

# 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  <b>cm</b>	(203) Weight  <b>kg</b>	(204) Eye Colour	(205) Hair Colour	(206) Blood Pressure - seated mmHg		(207) Pulse - resting	
					Systolic	Diastolic	Rate (bpm)	Rhythm <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

	Glasses	Contact lenses
Right eye, uncorr.	Corrected to	
Left eye, uncorr.	Corrected to	
Both eyes, uncorr.	Corrected to	

(230) Intern. vision

	Uncorrected		Corrected	
	Yes	No	Yes	No
N14 at 100 cm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Both eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(231) Near vision

	Uncorrected		Corrected	
	Yes	No	Yes	No
N5 at 30-50 cm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Both eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(232) Spectacles  
 Yes  No

(233) Contact lenses  
 Yes  No

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				

(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

(235) Urinalysis

Normal  Abnormal

Glucose	Protein	Blood	Other
<input type="checkbox"/>	<input type="checkbox"/>	<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 L: R: mmHg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(244) Other (what?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(247) Aviation medical examiner's recommendation

Name of the applicant: \_\_\_\_\_

Date of birth: \_\_\_\_\_ 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:		