="checkbox"/>	
Both eyes, uncorr.	<input type="checkbox"/>	<input type="checkbox"/>	

(235) Urinalysis

Glucose	Protein	Blood	Other
<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/>	<input type="checkbox"/>

(231) Near vision
 N5 at 30-50 cm

	Uncorrected	Corrected	Glasses
Right eye	<input type="checkbox"/>	<input type="checkbox"/>	
Left eye, uncorr.	<input type="checkbox"/>	<input type="checkbox"/>	
Both eyes, uncorr.	<input type="checkbox"/>	<input type="checkbox"/>	

Accompanying Reports

	Not performed	Normal	Abnormal
(238) ECG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(239) Audiogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(240) Ophthalmology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(241) ORL (ENT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(242) Blood lipids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(243) Pulmonary function	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(320) Tonometry R: L: mmHg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(244) Other (what?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(232) Spectacles
 Yes No

(233) Contact lenses
 Yes No

Type: _____ Type: _____

Refraction	Sph	Cyl	Axis	Add
Right eye				
Left eye				

(313) Colour perception Normal Abnormal

Pseudo-isochromatic plates Type: _____
 No of plates: _____ No of errors: _____
 Advanced colour perception testing indicated
 Method: _____

(234) Hearing (when 239/241 not performed)

	Right ear	Left ear
Conversational voice test (2 m) back turned to examiner	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Audiometry

Hz	500	1000	2000	3000
Right				
Left				

(247) Aviation medical examiner's recommendation

Name of the applicant: _____
 Date of birth: _____ **Invalid Date!** Reference number: _____

Fit for class
 Medical certificate issued by undersigned (copy attached) for class:
 Unfit for class

Deferred for further evaluation. If yes, enter reason ?

(248) Comments, limitations:

(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 (Block Capitals)	AME Certificate No.:
AME Signature:		