

PHYSICAL EXAMINATION (To be completed by DAME)

1. Mass		2. Height	
3. BMI		4. Pulse	
5. Blood pressure (sitting)			
6. Urinalysis		Appearance	pH
	Normal		Sugar
	Abnormal		Protein
			Blood

Mark appropriate column	N	ABN	Mark appropriate column	N	ABN	Mark appropriate column	N	ABN
7. Head, face, scalp and neck			13. Heart			19. Lower limbs		
8. Nose and sinuses			14. Vascular & lymphatics			20. Spine & musculo-skeletal		
9. Ears and eardrums			15. Abdomen			21. Skin		
10. Valsalva (patent bilaterally)			16. Genito-urinary system			22. Identifying body marks		
11. Romberg			17. Neurological system			23. Psychological evaluation		
12. Lungs, chest and breast			18. Upper limbs			24. Any other problems		

DESCRIPTION OF FINDINGS (Describe every abnormality in detail. Attach additional pages, if necessary.)

VISUAL EXAMINATION

Visual Acuity Tests
 1. Snellens Charts or Similar other Optotypes 2. Should be conducted in environment the level of illumination should correspond to ordinary office illumination.
 Applicants who do not meet standards prescribed will be referred to the Medical Assessor/ Aeromedical Committee on a Case-by-Case basis

History	Y	N	10. Distance acuity at 6m :			12. Near vision (N5 at 30-50 cm)		
1. Exam performed by AME				Uncorrected	Corrected		Uncorrected	Corrected
2. Spectacles used regularly			Both					
3. Contact lenses used regularly, should be well tolerated, monofocal and non-tinted.			Right					
Examination	N	abN	Left					
4. Orbit and adnexae			13. Phorias			14. Colour vision		
5. Eye movements			Distance vertical		Test used	Number of plates	Number correct	
6. Visual fields			Distance horizontal					
7. Near point of convergence			Near vertical		Lantern test previously performed? State date and result			
8. Pupils			Near horizontal					
9. Fundoscopy			15. Previous eye surgery performed – state date and procedure					
			16. Sunglasses worn during the exercise of privileges of the licence or rating held should be non-polarizing and a neutral grey tint					

AUDIOGRAM (dB hearing loss)								SPECIAL INVESTIGATIONS			
	250	500	1000	2000	3000	4000	6000		Date performed	Result	Next, if indicated
Right								1. Resting ECG			
Left								2. Stress-ECG			
ANY OTHER TESTS PERFORMED Type and result								3. Lung function test			
								4. Lipogram			
								5. Chest X-ray			

CVD RISK FACTOR ASSESSMENT											
Item	Y	N	Item	Y	N	Item	Y	N	Item	Y	N

(+) Family history			Obesity			Smoking			High cholesterol		
Age			Hypertension			Lack of exercise			Diabetes		
Gender											

SUMMARY OF FINDINGS

Significant history:

Abnormal findings:

Additional reports required:

AVIATION MEDICAL EXAMINER ASSESSMENT AND DECLARATION

I hereby certify that I have personally reviewed the medical history and personally examined the applicant named in this report. This report and attachments embody my findings completely and correctly.

Recommendation	Dates	Restrictions/comments
Fit	From	
Temporary unfit		
Unfit		
Class	To	
Licence type		
SIGNATURE OF EXAMINER		NAME IN BLOCK LETTERS
EXAMINER'S NUMBER		DATE
EXAMINER'S TELEPHONE NUMBER		

FOR OFFICE USE ONLY

This certifies that the applicant is

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Fit	From	
Temporary unfit		
Unfit		
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