

LIGHT AIRCRAFT PILOT LICENCE
Shaded areas do not require completion

MEDICAL IN CONFIDENCE

MEDICAL EXAMINATION REPORT

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

	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 Yes No	Corrected Yes No
Right eye		
Left eye		
Both eyes		

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

(232) Glasses		(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			
(313) Colour perception	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>		
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"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> 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: Telephone No.: Telefax No.:	

(236) Pulmonary function	(237) Haemoglobin
FEV ₁ /FVC _____ % Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	_____ (unit) Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>
(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)	
(243) 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 <input type="checkbox"/> Medical certificate issued by undersigned (copy attached) for class LAPL <input type="checkbox"/> Unfit for class LAPL <input type="checkbox"/> Deferred for further evaluation. If yes, why and to whom?	
(248) Comments, limitations	