

**LIGHT AIRCRAFT PILOT LICENCE**  
**Shaded areas do not require completion**

**MEDICAL IN CONFIDENCE**

**MEDICAL EXAMINATION REPORT**

|  |                   |                   |                  |                   |  |           |                       |   |
|--|-------------------|-------------------|------------------|-------------------|--|-----------|-----------------------|---|
| (201) Examination Category<br>Initial <input type="checkbox"/><br>Revalidation/Renewal <input type="checkbox"/><br>Special referral <input type="checkbox"/> | (202) Height (cm) | (203) Weight (kg) | (204) Colour Eye | (205) Colour Hair | (206) Blood Pressure-seated (mmHg)           |           | (207) Pulse - resting |   |
|  |                   |                   |                  |                   | Systolic                                     | Diastolic | Rate (bpm)            | Rhythm regular <input type="checkbox"/><br>irregular <input type="checkbox"/> |
| <b>Clinical exam:</b> 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) <b>Notes:</b> Describe every abnormal finding. Enter applicable item number before each comment.   |                   |                   |                  |                   |  |           |                       |   |

**Visual acuity**

(229) Distant vision at 5m /6m

|           |             |          |             |                |
|-----------|-------------|----------|-------------|----------------|
|           | Uncorrected |          | Spec-tacles | 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) Glasses

Yes  No

(233) Contact lenses

Yes  No

|                   |       |     |      |     |
|-------------------|-------|-----|------|-----|
| Type:             | Type: |     |      |     |
| <b>Refraction</b> | Sph   | Cyl | Axis | Add |
| Right eye         |       |     |      |     |
| Left eye          |       |     |      |     |

(313) Colour perception

Normal  Abnormal

Pseudo-isochromatic plates

Type: Ishihara (24 plates)

No of plates:

No of errors:

(234) Hearing

(when 241 not performed)

Right ear      Left ear

|  |   |   |
|--|---|---|
| Conversational voice test (2 m) with back turned to examiner | Yes <input type="checkbox"/><br>No <input type="checkbox"/> | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |
|--|---|---|

Audiometry

|       |     |      |      |      |
|-------|-----|------|------|------|
| Hz    | 500 | 1000 | 2000 | 3000 |
| Right |     |      |      |      |
| Left  |     |      |      |      |

(249) Medical examiner's 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/GMP name and address                  | AME certificate No./ GMP declaration date: |
| AME/GMP signature:    | E-mail:<br>Telephone No.:<br>Telefax No.: |  |

(236) Pulmonary function

(237) Haemoglobin

|   |   |
|---|---|
| FEV <sub>1</sub> /FVC _____ %                                     | _____ (unit)  |
| Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> | Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> |

(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 functions |               |        |                  |
| (244) Pulmonary function  |               |        |                  |
| (246) Other (what?)       |               |        |                  |

(247) Medical examiner's recommendation

|   |                |
|---|----------------|
| Name of applicant:  | Date of birth: |
| <input type="checkbox"/> Fit class LAPL<br><input type="checkbox"/> Medical certificate issued by undersigned (copy attached) for class LAPL<br><input type="checkbox"/> Unfit for class LAPL<br><input type="checkbox"/> Deferred for further evaluation. If yes, why and to whom? |                |
| (248) Comments, limitations   |                |