

European Aviation Safety Agency

Acceptable Means of Compliance (AMC)

and

Guidance Material (GM)

to Part ATCO.AR

Requirements for competent authorities

Issue 1

13 March 2015¹

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AMC/GM TO PART ATCO.AR REQUIREMENTS FOR COMPETENT AUTHORITIES

SUBPART A — GENERAL REQUIREMENTS

GM1 ATCO.AR.A.005(c) Personnel

GENERAL

When competent authority personnel is authorised to conduct assessments for the issue and renewal of a unit endorsement who:

- (a) do not hold the unit endorsement associated with the assessment, or
 - (b) hold the unit endorsement associated with the assessment without an OJTI endorsement,
- an OJTI holding the valid unit endorsement associated with the assessment should be present to ensure supervision on the operational working position.

AMC1 ATCO.AR.A.015(d)(3) Means of compliance

GENERAL

The information to be provided to other Member States following approval of an alternative means of compliance should contain a reference to the Acceptable Means of Compliance (AMC) to which such means of compliance provides an alternative, as well as a reference to the corresponding Implementing Rule of Regulation (EC) No 216/2008 indicating as applicable the subparagraph(s) covered by the alternative means of compliance.

GM1 ATCO.AR.A.015 Means of compliance

GENERAL

Alternative means of compliance used by a competent authority or by organisations under its oversight may be used by other competent authorities or organisations only if processed again in accordance with ATCO.AR.A.015(d) and (e).

GM1 ATCO.AR.A.020(b) Information to the Agency

MEANING OF SAFETY-SIGNIFICANT INFORMATION STEMMING FROM OCCURRENCE REPORTS

The following should be considered safety-significant information from occurrence reports:

- (a) conclusive safety analyses that summarise individual occurrence data and provide an in-depth assessment of the safety issue. These safety analyses can be used for Agency rulemaking or for safety promotion activities such as the European Aviation Safety Plan; and
- (b) individual occurrence data where the Agency is the competent authority.

SUBPART B — MANAGEMENT**AMC1 ATCO.AR.B.001(a)(2) Management system**

TRAINING PROGRAMME AND RECURRENT TRAINING

- (a) The competent authority should establish a training programme for its personnel and a plan for its implementation. The training programme should include, as appropriate to the role, current knowledge, experience and skills of the personnel, at least the following:
- (1) organisation and structure of the aviation legislation;
 - (2) the Chicago Convention, its relevant annexes and documents, the applicable requirements of Regulation (EC) No 216/2008, its Implementing Rules and related Acceptable Means of Compliance, Certification Specifications and Guidance Material, as well as assessment methodology of the alternative means of compliance and the applicable national legislation;
 - (3) the applicable requirements and procedures; and
 - (4) areas of particular interest.
- (b) The training programme and plan should be updated, as needed, to reflect, at least, changes in aviation legislation and industry. The training programme should also cover the specific needs of the personnel and the competent authority.
- (c) The competent authority should ensure that its personnel, including its ATM/ANS inspectors, undergo recurrent training at regular intervals as defined by the competent authority or whenever deemed necessary, in order to be kept up to date.

AMC1 ATCO.AR.B.001(d) Management system

PROCEDURES AVAILABLE TO THE AGENCY

- (a) Copies of the procedures related to the competent authority's management system and their amendments to be made available to the Agency for the purpose of standardisation should provide at least the following information:
- (1) Regarding oversight functions undertaken by the competent authority, the competent authority's organisational structure with description of the main processes. This information should demonstrate the allocation of responsibilities within the competent authority, and that the competent authority is capable of carrying out the full range of tasks regarding the size and complexity of the Member State's aviation industry. It should also consider the overall proficiency and authorisation scope of the competent authority's personnel.
 - (2) For personnel involved in oversight activities, the minimum professional qualification requirements as well as experience and procedures leading to appointment (e.g. assessment).
 - (3) How the following are carried out: assessing applications and evaluating compliance, issuing of certificates, performance of oversight, follow-up of findings, enforcement measures and resolution of safety concerns.
 - (4) Principles of managing exemptions and derogations.

- (5) Systems used to disseminate applicable safety information for timely reaction to a safety problem.
 - (6) Criteria for planning oversight (oversight programme).
 - (7) Outline of the initial training of newly recruited oversight personnel (taking future activities into account), and the basic framework for continuation training of oversight personnel.
- (b) As part of the continuous monitoring of a competent authority, the Agency may request details of the working methods used, in addition to the copy of the procedures of the competent authority's management system (and amendments thereto). These additional details are the procedures and related guidance material describing working methods for competent authority personnel conducting oversight.
- (c) Information related to the competent authority's management system may be submitted in electronic format.

GM1 ATCO.AR.B.005 Allocation of tasks to qualified entities

CERTIFICATION TASKS

The tasks that may be performed by a qualified entity on behalf of the competent authority include those related to the initial certification and oversight of training organisations as defined in this Regulation, excluding:

- (a) the issue, suspension and revocation of licences, ratings and endorsements;
- (b) the issue of temporary OJTI authorisations according to ATCO.C.025;
- (c) the issue of temporary assessor authorisations according to ATCO.C.065;
- (d) the issue, renewal, suspension, revocation and limitation of training organisation certificates.

GM1 ATCO.AR.B.015 Record keeping

STORAGE

Records may be stored electronically.

GM1 ATCO.AR.B.015(b)(5) Record keeping

DETAILS OF COURSES

Details of courses provided by training organisations may consist of subjects, subject objectives, topics and subtopics, where applicable.

SUBPART C — OVERSIGHT AND ENFORCEMENT

AMC1 ATCO.AR.C.005 Oversight programme

AUDIT AND INSPECTION

- (a) The audit and inspection of a certified training organisation should be conducted through checking of the facility for compliance, interviewing personnel and sampling relevant training courses to assess their conduct and standard.
- (b) Such audit and inspection should focus in addition to the items of AMC1 ATCO.AR.E.010 on:
 - (1) information on the competence of instructors and assessors;
 - (2) evidence of sufficient funding;
 - (3) adequacy of the facilities to the courses being conducted and to the number of persons undertaking training;
 - (4) synthetic training devices;
 - (5) documentation, in particular documents related to courses, information on the updating system, training and operations manual;
 - (6) training records and forms.

SUBPART D — ISSUE, REVALIDATION, RENEWAL, SUSPENSION AND REVOCATION OF LICENCES, RATINGS, ENDORSEMENTS AND AUTHORISATIONS

AMC1 ATCO.AR.D.001(a) Procedure for the issue, revalidation and renewal of licences, ratings, endorsements and authorisations

PROCEDURES

The competent authority may develop procedures to allow privileges to be exercised by the licence holder for a maximum period of eight weeks after successful completion of the applicable examination(s) and assessment(s), pending the issue of the licence, rating or endorsement.

Such procedures may cover licences, ratings and endorsements, but not the temporary authorisations.

GM1 ATCO.AR.D.001(a) Procedure for the issue, revalidation and renewal of licences, ratings, endorsements and authorisations

APPLICATION FORM FOR THE ISSUE, REVALIDATION AND RENEWAL OF LICENCES, RATINGS AND ENDORSEMENTS

APPLICATION FOR ISSUE/REVALIDATION/RENEWAL OF (STUDENT) AIR TRAFFIC CONTROLLER (ATCO) LICENCE, RATINGS AND ENDORSEMENTS							
Part A: APPLICANT'S DETAILS							
Name:							
Permanent address:.....							
Tel.:..... Mobile:..... E-mail address:.....							
Nationality:							
Date (dd/mm/yyyy) and place of birth:.....							
(STUDENT) ATCO LICENCE DETAILS (if applicable):							
Licence serial No:							
Date of issue (dd/mm/yyyy):							
EMPLOYER'S DETAILS (if applicable):							
Name:							
Part B: APPLICATION FOR (Tick the relevant boxes)							
<input type="checkbox"/> Issue of Student ATCO Licence, rating(s) and rating endorsements) (Part C, E and F of this form)							
<input type="checkbox"/> Language endorsement(s) (Part C, E and F of this form)							
<input type="checkbox"/> Issue of ATCO Licence, rating(s) and rating endorsements) (Part C, E and F of this form)							
<input type="checkbox"/> Revalidation of ATCO Licence rating, endorsements (Part C, D, E and F of this form)							
<input type="checkbox"/> Renewal of ATCO Licence rating, endorsements (Part C, D, E and F of this form)							
Part C: RATING/RATING ENDORSEMENT/ATC UNIT/Sector							
ADI <input type="checkbox"/>	(Unit, sector, working position)	TWR <input type="checkbox"/>	GMC <input type="checkbox"/>	GMS <input type="checkbox"/>	AIR <input type="checkbox"/>	RAD <input type="checkbox"/>	
APS <input type="checkbox"/>	(Unit, sector, working position)	PAR <input type="checkbox"/>	SRA <input type="checkbox"/>	TCL <input type="checkbox"/>			
ACS <input type="checkbox"/>	(Unit, sector, working position)	TCL <input type="checkbox"/>	OCN <input type="checkbox"/>				
ACP <input type="checkbox"/>	(Unit, sector, working position)	OCN <input type="checkbox"/>					
ADV <input type="checkbox"/>	(Unit, sector, working position)						
APP <input type="checkbox"/>	(Unit, sector, working position)						
Licence endorsements							
OJTI <input type="checkbox"/>	STDI <input type="checkbox"/>	Assessor <input type="checkbox"/>	Language proficiency endorsement			Local (specify language) _ language proficiency endorsement*	
			— level 4 <input type="checkbox"/>			— level 4 <input type="checkbox"/>	
			— level 5 <input type="checkbox"/>			— level 5 <input type="checkbox"/>	
			— level 6 <input type="checkbox"/>			— level 6 <input type="checkbox"/>	
* Optional, if imposed by the Member State for reasons of safety at the ATC unit as published in AIP.							

Part D: Unit endorsement revalidation/renewal			
The applicant meets the requirements according to Regulation (EU) / and to the unit competence scheme of unit The unit/licence endorsements annotated below are revalidated/renewed * (delete as appropriate). Based on this, REVALIDATION/RENEWAL can be done as listed below:			
Unit endorsement:		Valid until:	
Unit endorsement:		Valid until:	
Unit endorsement:		Valid until:	
Unit endorsement:		Valid until:	
Unit endorsement:		Valid until:	
Unit endorsement:		Valid until:	
I certify that the data is complete and true Authorised assessor:	Name:	Assessor's licence number:	Signature:
Part E: Declaration			
I hereby: 1. apply for the issue/revalidation/renewal of (Student) ATCO Licence, ratings and/or endorsements as indicated; 2. confirm that the information contained herein is correct at the time of the application; 3. confirm that I am not holding any (Student) ATCO Licence issued in another Member State; 4. confirm that I have not applied for any (Student) ATCO Licence in another Member State; and 5. confirm that I have never held a (Student) ATCO Licence issued in another Member State which has been revoked or suspended in any other Member State. I understand that any incorrect information provided herein could prohibit me from holding a (Student) ATCO Licence. Signed: Name: Date (dd/mm/yyyy):			
Part F: Certificates/Documents			
Please enclose all relevant certificates and/or documents:			
1. Copy of Student ATCO Licence, if applicable	<input type="checkbox"/>		
2. Copy of passport or other national ID	<input type="checkbox"/>		
3. Copy of medical certificate	<input type="checkbox"/>		
4. Copy of relevant training certificate/documents proving the successful completion of:			
(a) Initial training (integrated)	<input type="checkbox"/>		
(b) Basic training	<input type="checkbox"/>		
(c) Rating training	<input type="checkbox"/>		
(d) Unit training	<input type="checkbox"/>		
(e) Practical instructor training	<input type="checkbox"/>		
(f) Assessor training	<input type="checkbox"/>		
(g) Refresher training	<input type="checkbox"/>		
5. Copy of language proficiency certificate(s): language(s)	<input type="checkbox"/>		
6. Certificate by ATC provider proving that the licence holder has fulfilled the requirements in accordance with the approved unit competence scheme	<input type="checkbox"/>		
7. Copy of the competence assessment form	<input type="checkbox"/>		
8. Copy	<input type="checkbox"/>		

GM2 ATCO.AR.D.001(a) Procedure for the issue, revalidation and renewal of licences, ratings, endorsements and authorisations

APPLICATION FOR THE ISSUE, REVALIDATION AND RENEWAL OF LICENCES, RATINGS, ENDORSEMENTS AND AUTHORISATIONS

Application for the issue, revalidation and renewal of licences, ratings, endorsements and authorisations together with all relevant certificates and/or documents supporting the application might be submitted by secure electronic means.

GM1 ATCO.AR.D.001(b) Procedure for the issue, revalidation and renewal of licences, ratings, endorsements and authorisations

DATE OF SUCCESSFUL COMPLETION OF THE TRAINING

The date of successful completion of the training relevant to the rating and/or rating endorsement to be included in the (Student) ATCO Licence should be the date indicated in the certificate of successful completion of the relevant training issued by the training organisation.

GM1 ATCO.AR.D.001(c) Procedure for the issue, revalidation and renewal of licences, ratings, endorsements and authorisations

FORMAT FOR LICENCES (APPENDIX I TO ANNEX II)

The competent authority may enter into point (XIII) of the licence format all additional licensing information, such as national licence endorsements or holding a radio telephony (R/T) licence.

GM1 ATCO.AR.D.001(d) Procedure for the issue, revalidation and renewal of licences, ratings, endorsements and authorisations

UNIQUE DATE OF VALIDITY FOR ENDORSEMENTS

The procedure for establishing a unique date of validity for several endorsements should be applied when requested by the air navigation service provider or the applicant.

GM1 ATCO.AR.D.001(e) Procedure for the issue, revalidation and renewal of licences, ratings, endorsements and authorisations

ADMINISTRATIVE REASONS

For the purpose of issuing a new licence, administrative reasons may be the following but are not limited to:

- (a) loss;
- (b) theft;
- (c) significant damage leading to illegibility.

GM1 ATCO.AR.D.005 Revocation and suspension of licences, ratings and endorsements

EXAMINATIONS AND ASSESSMENTS

Examinations and assessments conducted by an assessor, during suspension or after the revocation of his/her assessor endorsement or by an OJTI or an STDI during suspension or after revocation of his/her OJTI or STDI endorsement respectively, should be invalid.

SUBPART E — CERTIFICATION PROCEDURE FOR AIR TRAFFIC CONTROLLER TRAINING ORGANISATIONS

AMC1 ATCO.AR.E.001(a) Application and certification procedure for training organisations

VERIFICATION OF COMPLIANCE

- (a) The competent authority should verify the applicant's compliance through an audit of the organisation, including interviews of personnel and inspections carried out at the organisation's facilities.
- (b) The competent authority should only conduct such audit after being satisfied that the application for a certificate complies with the applicable requirements.
- (c) The audit should include but should not be limited to the following areas:
 - (1) detailed management structure, including names and qualifications of personnel required by ATCO.OR.C.010, adequacy of the organisation and management structure;
 - (2) adequacy of number and qualifications of personnel;
 - (3) safety management and compliance monitoring with applicable requirements;
 - (4) adequacy of the facilities with regard to the organisation's scope of training;
 - (5) documentation on the basis of which the certificate shall be granted (organisation documentation as required by Annex III (Part ATCO.OR), including manuals, training plans and course documentation).
- (d) In case of non-compliance, the applicant should be informed in writing of the corrections required.

AMC1 ATCO.AR.E.010 Changes to the training organisations

GENERAL

- (a) The competent authority should be informed of any changes to personnel specified in Annex III (Part ATCO.OR) that may affect the certificate or the training approval attached to it.
- (b) A simple management system documentation system status sheet should be maintained, which contains information on when an amendment was received by the competent authority and when it was approved.
- (c) The competent authority should receive from the organisation each management system documentation amendment, including amendments that do not require prior approval by the competent authority.
 - (1) Where the amendment requires the competent authority's approval, the competent authority, when satisfied, should approve in writing.
 - (2) Where the amendment does not require prior approval, the competent authority should acknowledge receipt of the notification in writing within 10 working days from receipt.

AMC1 ATCO.AR.E.010(a) Changes to the training organisations

CHANGES REQUIRING PRIOR APPROVAL

- (a) Upon receipt of an application for a proposed change that requires prior approval, the competent authority should, in due time:

- (1) assess the proposed change in relation to the training organisation's certificate or the training approval attached or the management system of it, and the applicable requirements of Part ATCO.OR, as well as any other applicable requirements; and
 - (2) assess the actions proposed by the training organisation in order to show compliance;
- (b) The competent authority should, in due time, verify the compliance of the training organisation and, depending on the change, examine the need for prescribing any condition for the operation of it during the change.
 - (c) For changes requiring prior approval, the competent authority may conduct an audit of the organisation in order to verify the training organisation's compliance with the applicable requirements.
 - (d) When notifying the training organisation in accordance with AMC1 ATCO.AR.E.010(c)(1), the competent authority should also inform the organisation of the right of appeal, as exists under the applicable national legislation.

GM1 ATCO.AR.E.010 Changes to the training organisations

CHANGE OF NAME OF THE TRAINING ORGANISATION

- (a) Upon receipt of the application and the relevant parts of the organisation's documentation as required by Annex III (Part ATCO.OR), the competent authority should reissue the certificate.
- (b) A name change alone does not require the competent authority to audit the organisation unless there is evidence that other aspects of the organisation have changed.

GM1 ATCO.AR.E.010(b) Changes to the training organisations

ADEQUATE ACTION

Adequate action by the competent authority may include suspension, limitation or revocation of the training organisation's certificate.

AMC1 ATCO.AR.E.015(d)(2) Findings and corrective actions

CORRECTIVE ACTION IMPLEMENTATION PERIOD

The corrective action implementation period included in an action plan granted by the competent authority initially should not exceed three months. At the end of this period, and subject to the nature of the finding, the competent authority may extend the three-month period subject to a satisfactory corrective action plan agreed to by the competent authority.

GM1 ATCO.AR.E.015 Findings and corrective actions

LEVEL 1

For a level 1 finding, it may be necessary for the competent authority to ensure that further training by the organisation is carried out and audited by the competent authority before the activity is resumed, dependent upon the nature of the finding.

Only the certifying competent authority may take action on the certificate.

GM1 ATCO.AR.E.015(d)(2) Findings and corrective actions

CORRECTIVE ACTION IMPLEMENTATION PERIOD

The three-month period should commence from the date of the communication of the finding to the training organisation in writing and requesting corrective action to address the non-compliance(s) identified in accordance with ATCO.AR.E.015(d).

SUBPART F — SPECIFIC REQUIREMENTS RELATING TO AERO-MEDICAL CERTIFICATION

AMC1 ATCO.AR.F.005 Medical certificate
STANDARD MEDICAL CERTIFICATE FORMAT

<p>Competent authority's name and logo (English and any language(s) determined by the competent authority)</p> <p style="text-align: center;">EUROPEAN UNION (English only)</p> <p style="text-align: center;">Class 3 MEDICAL CERTIFICATE Pertaining to a Part ATCO licence (English and any language(s) determined by the competent authority)</p> <p style="text-align: center;">Issued in accordance with Part ATCO.MED</p> <p style="text-align: center;">This medical certificate complies with the ICAO Standards</p> <p style="text-align: center;">(English and any language(s) determined by the competent authority)</p>	<p>Requirements:</p> <p>'European Union' to be deleted for non-EU Member States.</p> <p>The size of each page should be one eighth A4.</p> <p>English and any language(s) determined by the competent authority.</p>
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<p>I Authority that issued or is to issue the ATCO licence:</p> <p>III Certificate number:</p> <p>IV Last and first name of holder:</p> <p>XIV Date of birth: (dd/mm/yyyy)</p> <p>VI Nationality:</p> <p>VII Signature of holder:</p>	<p>XIII Limitations: Code: Description:</p> <p>X Date of issue*:</p> <p style="text-align: center;">Signature of issuing AME/medical assessor:</p> <p>XI Stamp:</p>
2	3

IX	Expiry date of this certificate:	dd/mm/yyyy
Examination date: (dd/mm/yyyy)		
4		

* Date of issue is the date when the certificate is issued and signed.

AMC1 ATCO.AR.F.020 Aero-medical forms

AERO-MEDICAL FORMS

The forms referred to in ATCO.AR.F.020 should reflect the information indicated in the following forms and corresponding instructions for completion.

LOGO

CIVIL AVIATION ADMINISTRATION/MEMBER STATE

APPLICATION FORM FOR A MEDICAL CERTIFICATE

MEDICAL IN CONFIDENCE

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

(1) State of licence issue:		(2) Medical certificate applied for: Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/>	
(3) Surname:		(4) Previous surname(s):	
(5) Forename(s):		(6) Date of birth (dd/mm/yyyy):	
(8) Place and country of birth:		(9) Nationality:	
(10) Permanent address: Country: Telephone No: Mobile No: E-mail:		(11) Postal address (if different): Country: Telephone No:	
(18) Licence(s) held (type): Licence(s) number(s):		(19) Any limitations on licence(s)/medical certificate held: No <input type="checkbox"/> Yes <input type="checkbox"/> Details:	
(20) Have you ever had a medical certificate denied, suspended or revoked? No <input type="checkbox"/> Yes <input type="checkbox"/> Date: Country: Details:		(21) Flight time total: Hrs n/a <input type="checkbox"/>	
(24) Any aviation accident or reported incident since last aero-medical examination? No <input type="checkbox"/> n/a <input type="checkbox"/> Yes <input type="checkbox"/> Date: Place: Details:		(22) Flight time since last aero-medical examination: Hrs n/a <input type="checkbox"/>	
(27) Do you drink alcohol? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, amount		(23) Aircraft class/type(s) currently flown: n/a <input type="checkbox"/>	
(29) Do you smoke tobacco? No, never <input type="checkbox"/> No, stopped <input type="checkbox"/> state date: Yes <input type="checkbox"/> state type and amount:		(25) Type of flying intended: n/a <input type="checkbox"/>	
		(26) Current pilot activity: Single pilot <input type="checkbox"/> Multi-pilot <input type="checkbox"/> Current ATCO activity: ADI <input type="checkbox"/> APS <input type="checkbox"/> ACS <input type="checkbox"/>	
		(28) Do you currently use any medication? No <input type="checkbox"/> Yes <input type="checkbox"/> state medication, dose, date started and why:	

General and medical history: Do you have, or have you ever had, any of the following? (Please tick). If yes, give details in the remarks section (30).

	Yes	No		Yes	No		Yes	No	Family history of:	Yes	No
101 Eye trouble/eye operation			112 Nose, throat or speech disorder			123 Malaria or other tropical disease			170 Heart disease		
102 Spectacles and/or contact lenses ever worn			113 Head injury or concussion			124 A positive HIV test			171 High blood pressure		
103 Spectacle/contact lens prescriptions change since last medical exam.			114 Frequent or severe headaches			125 Sexually transmitted disease			172 High cholesterol level		
104 Hay fever, other allergy			115 Dizziness or fainting spells			126 Sleep disorder/apnoea syndrome			173 Epilepsy		
105 Asthma, lung disease			116 Unconsciousness for any reason			127 Musculoskeletal illness/impairment			174 Mental illness		
106 Heart or vascular trouble			117 Neurological disorders: stroke, epilepsy, seizure, paralysis, etc.			128 Any other illness or injury			175 Diabetes		
107 High or low blood pressure			118 Psychological/psychiatric trouble of any sort			129 Admission to hospital			176 Tuberculosis		
108 Kidney stone or blood in urine			119 Alcohol/drug/substance abuse			130 Visit to medical practitioner since last aero-medical examination			177 Allergy/asthma/eczema		
109 Diabetes, hormone disorder			120 Attempted suicide			131 Refusal of life insurance			178 Inherited disorders		
110 Stomach, liver or intestinal trouble			121 Motion sickness requiring medication			132 Refusal of pilot/ATCO licence			179 Glaucoma		
111 Deafness, ear disorder			122 Anaemia/sickle cell trait/other blood disorders			133 Medical rejection from or for military service			Females only:		
						134 Award of pension or compensation for injury or illness			150 Gynaecological, menstrual problems		
									151 Are you pregnant?		

(30) **Remarks:** If previously reported and no change since, so state.(31) **Declaration:** I hereby declare that I have carefully considered the statements made above and to the best of my belief they are complete and correct and that I have not withheld any relevant information or made any misleading statements. I understand that if I have made any false or misleading statements in connection with this application, or fail to release the supporting medical information, the licensing authority 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 the licensing authority, recognising that these documents or electronically stored data are to be used for completion of a medical assessment and will become and remain the property of the licensing authority, 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/(medical assessor)

INSTRUCTIONS FOR COMPLETION OF THE APPLICATION FORM FOR A MEDICAL CERTIFICATE

This application form and all attached report forms will be transmitted to the licensing authority. Medical confidentiality shall be respected at all times.

The applicant should personally complete, in full, all questions (sections) on the application form. Writing should be legible and in block capitals, using a ball-point pen. Completion of this form by typing/printing is also acceptable. If more space is required to answer any questions, a plain sheet of paper should be used, bearing the applicant's name and signature, and the date of signing. The following numbered instructions apply to the numbered headings on the application form for a medical certificate.

Failure to complete the application form in full, or to write legibly, may result in non-acceptance of the application form. The making of false or misleading statements or the withholding of relevant information in respect of this application may result in criminal prosecution, denial of this application and/or withdrawal of any medical certificate(s) granted.

1. LICENSING AUTHORITY: State name of country this application is to be forwarded to.	17. LAST APPLICATION FOR A MEDICAL CERTIFICATE: State date (day, month, year) and place (town, country). Initial applicants state 'NONE'.
2. MEDICAL CERTIFICATE APPLIED FOR: Tick appropriate box. Class 1: Professional Pilot Class 2: Private Pilot Class 3: Air Traffic Controller	18. LICENCE(S) HELD (TYPE): State type of licence(s) held. Enter licence number and State of issue. If no licences are held, state 'NONE'.
3. SURNAME: State surname/family name.	19. ANY LIMITATIONS ON THE LICENCE(S)/MEDICAL CERTIFICATE: Tick appropriate box and give details of any limitations on your licence(s)/medical certificate, e.g. vision, colour vision, safety pilot, etc.
4. PREVIOUS SURNAME(S): If your surname or family name has changed for any reason, state previous name(s).	20. MEDICAL CERTIFICATE DENIAL, SUSPENSION OR REVOCATION: Tick 'YES' box if you have ever had a medical certificate denied, suspended or revoked, even if only temporary. If 'YES', state date (dd/mm/yyyy) and country where it occurred.
5. FORENAME(S): State first and middle names (maximum three).	21. FLIGHT TIME TOTAL: State total number of hours flown or, for ATCO's tick n/a box.
6. DATE OF BIRTH: Specify in order dd/mm/yyyy.	22. FLIGHT TIME SINCE LAST MEDICAL: State number of hours flown since your last aero-medical examination or, for ATCO's tick n/a box.
7. SEX: Tick appropriate box.	23. AIRCRAFT CLASS/TYPE(S) CURRENTLY FLOWN: State name of principal aircraft flown, e.g. Boeing 737, Cessna 150, etc. or, for ATCO's tick n/a box.
8. PLACE AND COUNTRY OF BIRTH: State town and country of birth.	24. ANY AVIATION ACCIDENT OR REPORTED INCIDENT SINCE LAST AERO-MEDICAL EXAMINATION: If 'YES' box ticked, state date (dd/mm/yyyy) and country of accident/incident.
9. NATIONALITY: State name of country of citizenship.	25. TYPE OF FLYING INTENDED: State whether airline, charter, single pilot, commercial air transport, carrying passengers, agriculture, pleasure, etc., or, for ATCO's tick n/a box.
10. PERMANENT ADDRESS: State permanent postal address and country. Enter telephone area code as well as telephone number.	26. CURRENT PILOT/ATCO ACTIVITY: Tick appropriate box to indicate whether you fly as the SOLE pilot or not or, for ATCO's whether you operate as tower, radar or other.
11. POSTAL ADDRESS (IF DIFFERENT): If different from permanent address, state full current postal address including telephone number and area code. If the same, enter 'SAME'.	27. DO YOU DRINK ALCOHOL? Tick applicable box. If yes, state weekly alcohol consumption, e.g. 2 litres beer.
12. APPLICATION: Tick appropriate box.	28. DO YOU CURRENTLY USE ANY MEDICATION? If 'YES', give full details — name, how much you take and when, etc. Include any non-prescription medication.
13. REFERENCE NUMBER: State reference number allocated to you by the licensing authority. Initial applicants enter 'NONE'.	29. DO YOU SMOKE TOBACCO? Tick applicable box. Current smokers state type (cigarettes, cigars, pipe) and amount (e.g. 2 cigars daily; pipe — 1 oz. weekly).
14. TYPE OF LICENCE APPLIED FOR: State type of licence applied for from the following list: — Aeroplane Transport Pilot Licence — Multi-Pilot Licence — Commercial Pilot Licence/Instrument Rating — Commercial Pilot Licence — Air Traffic Controller Licence — Private Pilot Licence/Instrument Rating — Private Pilot Licence — Sailplane Pilot Licence — Balloon Pilot Licence — and whether Fixed Wing/Rotary Wing/Both	GENERAL AND MEDICAL HISTORY All items under this heading from number 101 to 179 inclusive should have the answer 'YES' or 'NO' ticked. You should tick 'YES' if you have ever had the condition in your life and describe the condition and approximate date in the (30) remarks section. All questions asked are medically important even though this may not be readily apparent. Items numbered 170 to 179 relate to immediate family history, whereas items numbered 150 to 151 should be answered by female applicants only. If information has been reported on a previous application form for a medical certificate and there has been no change in your condition, you may state 'Previously reported; no change since'. However, you should still tick 'YES' to the condition. Do not report occasional common illnesses such as colds.
15. OCCUPATION (PRINCIPAL): Indicate your principal employment.	31. DECLARATION AND CONSENT TO OBTAINING AND RELEASING INFORMATION: Do not sign or date these declarations until indicated to do so by the AME who will act as witness and sign accordingly.
16. EMPLOYER: If principal occupation is pilot/ATCO, then state employer's name or if self-employed as a pilot, state 'self'.	

AERO-MEDICAL EXAMINATION REPORT FORM FOR CLASS 1, CLASS 2 & CLASS 3 APPLICANTS

(201) Examination category Initial <input type="checkbox"/> Revalidation <input type="checkbox"/> Renewal <input type="checkbox"/> 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"/> irregular <input type="checkbox"/>

Clinical exam: Check each item	Normal	Abnormal		Normal	Abnormal
(208) Head, face, neck, scalp			(218) Abdomen, hernia, liver, spleen		
(209) Mouth, throat, teeth, voice, speech			(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) Notes: Describe every abnormal finding. Enter applicable item number before each comment.					

Visual acuity(229) *Distant vision*

	Uncorrected	Corr. to	Spectacles	Contact lenses
Right eye				
Left eye				
Both eyes				

(230) *Intermediate vision*

	Uncorrected		Corrected	
	Yes	No	Yes	No
Right eye				
Left eye				
Both eyes				

(231) *Near vision*

	Uncorrected		Corrected	
	Yes	No	Yes	No
Right eye				
Left eye				
Both eyes				

(232) **Spectacles**

(232) Spectacles		(233) Contact lenses		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Type:		Type:		
Refraction	Sph	Cyl	Axis	Add
Right eye				
Left eye				

(233) **Colour vision**

Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>
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(234) **Hearing**

(when 239/241 not performed)				
	Right ear		Left ear	
Conversational voice test (2m) with back turned to examiner	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Audiometry				
Hz	500	1000	2000	3000
Right				
Left				

(249) **AME declaration:**

I hereby certify that I/my AME group have personally examined the applicant named on this aero-medical examination report and that this report with any attachment embodies my findings completely and correctly.

(250) Place and date:	AME name and address:	AME certificate No:
AME signature:	E-mail: Telephone No: Telefax No:	

(236) **Pulmonary function**

FEV1/FVC _____ %	_____ (unit)
Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>

(237) **Haemoglobin**

(235) Urinalysis	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	
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 function			
(244) Other (what?)			

(247) **AME recommendation:**

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

INSTRUCTIONS FOR COMPLETION OF THE AERO-MEDICAL EXAMINATION REPORT FORMS

The AME performing the aero-medical examination should verify the identity of the applicant.

All questions (sections) on the aero-medical examination report form should be completed in full. If an otorhinolaryngology examination report form is attached, then questions 209, 210, 211, and 234 may be omitted. If an ophthalmology examination report form is attached, then questions 212, 213, 214, 229, 230, 231, 232, and 233 may be omitted.

Writing should be legible and in block capitals using a ball-point pen. Completion of this form by typing/printing is also acceptable. If more space is required to answer any question, a plain sheet of paper should be used, bearing the applicant's name, the AME's name and signature, and the date of signing. The following numbered instructions apply to the numbered headings on the aero-medical examination report form.

Failure to complete the aero-medical examination report form in full, as required, or to write legibly, may result in non-acceptance of the application in total and may lead to withdrawal of any medical certificate issued. The making of false or misleading statements or the withholding of relevant information by an AME may result in criminal prosecution, denial of an application or withdrawal of any medical certificate(s) granted.

201 EXAMINATION CATEGORY — Tick appropriate box.

Initial — Initial examination for either class 1, 2 or 3; also initial examination for upgrading from class 2 to 1 (notate 'upgrading' in box 248).

Renewal/Revalidation — Subsequent ROUTINE examinations.

202 HEIGHT — Measure height, without shoes, in centimetres to nearest cm.

203 WEIGHT — Measure weight, in indoor clothes, in kilograms to nearest kg.

204 COLOUR EYE — State colour of applicant's eyes from the following list: brown, blue, green, hazel, grey, multi.

205 COLOUR HAIR — State colour of applicant's hair from the following list: brown, black, red, fair, bald.

206 BLOOD PRESSURE — Blood pressure readings should be recorded as Phase 1 for systolic pressure and Phase 5 for diastolic pressure. The applicant should be seated and rested. Recordings in mm Hg.

207 PULSE (RESTING) — The pulse rate should be recorded in beats per minute and the rhythm should be recorded as regular or irregular. Further comments if necessary may be written in section 228, 248 or separately.

208 to 227 inclusive constitute the general clinical examination, and each of the boxes should be marked (with a tick) as normal or abnormal.

208 HEAD, FACE, NECK, SCALP — To include appearance, range of neck and facial movements, symmetry, etc.

209 MOUTH, THROAT, TEETH, VOICE, SPEECH — To include voice and speech quality and appearance of buccal cavity, palate motility, tonsillar area, pharynx and also gums, teeth and tongue.

210 NOSE, SINUSES — To include appearance and any evidence of nasal obstruction or sinus tenderness on palpation.

211 EARS, DRUMS, EARDRUM MOTILITY — To include otoscopy of external ear, canal, tympanic membrane. Eardrum motility by valsalva manoeuvre or by pneumatic otoscopy.

212 EYES — ORBIT AND ADNEXA; VISUAL FIELDS — To include appearance, position and movement of eyes and their surrounding structures in general, including eyelids and conjunctiva. Visual fields check by campimetry, perimetry or confrontation.

213 EYES — PUPILS AND OPTIC FUNDI — To include appearance, size, reflexes, red reflex and fundoscopy. Special note of corneal scars.

214 EYES — OCULAR MOTILITY, NYSTAGMUS — To include range of movement of eyes in all directions; symmetry of movement of both eyes; ocular muscle balance; convergence; accommodation; signs of nystagmus.

215 LUNGS, CHEST, BREASTS — To include inspection of chest for deformities, operation scars, abnormality of respiratory movement, auscultation of breath sounds. Physical examination of female applicant's breasts should only be performed with informed consent.

216 HEART — To include apical heartbeat, position, auscultation for murmurs, carotid bruits, palpation for thrills.

217 VASCULAR SYSTEM — To include examination for varicose veins, character and feel of pulse, peripheral pulses, evidence of peripheral circulatory disease.

218 ABDOMEN, HERNIA, LIVER, SPLEEN — To include inspection of abdomen; palpation of internal organs; check for inguinal hernias in particular.

219 ANUS, RECTUM — Examination only with informed consent.

220 GENITO-URINARY SYSTEM — To include renal palpation; inspection palpation male/female reproductive organs only with informed consent.

221 ENDOCRINE SYSTEM — To include inspection, palpation for evidence of hormonal abnormalities/imbalance; thyroid gland.

222 UPPER AND LOWER LIMBS, JOINTS — To include full range of movements of joints and limbs, any deformities, weakness or loss. Evidence of arthritis.

223 SPINE, OTHER MUSCULOSKELETAL — To include range of movements, abnormalities of joints.

224 NEUROLOGIC — REFLEXES, ETC. To include reflexes, sensation, power, vestibular system — balance, romberg test, etc.

225 PSYCHIATRIC — To include appearance, appropriate mood/thought, unusual behaviour.

226 SKIN, IDENTIFYING MARKS AND LYMPHATICS — To include inspection of skin; inspection, palpation for lymphadenopathy, etc. Briefly describe scars, tattoos, birthmarks, etc., which could be used for identification purposes.

227 GENERAL SYSTEMIC — All other areas, systems and nutritional status.

228 NOTES — Any notes, comments or abnormalities to be described — extra notes if required on separate sheet of paper, signed and dated.

229 DISTANT VISION — Each eye to be examined separately and then both together. First without correction, then with spectacles (if used) and lastly with contact lenses, if used. Record visual acuity in appropriate boxes. Visual acuity to be tested with the appropriate chart for the distance.

- 230 INTERMEDIATE VISION — Each eye to be examined separately and then both together. First without correction, then with spectacles, if used, and lastly with contact lenses, if used. Record visual acuity in appropriate boxes (Yes/No).
- 231 NEAR VISION — Each eye to be examined separately and then both together. First without correction, then with spectacles if used and lastly with contact lenses, if used. Record visual acuity in appropriate boxes (Yes/No).
- Note:* Bifocal contact lenses and contact lenses correcting for near vision only are not acceptable.
- 232 SPECTACLES — Tick appropriate box signifying if spectacles are or are not worn by applicant. If used, state type of lens and frame and use-distance.
- 233 CONTACT LENSES — Tick appropriate box signifying if contact lenses are or are not worn. If worn, state type from the following list; hard, soft, gas-permeable or disposable.
- 313 COLOUR VISION — Tick appropriate box signifying if applicant is a normal trichromat or not. Indicate the colour vision testing methodology used and provide the results.
- 234 HEARING — Tick appropriate box to indicate hearing level ability as tested separately in each ear at 2 m.
- 235 URINALYSIS — State whether result of urinalysis is normal or not by ticking appropriate box. If no abnormal constituents, state NIL in each appropriate box.
- 236 PULMONARY FUNCTION — When required or on indication, state actual FEV1/FVC value obtained in % and state if normal or not with reference to height, age, sex and race.
- 237 HAEMOGLOBIN — Enter actual haemoglobin test result and state units used. Then state whether normal value or not, by ticking appropriate box.
- 238 to 244 inclusive: ACCOMPANYING REPORTS — One box opposite each of these sections must be ticked. If the test is not required and has not been performed, then tick the NOT PERFORMED box. If the test has been performed (whether required or on indication) complete the normal or abnormal box as appropriate. In the case of question 244, the number of other accompanying reports must be stated.
- 247 AME RECOMMENDATION — The applicant's name, date of birth and reference number, should be entered here in block capitals. The applicable class of medical certificate should be indicated by a tick in the appropriate box. If a fit assessment is recommended and a medical certificate has been issued, this should be indicated in the appropriate box. An applicant may be recommended as fit for a lower class of medical certificate (e.g. class 2), but also be deferred or recommended as unfit for a higher class of medical certificate (e.g. class 1). If an unfit recommendation is made, applicable Part MED/Part ATCO.MED paragraph references should be entered. If an applicant is deferred for further evaluation, the reason and the specialist or licensing authority to whom the applicant is referred should be indicated.
- 248 COMMENTS, LIMITATIONS, ETC. — The AME's findings and assessment of any abnormality in the history or examination, should be entered here. The AME should also state any limitation required.
- 249 AME DETAILS — The AME should sign the declaration, complete his/her name and address in block capitals, contact details and lastly stamp the relevant section with his/her designated AME stamp incorporating his/her AME number.
- 250 PLACE AND DATE — The place (town or city) and the date of the aero-medical examination should be entered here. The date of examination is the date of the general examination and not the date of finalisation of the form. If the aero-medical examination report is finalised on a different date, the date of finalisation should be entered in section 248 as 'Report finalised on ...'.

OPHTHALMOLOGY EXAMINATION REPORT FORM

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

MEDICAL IN CONFIDENCE

Applicant's details

(1) Licensing authority:	(2) Medical certificate applied for: Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/>		
(3) Surname:	(4) Previous surname(s):	(12) Application: Initial <input type="checkbox"/> Revalidation/Renewal <input type="checkbox"/>	
(5) Forename(s):	(6) Date of birth:	(7) Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	(13) Reference number:

(301) **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 the licensing authority, recognising that these documents or electronically stored data, are to be used for completion of a medical assessment and will become and remain the property of the licensing authority, 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

(302) Examination category: Initial <input type="checkbox"/> Revalidation <input type="checkbox"/> Renewal <input type="checkbox"/> Referral <input type="checkbox"/>	(303) Ophthalmological history:
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Clinical examination

Check each item	Normal	Abnormal
(304) Eyes, external & eyelids		
(305) Eyes, Exterior (slit lamp, ophth.)		
(306) Eye position and motility		
(307) Visual fields		
(308) Pupillary reflexes		
(309) Fundi (Ophthalmoscopy)		
(310) Convergence	cm	
(311) Accommodation	D	

(312) *Ocular muscle balance* (in prisms dioptres)

Distant at 5m/6m	Near at 30-50 cm
Ortho	Ortho
Eso	Eso
Exo	Exo
Hyper	Hyper
Cyclo	Cyclo
Tropia Yes No Phoria Yes No	
Fusional reserve testing Not performed Normal Abnormal	

(313) *Colour vision*

Colour vision testing method/s:	
Results: Normal trichromat Yes <input type="checkbox"/> No <input type="checkbox"/>	

Visual acuity

(314) <i>Distant vision</i>		Spectacles	Contact lenses
Uncorrected			
Right eye	Corrected to		
Left eye	Corrected to		
Both eyes	Corrected to		
(315) <i>Intermediate vision</i>		Spectacles	Contact lenses
Uncorrected			
Right eye	Corrected to		
Left eye	Corrected to		
Both eyes	Corrected to		
(316) <i>Near vision</i>		Spectacles	Contact lenses
Uncorrected			
Right eye	Corrected to		
Left eye	Corrected to		
Both eyes	Corrected to		

(317) <i>Refraction</i>	Sph	Cylinder	Axis	Near (add)
Right eye				
Left eye				
Actual refraction examined Spectacles prescription based				

(318) <i>Spectacles</i> Yes <input type="checkbox"/> No <input type="checkbox"/> Type:	(319) <i>Contact lenses</i> Yes <input type="checkbox"/> No <input type="checkbox"/> Type:
--	--

(320) <i>Intra-ocular pressure</i>	
Right (mmHg)	Left (mmHg)
Method Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	

(321) **Ophthalmological remarks and recommendation:**

(322) **Examiner's 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.

(323) Place and date:	Ophth. examiner's name and address: (block capitals)	AME or specialist stamp with No:
AME or specialist signature:	E-mail: Telephone No: Telefax No:	

INSTRUCTIONS FOR COMPLETION OF THE OPHTHALMOLOGY EXAMINATION REPORT FORM

Writing should be legible and in block capitals using a ball-point pen. Completion of this form by typing or printing is also acceptable. If more space is required to answer any question, a plain sheet of paper should be used, bearing the applicant's name, the name and signature of the AME or ophthalmology specialist performing the examination and the date of signing. The following numbered instructions apply to the numbered headings on the ophthalmology examination report form.

Failure to complete the medical examination report form in full, as required, or to write legibly may result in non-acceptance of the application in total and may lead to withdrawal of any medical certificate issued. The making of false or misleading statements or the withholding of relevant information by an examiner may result in criminal prosecution, denial of an application or withdrawal of any medical certificate granted.

The AME or ophthalmology specialist performing the examination should verify the identity of the applicant. The applicant should then be requested to complete the sections 1, 2, 3, 4, 5, 6, 7, 12 and 13 on the form and then sign and date the consent to release of medical information (section 301) with the examiner countersigning as witness.

- 302 EXAMINATION CATEGORY — Tick appropriate box.
- Initial — Initial examination for either class 1 or 2 or 3; also initial examination for upgrading from class 2 to 1 (notate 'upgrading' in section 303).
- Renewal/Revalidation — Subsequent comprehensive ophthalmological examinations (due to refractive error).
- Special referral — NON-ROUTINE examination for assessment of an ophthalmological symptom or finding.
- 303 OPHTHALMOLOGICAL HISTORY — Detail here any history of note or reasons for special referral.
- 304 to 309 inclusive: CLINICAL EXAMINATION — These sections together cover the general clinical examination and each of the sections should be marked (with a tick) as normal or abnormal. Any abnormal findings or comments on findings should be entered in section 321.
- 310 CONVERGENCE — Enter near point of convergence in cm, as measured using RAF near point rule or equivalent. Tick whether normal or abnormal. Any abnormal findings or comments on findings should be entered in section 321.
- 311 ACCOMMODATION — Enter measurement recorded in dioptres using RAF near point rule or equivalent. Tick whether normal or abnormal. Any abnormal findings or comments on findings should be entered in section 321.
- 312 OCULAR MUSCLE BALANCE — Ocular muscle balance is tested at distant 5 or 6 m and near at 30–50 cm and results recorded. Presence of tropia or phoria must be entered accordingly and also whether fusional reserve testing was NOT performed and if performed whether normal or not.
- 313 COLOUR VISION — Tick appropriate box signifying if applicant is a normal trichromat or not. Indicate the colour vision testing methodology used and provide results.
- 314–316 VISUAL ACUITY TESTING AT 5 m/6m, 1m and 30–50cm — Record actual visual acuity obtained in appropriate boxes. If correction not worn nor required, put line through corrected vision boxes. Distant visual acuity to be tested at either 5 m or 6 m with the appropriate chart for that distance.
- 317 REFRACTION — Record results of refraction. Indicate also whether for class 2 applicants, refraction details are based upon spectacle prescription.
- 318 SPECTACLES — Tick appropriate box signifying if spectacles are or are not worn by applicant. If used, state whether unifocal, bifocal, varifocal or look-over.
- 319 CONTACT LENSES — Tick appropriate box signifying if contact lenses are or are not worn. If worn, state type from the following list; hard, soft, gas-permeable, disposable.
- 320 INTRA-OCULAR PRESSURE — Enter intra-ocular pressure recorded for right and left eyes and indicate whether normal or not. Also indicate method used —applanation, air, etc.
- 321 OPHTHALMOLOGICAL REMARKS AND RECOMMENDATION — Enter here all remarks, abnormal findings and assessment results. Also enter any limitations recommended. If there is any doubt about findings or recommendations, the examiner may contact the medical assessor for advice before finalising the report form.
- 322 OPHTHALMOLOGY EXAMINER'S DETAILS — The ophthalmology examiner must sign the declaration, complete his/her name and address in block capitals, contact details and lastly stamp the report with his/her designated stamp incorporating his/her AME or specialist number.
- 323 PLACE AND DATE — Enter the place (town or city) and the date of examination. The date of examination is the date of the clinical examination and not the date of finalisation of form. If the ophthalmology examination report is finalised on a different date, enter date of finalisation on section 321 as 'Report finalised on...'.

OTORHINOLARYNGOLOGY EXAMINATION REPORT FORM

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

MEDICAL IN CONFIDENCE

Applicant's details

(1) Licensing authority:		(2) Medical certificate applied for: class 1 <input type="checkbox"/> class 2 <input type="checkbox"/> class 3 <input type="checkbox"/>	
(3) Surname:		(4) Previous surname(s):	(12) Application: Initial <input type="checkbox"/> Revalidation/Renewal <input type="checkbox"/>
(5) Forename(s):		(6) Date of birth:	(7) Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
(13) Reference number:			
(401) 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 the licensing authority, recognising that these documents, or any electronically stored data, are to be used for completion of a medical assessment and will become and remain the property of the licensing authority, 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	

(402) Examination category:	(403) Otorhinolaryngological history:
Initial <input type="checkbox"/>	
Revalidation/renewal <input type="checkbox"/>	
Referral <input type="checkbox"/>	

Clinical examination

Check each item	Normal	Abnormal
(404) Head, face, neck, scalp		
(405) Buccal cavity, teeth		
(406) Pharynx		
(407) Nasal passages and naso-pharynx (incl. anterior rhinoscopy)		
(408) Vestibular system incl. Romberg test		
(409) Speech/voice		
(410) Sinuses		
(411) Ext. acoustic meati, tympanic membranes		
(412) Pneumatic otoscopy		
(413) Impedance tympanometry including Valsalva manoeuvre (initial only)		

(419) *Pure tone audiometry*

Hz	dB HL (hearing level)	
	Right ear	Left ear
250		
500		
1000		
2000		
3000		
4000		
6000		
8000		

(420) *Audiogram*

dB/HL	Legend: o = Right, x = Left, --- = Air, = Bone							
	250	500	1000	2000	3000	4000	6000	8000
-10								
0								
10								
20								
30								
40								
50								
60								
70								
80								
90								
100								
110								
120								
Hz	250	500	1000	2000	3000	4000	6000	8000

Additional testing (if indicated)	Not performed	Normal	Abnormal
(414) Speech audiometry			
(415) Posterior rhinoscopy			
(416) EOG; spontaneous and positional nystagmus			
(417) Differential caloric test or vestibular autorotation test			
(418) Mirror or fibre laryngoscopy			

(421) **Otorhinolaryngology remarks and recommendation:**

(422) **Examiner's 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.		
(423) Place and date:	ORL examiner's name and address: (block capitals)	AME or specialist stamp with No:
AME or specialist signature:	E-mail: Telephone No: Telefax No:	

INSTRUCTIONS FOR COMPLETION OF THE OTORHINOLARYNGOLOGY EXAMINATION REPORT FORM

Writing should be legible and in block capitals using a ball-point pen. Completion of this form by typing or printing is also acceptable. If more space is required to answer any question, a plain sheet of paper should be used, bearing the applicant's name, the name and signature of the AME or otorhinolaryngology specialist performing the examination and the date of signing. The following numbered instructions apply to the numbered headings on the otorhinolaryngology examination report form.

Failure to complete the medical examination report form in full, as required, or to write legibly may result in non-acceptance of the application in total and may lead to withdrawal of any medical certificate issued. The making of false or misleading statements or the withholding of relevant information by an examiner may result in criminal prosecution, denial of an application or withdrawal of any medical certificate granted.

The AME or otorhinolaryngology specialist performing the examination should verify the identity of the applicant. The applicant should then be requested to complete the sections 1, 2, 3, 4, 5, 6, 7, 12 and 13 on the form and then sign and date the consent to release of medical information (section 401) with the examiner countersigning as witness.

402 EXAMINATION CATEGORY — Tick appropriate box.

Initial — Initial examination for class 1 or class 3; also initial examination for upgrading from class 2 to 1 or 3 (notate 'upgrading' in section 403).

Referral — NON-ROUTINE examination for assessment of an ORL symptom or finding.

403 OTORHINOLARYNGOLOGICAL HISTORY — Detail here any history of note or reasons for referral.

404–413 inclusive: CLINICAL EXAMINATION — These sections together cover the general clinical examination and each of the sections should be marked (with a tick) as normal or abnormal. Any abnormal findings or comments on findings should be entered in section 421.

414–418 inclusive: ADDITIONAL TESTING — These tests are only required to be performed if indicated by history or clinical findings and are not routinely required. For each test one of the boxes must be completed — if the test is not performed then tick that box — if the test has been performed then tick the appropriate box for a normal or abnormal result. All remarks and abnormal findings should be entered in section 421.

419 PURE TONE AUDIOMETRY — Complete figures for dB HL (hearing level) in each ear at all listed frequencies.

420 AUDIOGRAM — Complete audiogram from figures as listed in section 419.

421 OTORHINOLARYNGOLOGY REMARKS AND RECOMMENDATION — Enter here all remarks, abnormal findings and assessment results. Also enter any limitations recommended. If there is any doubt about findings or recommendations the examiner may contact the medical assessor for advice before finalising the report form.

422 OTORHINOLARYNGOLOGY EXAMINER'S DETAILS — The otorhinolaryngology examiner must sign the declaration, complete his/her name and address in block capitals, contact details and lastly stamp the report with his/her designated stamp incorporating his/her AME or specialist number.

423 PLACE AND DATE — Enter the place (town or city) and the date of examination. The date of examination is the date of the clinical examination and not the date of finalisation of form. If the ORL examination report is finalised on a different date, enter date of finalisation in section 421 as 'Report finalised on...'.