MEDICAL EXAMINATION REPORT

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

Medical in Confidence

(201) Examination Category	(202) Height	(203) Weight	(204) Eye Colour	(205) Hair Colour	(206) Blood Pressure - seated mmHg		(207) Pulse - resting	
☐ Initial ☐ Revalidation ☐ Renewal ☐ Extended	cm	kg			Systolic	Diastolic	Rate (bpm)	Rhythm ☐ regular ☐ irregular

Clinical examination: 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) 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) Interm. vision	Uncorrected		Corrected	
N14 at 100 cm	Yes	No	Yes	No
Right eye	☐	☐	☐	☐
Left eye	☐	☐	☐	☐
Both eyes	☐	☐	☐	☐

(231) Near vision	Uncorrected		Corrected	
N5 at 30-50 cm	Yes	No	Yes	No
Right eye	☐	☐	☐	☐
Left eye	☐	☐	☐	☐
Both eyes	☐	☐	☐	☐

(232) Spectacles ☐ Yes ☐ No
Type:

(233) Contact lenses ☐ Yes ☐ No
Type:

Refraction	Sph	Cyl	Axis	Add
Right eye				
Left eye				

(313) Colour perception ☐ Normal ☐ Abnormal

Pseudo-isochromatic plates
No of plates:
Type:
No of errors:

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

	Right ear	Left ear
Conversational voice test (2 m) back turned to examiner	☐ Yes ☐ No	☐ Yes ☐ No

Audiometry				
Hz	500	1000	2000	3000
Right				
Left				

(236) Pulmonary function

FEV1/FVC %
☐ Normal ☐ Abnormal

(237) Haemoglobin

mmol/l
☐ Normal ☐ Abnormal

(235) Urinanalysis

☐ Normal ☐ Abnormal

Glucose	Protein	Blood	Other

Accompanying Reports	Not performed	Normal	Abnormal
(151) Psychoactive Substance Testing	☐	☐	☐
(152) Mental Health Assessment	☐	☐	☐
(238) ECG	☐	☐	☐
(239) Audiogram	☐	☐	☐
(240) Ophthalmology	☐	☐	☐
(241) ORL (ENT)	☐	☐	☐
(242) Blood lipids	☐	☐	☐
(243) Pulmonary function	☐	☐	☐
(320) Tonometry L: R: mmHg	☐	☐	☐
(244) Other (what?)	☐	☐	☐

(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:		