



TRINIDAD AND TOBAGO CIVIL AVIATION AUTHORITY

CONFIDENTIAL

MEDICAL EXAMINATION FOR GRANT/RENEWAL OF ATPL/CPL/PPL/ATCO LICENCE

Surname		First Name		Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Date of Birth		Address		Telephone No: Email:	
Type of Licence applied for	Initial <input type="checkbox"/> Renewal <input type="checkbox"/>	ATPL <input type="checkbox"/> ATCO <input type="checkbox"/>	PPL <input type="checkbox"/> Other <input type="checkbox"/>	CPL <input type="checkbox"/>	SPL <input type="checkbox"/>
Have you previously been Examined for aviation duties?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, where and when		Were you declared	Fit <input type="checkbox"/> Unfit <input type="checkbox"/>
Licence Number	Flying time (Total):		Last six months		
Aircraft presently flown	Jet <input type="checkbox"/>	Prop <input type="checkbox"/>	Helicopter <input type="checkbox"/>	Other <input type="checkbox"/>	

MEDICAL HISTORY

(To be completed by Medical Examiner)

Have you ever had or have you now any of the following: *(elaborate yes answers under remarks)*

	Yes	No		Yes	No
Frequent or severe headaches			Nervous trouble of any kind		
Dizziness or fainting spells			Any drug or narcotic habit		
Unconsciousness for any reason			Excessive drinking habit		
Eye trouble except glasses			Attempted suicide		
Hay fever			Motion sickness requiring drugs		
Asthma			Rejection for life insurance		
Heart trouble			Admission to hospital in the last two years		
High or low blood pressure			Aviation accidents		
Stomach trouble			Other accidents		
Kidney stone or blood in urine			Gynaecological/Obstetrical conditions		
Sugar or albumin in urine or Diabetes			Do you currently use any medication		
Epilepsy or fits			Do you smoke (if yes average per day)		
Colour Blindness			Other illness		
Is there any family history of Diabetes <input type="checkbox"/> Cardiovascular disease <input type="checkbox"/> Tuberculosis <input type="checkbox"/>					
Are you in good physical and mental health as far as you know and believe? Yes <input type="checkbox"/> No <input type="checkbox"/>					

Have you ever had (1) any convictions involving driving while intoxicated by, impaired by, or under the influence of alcohol or a drug; or (2) any convictions or administrative actions involving an offence(s) which resulted in the denial, suspension, cancellation, or revocation of driving privileges or which resulted in attendance at an education or rehabilitation program? Yes No

Have you seen a doctor or been treated within the last three (3) months? Yes No

Have you ever had any non-traffic convictions (misdemeanours or felonies)? Yes No

REMARKS

APPLICANT'S DECLARATION

I hereby certify that all statements and answers provided by me in this Examination form are complete and true to the best of my knowledge.	
Date _____	Signature _____

MEDICAL EXAMINATION

Height	Weight	BMI	Build: <i>Slender</i> <input type="checkbox"/> <i>Medium</i> <input type="checkbox"/> <i>Robust</i> <input type="checkbox"/> <i>Obese</i> <input type="checkbox"/>			
			Normal		Normal	
			Yes	No	Yes	No
Head, face, neck and scalp					Vascular system	
Nose					Endocrine system	
Sinuses					G-U system	
Mouth and throat					Upper and lower extremities (strength, range of motion)	
Ears, general					Spine, other musculoskeletal	
Drums (perforation)					Identifying body marks, scars, tattoos	
Eyes, general; visual fields					Skin and lymphatics	
Pupils (equality and reaction)					Psychiatric (specify any personality deviation)	
Ocular motility (associated parallel movement, nystagmus)					Neurologic (tendon reflexes, equilibrium, sense, co-ordination, etc.)	
Lungs and chest (including breasts)					General systemic	
Heart (thrust, size, rhythm, sounds)						

Blood pressure:		Pulse:		Distant vision:		Uncorrected		Corrected			
Seated	Systolic			Rate -	Right eye	6/	20/	6/	20/		
	Diastolic			Rhythm -	Left eye	6/	20/	6/	20/		
Audiogram:		<i>Normal</i> <input type="checkbox"/> <i>Abnormal</i> <input type="checkbox"/>		Near Vision:		6/		20/			
Hearing	Whispered Voice		Conversational Voice		6/		20/		6/		
Right ear	m	ft	m	ft	6/		20/		6/		
Left ear	m	ft	m	ft	6/		20/		6/		
Colour vision:		<i>Normal</i> <input type="checkbox"/> <i>Abnormal</i> <input type="checkbox"/>		30-50cm (12-20 in)							

LABORATORY EXAMINATIONS

Urinalysis:	Sugar		Albumin	
	Blood			
ECG: <i>Normal</i> <input type="checkbox"/> <i>Abnormal</i> <input type="checkbox"/> <i>Date</i>	Chest X-Ray: <i>Normal</i> <input type="checkbox"/> <i>Abnormal</i> <input type="checkbox"/>			

Summary (Abnormal findings, remarks and recommendations)

Applicant has / has not met the requirements of a Class (1) (2) (3) medical

MEDICAL EXAMINER'S DECLARATION

I hereby certify that I personally examined the applicant named on this medical examination report, and that this report with any attachment embodies my findings completely and correctly.

_____ Date _____ Medical examiner's signature _____

FOR OFFICIAL USE

REMARKS

On the above examination, I assess the examinee fit/unfit.

_____ Date

_____ Director General of Civil Aviation Authority