

Bhutan Civil Aviation Requirements
Bhutan Civil Aviation Authority

Medical Requirements for Aircrew (BCAR-ARA (MED))



Bhutan Civil Aviation Requirements
Medical Requirements for Aircrew (BCAR – ARA
(MED)

Initial Issue
(01 July 2023)

**Bhutan Civil Aviation Requirements
Bhutan Civil Aviation Authority**

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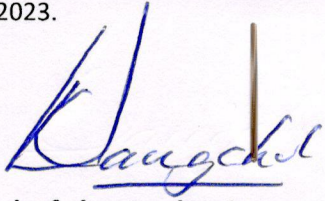
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FOREWARD

The Bhutan Civil Aviation Authority is pleased to issue Bhutan Civil Aviation Requirements – Authority Requirement Aircrew (Medical) (BCAR-ARA(MED)) initial issue establishing authority requirements for the implementation and enforcement of Civil Aviation Act of Bhutan 2016 and implementing rules and regulations regarding.

These requirements have been developed under the South Asian Regional Initiative (SARI) to harmonize the Aircrew requirements in the region.

This BCAR- MED shall supersede the all the medical requirements issued earlier. It shall come into force from 1 July 2023.



**Head of the Authority
Bhutan Civil Aviation Authority**

DIRECTOR
Bhutan Civil Aviation Authority
Paro : Bhutan



LIST EFFECTIVE PAGES

Subpart	Page No.	Issue/Rev No	Amendment Date
MED	1	01/00	01 July 2023
	2	01/00	01 July 2023
	3	01/00	01 July 2023
	4	01/00	01 July 2023
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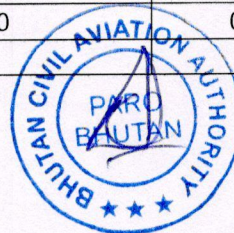


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SUBPART MED – SPECIFIC REQUIREMENTS RELATING TO AERO-MEDICAL CERTIFICATION

SECTION I – GENERAL

ARA.MED.120 Medical assessors

The BCAA shall appoint one or more medical assessor(s) to undertake the tasks described in this Section. The medical assessor shall be licensed and qualified in medicine and have:

- (a) postgraduate work experience in medicine of at least 5 years;
- (b) specific knowledge and experience in aviation medicine; and
- (c) specific training in medical certification.

AMC1 ARA.MED.120 Medical assessors

EXPERIENCE AND KNOWLEDGE

Medical assessors should:

- (a) have considerable experience of aero-medical practice and have undertaken a minimum of 50 class 1 medical examinations or equivalent; and
- (b) maintain their medical professional competence in aviation medicine. The following should count towards maintaining medical professional competence:
 - (1) undertaking regular refresher training;
 - (2) participating in international aviation medicine conferences;
 - (3) undertaking research activities, including publication of results of the research.

AMC2 ARA.MED.120 Medical assessors

TASKS

Medical assessors should:

- (a) provide lectures in basic, advanced and refresher training courses for aero-medical examiners (AMEs);
- (b) carry out supervision and audits of AMEs; and
- (c) perform the aero-medical assessment of applicants for, or holders of, medical certificates after referral to the licensing authority.

ARA.MED.125 Referral to the licensing authority

When an aero-medical examiner (AME) has referred the decision on the fitness of an applicant to the licensing authority:

- (a) the medical assessor designated by the BCAA shall evaluate the relevant medical documentation and request further medical documentation, examinations and tests where necessary; and
- (b) the medical assessor shall determine the applicant's fitness for the issue of a medical certificate with one or more limitation(s) as necessary.

AMC1 ARA.MED.125 Referral to the licensing authority

REFERRAL TO THE LICENSING AUTHORITY

- (a) The BCAA should supply the AME with all necessary information that led to the decision on aero-medical fitness.
- (b) The BCAA should ensure that unusual or borderline cases are evaluated on a common basis.

ARA.MED.130 Medical certificate format

The medical certificate shall conform to the following specifications:

- (a) Content
 - (1) State where the pilot licence has been issued or applied for (I),
 - (2) Class of medical certificate (II),
 - (3) License No (III),
 - (4) Name of holder (IV),
 - (5) Nationality of holder (VI),
 - (6) Date of birth of holder: (dd/mm/yyyy) (XIV),
 - (7) Signature of holder (VII),
 - (8) Limitation(s) (XIII),
 - (9) Expiry date of the medical certificate (IX) for:
 - (i) Class 1 single pilot commercial operations carrying passengers,)
 - (ii) Class 1 other commercial operations,
 - (iii) Class 2,
 - (iv) reserved
 - (10) Date of medical examination
 - (11)
 - (12) Date of last electrocardiogram


- (13) Date of last audiogram
 - (14) Date of issue and signature of the AME or medical assessor that issued the certificate..
 - (15) Seal or stamp (XI)
- (b) Material: the paper or other material used shall prevent or readily show any alterations or erasures. Any entries or deletions to the form shall be clearly authorised by the BCAA.
- (c) Language: Certificates shall be written in the in English.
- (d) All dates on the medical certificate shall be written in a dd/mm/yyyy format.

AMC1 ARA.MED.130 Medical certificate format

STANDARD MEDICAL CERTIFICATE FORMAT

The format of the medical certificate should be as shown below.

Class 1 medical certificate:

<p>Bhutan Civil Aviation Authority Royal Government of Bhutan</p>  <p>Class 1 MEDICAL CERTIFICATE Issued in accordance with Part-MED This medical certificate complies with ICAO Annex 1</p>	<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 15%;">Last date</th> <th style="width: 15%;">Due date</th> </tr> </thead> <tbody> <tr> <td>Medical Examination</td> <td></td> <td></td> </tr> <tr> <td>ECG</td> <td></td> <td></td> </tr> <tr> <td>Audiogram</td> <td></td> <td></td> </tr> </tbody> </table> <p>MED.A.020 Decrease in medical fitness (a) License holders shall not exercise the privileges of their license and related ratings or certificates at any time when they:</p> <ul style="list-style-type: none"> (1) are aware of any decrease in their medical fitness that might render them unable to safely exercise those privileges; (2) take or use any prescribed or non-prescribed medication that is likely to interfere with the safe exercise of the privileges of the applicable license; or (3) Receive any medical, surgical or other treatment that is likely to interfere with flight safety. <p>(b) In addition, license holders shall, without undue delay, seek aero- medical advice when they:</p> <ul style="list-style-type: none"> (1) have undergone a surgical operation or invasive procedure; (2) have commenced the regular use of any medication; 		Last date	Due date	Medical Examination			ECG			Audiogram		
	Last date	Due date											
Medical Examination													
ECG													
Audiogram													

- (3) have suffered any significant personal injury involving incapacity to function as a member of the flight crew;
- (4) have been suffering from any significant illness involving incapacity to function as a member of the flight crew;
- (5) are pregnant;
- (6) have been admitted to hospital or medical clinic; or
- (7) first require correcting lenses.

License	Class 1- CPL/ATPL
Initial Examinations	Jigme Dorji Wangchuk National Referral Hospital(JDWRNH), Thimphu
Medical Certificate Validity	For Multi-pilot Aircraft: -Under 60 yrs-12 months -60 yrs. and above- 6 months For Single Pilot Aircraft: -Under 40 yrs-12 Months -40 yrs. and above-6 months
ECG	Initial Under 30 years- 5 yearly 30-39 years-2 yearly 40-49 years-annually 50 plus years- every revalidation or renewal examination
Estimation of serum Lipids, including cholesterol (Lipid Profile)	Initial First examination at after reaching 40 years

License	Class 1- CPL/ATPL
Pulmonary morphological and functional test	Initial
Hemoglobin test	Every examination
Urinalysis	Every Examination
Mental Health Assessment	Initial
Drug and alcohol	Initial (BCAA shall conduct the Test)
Ophthalmology	-comprehensive eye examination in initial and clinically indicated examination - routine eye examination in every examination
Ishihara test for color vision	Initial
Comprehensive ENT	Initial
Audiogram	Initial Under 40 years- 5 yearly 40 and above – 2 yearly

Remark:


Any test may be required at any time if clinically indicated

The periodicity of the examination agrees with the BCAA regulations, sub examinations maybe anticipated in order to coincide with the periodical examination.

<p>I State of Pilot License issue : Bhutan Authority of Pilot Licesne Issue : BCAA</p>	<p>X Date of issue: (dd/mm/yyyy)</p> <p>Signature of issuing AME/medical assessor:</p>
<p>III License number:</p>	
<p>IV Last and first name of holder:</p>	
<p>XIV Date of birth: (dd/mm/yyyy):</p>	<p>XI Seal or Stamp:</p>
<p>VI Nationality:</p>	
<p>VII Signature of holder:</p>	

IX Expiry date of this certificate		XIII Limitations: Code. Description :
Type of class 1 certificate	Date of Expiry	
Class 1 Multi Pilot Aircraft Operations		
Class 1 Single Pilot Aircraft Operations		
<p><i>Note: Please enter date of expiry in any one in above table only</i></p> <p>Validity</p> <ol style="list-style-type: none"> 1. Class 1 medical certificates shall be valid for a period of 12 months. 2. By derogation from point (1), the period of validity of class 1 medical certificates shall be 6 months for license holders who: <ol style="list-style-type: none"> I. are engaged in single-pilot commercial air transport operations carrying passengers and have reached the age of 40; II. Have reached the age of 60. 		Remarks/Comments

Class 2 medical certificate:

<p>Bhutan Civil Aviation Authority Royal Government of Bhutan</p>  <p>Class 2 MEDICAL CERTIFICATE Issued in accordance with Part-MED This medical certificate complies with ICAO Annex 1</p>	<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="width: 70%;"></td> <td style="width: 15%;">Last date</td> <td style="width: 15%;">Due date</td> </tr> <tr> <td>Medical Examination</td> <td></td> <td></td> </tr> <tr> <td>ECG</td> <td></td> <td></td> </tr> <tr> <td>Audiogram</td> <td></td> <td></td> </tr> </table> <p>MED.A.020 Decrease in medical fitness (a) License holders shall not exercise the privileges of their license and related ratings or certificates at any time when they:</p> <p>(1) are aware of any decrease in their medical fitness that might render them unable to safely exercise those privileges;</p> <p>(2) take or use any prescribed or non-prescribed medication that is likely to interfere with the safe exercise of the privileges of the applicable license; or</p> <p>(3) Receive any medical, surgical or other treatment that is likely to interfere with flight safety.</p> <p>(b) In addition, license holders shall, without undue delay, seek aero- medical advice when they:</p> <p>(1) have undergone a surgical operation or invasive procedure;</p> <p>(2) have commenced the regular use of any medication;</p>		Last date	Due date	Medical Examination			ECG			Audiogram																		
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<p>(3) have suffered any significant personal injury involving incapacity to function as a member of the flight crew;</p> <p>(4) have been suffering from any significant illness involving incapacity to function as a member of the flight crew;</p> <p>(5) are pregnant;</p> <p>(6) have been admitted to hospital or medical clinic; or</p> <p>(7) first require correcting lenses.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 25%;">License</th> <th style="width: 75%;">Class 2- Air Traffic controller License</th> </tr> </thead> <tbody> <tr> <td>Initial Examinations</td> <td>Jigme Dorji Wangchuk National Referral Hospital(JDWRNH), Thimphu</td> </tr> <tr> <td>Medical Certificate Validity</td> <td>-Under 40 yrs.-60months (maximum age allowed with this validity is 42 -40 yrs. to 50 yrs.- 24 months(maximum age allowed with this validity is 51 -50 yrs. above- 12 months</td> </tr> <tr> <td>ECG</td> <td>Initial Then first examination after age 40 and 50 50 plus years- 2 yearly</td> </tr> <tr> <td>Urinalysis</td> <td>Every Examination</td> </tr> </tbody> </table>	License	Class 2- Air Traffic controller License	Initial Examinations	Jigme Dorji Wangchuk National Referral Hospital(JDWRNH), Thimphu	Medical Certificate Validity	-Under 40 yrs.-60months (maximum age allowed with this validity is 42 -40 yrs. to 50 yrs.- 24 months(maximum age allowed with this validity is 51 -50 yrs. above- 12 months	ECG	Initial Then first examination after age 40 and 50 50 plus years- 2 yearly	Urinalysis	Every Examination	<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="width: 50%;">License</th> <th style="width: 50%;">Class 2- Air Traffic controller License</th> </tr> </thead> <tbody> <tr> <td>Pulmonary morphological and functional test</td> <td>If clinically indicated</td> </tr> <tr> <td>Hemoglobin test</td> <td>Every examination</td> </tr> <tr> <td>Mental Health Assessment</td> <td>Initial</td> </tr> <tr> <td>Drug and alcohol</td> <td>Initial (BCAA shall conduct the test)</td> </tr> <tr> <td>Ophthalmology</td> <td>-comprehensive eye if clinically indicated - routine eye examination in initial and every examination</td> </tr> <tr> <td>Ishihara test for color vision</td> <td>Initial</td> </tr> <tr> <td>Comprehensive ENT</td> <td>Initial</td> </tr> <tr> <td>Audiogram</td> <td>Initial Under 40 years- 5 yearly 40 and above – 2 yearly</td> </tr> </tbody> </table> <p>Remark: Any test may be required at any time if clinically indicated</p> <p>The periodicity of the examination agrees with the BCAA regulations, sub examinations maybe anticipated in order to coincide with the periodical examination.</p>	License	Class 2- Air Traffic controller License	Pulmonary morphological and functional test	If clinically indicated	Hemoglobin test	Every examination	Mental Health Assessment	Initial	Drug and alcohol	Initial (BCAA shall conduct the test)	Ophthalmology	-comprehensive eye if clinically indicated - routine eye examination in initial and every examination	Ishihara test for color vision	Initial	Comprehensive ENT	Initial	Audiogram	Initial Under 40 years- 5 yearly 40 and above – 2 yearly
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<p>I State of ATC License issue : Bhutan Authority of ATC Licesne Issue : BCAA</p>		<p>X Date of issue: (dd/mm/yyyy)</p> <p>Signature of issuing AME/medical assessor:</p>
<p>III Licesne number:</p>		<p>XI Seal or Stamp:</p>
<p>IV Last and first name of holder:</p>		
<p>XIV Date of birth: (dd/mm/yyyy):</p>		
<p>VI Nationality:</p>		
<p>VII Signature of holder:</p>		

<p>IX Expiry date of this certificate</p> <div style="border: 1px solid black; height: 25px; width: 100%; margin: 10px 0;"></div> <p>Class 2 medical certificates shall be valid for a period of:</p> <ul style="list-style-type: none"> i. 60 months, until the license holder reaches the age of 40. A medical certificate issued prior to the license holder reaching the age of 40 shall cease to be valid after the license holder reaches the age of 42; ii. 24 months, for license holders aged between 40 and 50. A medical certificate issued prior to the license holder reaching the age of 50 shall cease to be valid after the license holder reaches the age of 51; iii. 12 months, for license holders aged above 50. 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50px; text-align: center; vertical-align: top;">XIII</td> <td style="padding: 5px;">Limitations: Code.</td> </tr> <tr> <td></td> <td style="padding: 5px;">Description :</td> </tr> <tr> <td colspan="2" style="border-top: 1px solid black; padding: 5px;">Remarks/Comments</td> </tr> </table>	XIII	Limitations: Code.		Description :	Remarks/Comments	
XIII	Limitations: Code.						
	Description :						
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* Date of issue is the date the certificate is issued and signed

ARA.MED.135 Aero-medical forms

2

The BCAA shall use forms for:

- (a) the application form for a medical certificate;
- (b) the examination report form for class 1 and class 2 applicants; and
- (c) reserved

AMC1 ARA.MED.135 (a) Aero-medical forms

APPLICATION FORM FOR A MEDICAL CERTIFICATE

The form referred to in [ARA.MED.135 \(a\)](#) should reflect the information indicated in the following form and corresponding instructions for completion.

APPLICATION FORM FOR A MEDICAL CERTIFICATE			
Complete this page fully and in block capitals - Refer to instructions pages for details.			
MEDICAL IN CONFIDENCE			
(1) State of license issue:	(2) Medical certificate applied for: class 1 <input type="checkbox"/> class 2 <input type="checkbox"/>		
(3) Surname:	(4) Previous surname(s):	(12) Application Initial <input type="checkbox"/> Revalidation/Renewal <input type="checkbox"/>	
(5) Fore names:	(6) Date of birth (dd/mm/yyyy):	(7) Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	(13) CID or Passport No :
(8) Place and country of birth:	(9) Nationality:		(14) Type of license applied for:
(10) Permanent address: Country: Telephone No.: Mobile No.: e-mail:	(11) Postal address (if different) Country: Telephone No.:	(15) Occupation (principal)	
		(16) Employer	
		(17) Last medical examination Date: Place:	
(18) Aviation license(s) held (type): License number: State of issue:		(19) Any Limitations on License/ Medical Certificate No <input type="checkbox"/> Yes <input type="checkbox"/> Details:	
(20) Have you ever had an aviation medical certificate denied, suspended or revoked by any licensing authority? No <input type="checkbox"/> Yes <input type="checkbox"/> Date: Country: Details:	(21) Flight time hours total:	(22) Flight time hours since last medical:	
	(23) Aircraft class /type(s) presently flown:		
(24) Any aviation accident or reported incident since last medical examination? No <input type="checkbox"/> Yes <input type="checkbox"/> Date: Place: Details:	(25) Type of flying intended:		
	(26) Present flying activity: Single pilot <input type="checkbox"/> Multi pilot <input type="checkbox"/>		
(27) Do you drink alcohol? <input type="checkbox"/> No <input type="checkbox"/> Yes, amount	(28) Do you currently use any medication? No <input type="checkbox"/> Yes <input type="checkbox"/> State drug, dose, date started and why:		
(29) Do you smoke tobacco? <input type="checkbox"/> No, never <input type="checkbox"/> No, date stopped: <input type="checkbox"/> Yes, state type and amount:			

General and medical history: Do you have, or have you ever had, any of the following? (Please tick). If yes, give details in remarks section (30).

Yes		No		Yes		No		Family history of:		Yes		No					
101 Eye trouble/eye operation				112 Nose, throat or speech disorder				123 Malaria or other tropical disease				170 Heart disease					
102 Spectacles and/or contact lenses ever worn				113 Head injury or concussion				124 A positive HIV test				171 High blood pressure					
				114 Frequent or severe headaches				125 Sexually transmitted disease				172 High cholesterol level					
103 Spectacle/contact lens prescriptions change since last medical exam.				115 Dizziness or fainting spells				126 Sleep disorder/apnoea syndrome				173 Epilepsy					
				116 Unconsciousness for any reason				127 Musculoskeletal illness/impairment				174 Mental illness or suicide					
104 Hay fever, other allergy				117 Neurological disorders; stroke, epilepsy, seizure, paralysis, etc				128 Any other illness or injury				175 Diabetes					
105 Asthma, lung disease								129 Admission to hospital				176 Tuberculosis					
106 Heart or vascular trouble				118 Psychological/psychiatric trouble of any sort				130 Visit to medical practitioner since last medical examination				177 Allergy/asthma/eczema					
107 High or low blood pressure												178 Inherited disorders					
108 Kidney stone or blood in urine				119 Alcohol/drug/substance abuse				131 Refusal of life insurance				179 Glaucoma					
109 Diabetes, hormone disorder				120 Attempted suicide or self-harm				132 Refusal of flying licence				Females only:					
110 Stomach, liver or intestinal trouble				121 Motion sickness requiring medication				133 Medical rejection from or for military service							150 Gynaecological, menstrual problems		
111 Deafness, ear disorder				122 Anaemia / Sickle cell trait/other blood disorders				134 Award of pension or compensation for injury or illness							151 Are you pregnant?		
(30) Remarks: If previously reported and no change since, so state.																	
<p>(31) Declaration: I hereby declare that I have carefully considered the statements made above and to the best of my belief they are complete and correct and that I have not withheld any relevant information or made any misleading statements. I understand that, if I have made any false or misleading statements in connection with this application, or fail to release the supporting medical information, the licensing authority may refuse to grant me a medical certificate or may withdraw any medical certificate granted, without prejudice to any other action applicable under national law.</p> <p>CONSENT TO RELEASE OF MEDICAL INFORMATION: I hereby authorise the release of all information contained in this report and any or all attachments to the AME and, where necessary, to the medical assessor of the my licensing authority. Medical confidentiality will be respected at all times.</p> <p>NOTIFICATION OF DISCLOSURE OF PERSONAL DATA: I hereby declare that I have been informed and I understand that the data contained in my medical certificate according to ARA.MED.130 may be electronically stored and made available to my AME in order to provide historical data required in MED.A.035(b)(2)(ii)/(iii) and to the medical assessors of the competent authorities in order to facilitate the enforcement of ARA.MED.150(c)(4).</p> <p>.....</p>																	
Date			Signature of applicant				Signature of AME/ (medical assessor)										

INSTRUCTIONS FOR COMPLETION OF THE APPLICATION FORM FOR A MEDICAL CERTIFICATE

This application form and all attached report forms will be transmitted to the licensing authority. Medical confidentiality shall be respected at all times.

The applicant should personally complete, in full, all questions (sections) on the application form. Writing should be legible and in block capitals, using a ball-point pen. Completion of this form by typing/printing is also

acceptable. If more space is required to answer any questions, a plain sheet of paper should be used, bearing the applicant's name and signature, and the date of signing. The following numbered instructions apply to the numbered headings on the application form for a medical certificate.

Failure to complete the application form in full, or to write legibly, may result in non-acceptance of the application form. The making of false or misleading statements or the withholding of relevant information in respect of this application may result in criminal prosecution, denial of this application and/or withdrawal of any medical certificate(s) granted.

1. LICENSING AUTHORITY: State name of country this application is to be forwarded to.	17. LAST APPLICATION FOR A MEDICAL CERTIFICATE: State date (day, month, year) and place (town, country) Initial applicants state 'NONE'.
2. MEDICAL CERTIFICATE APPLIED FOR: Tick appropriate box. Class 1: Professional Pilot Class 2: Air Traffic Controller	18. LICENCE(S) HELD (TYPE): State type of licence(s) held. Enter licence number and State of issue. If no licences are held, state 'NONE'.
3. SURNAME: State surname/family name.	19. ANY LIMITATIONS ON THE LICENCE(S)/MEDICAL CERTIFICATE: Tick appropriate box and give details of any limitations on your licence(s)/medical certificate, e.g. vision, colour vision, safety pilot, etc.
4. PREVIOUS SURNAME(S): If your surname or family name has changed for any reason, state previous name(s).	20. MEDICAL CERTIFICATE DENIAL, SUSPENSION OR REVOCATION: Tick 'YES' box if you have ever had a medical certificate denied, suspended or revoked, even if only temporary. If 'YES', state date (dd/mm/yyyy) and country where it occurred.
5. FORENAME(S): State first and middle names (maximum three).	21. FLIGHT TIME TOTAL: State total number of hours flown.
6. DATE OF BIRTH: Specify in order dd/mm/yyyy.	22. FLIGHT TIME SINCE LAST MEDICAL: State number of hours flown since your last medical examination.
7. SEX: Tick appropriate box.	23. AIRCRAFT CLASS/TYPE(S) PRESENTLY FLOWN: State name of principal aircraft flown, e.g. Boeing 737, Cessna 150, etc.
8. PLACE AND COUNTRY OF BIRTH: State town and country of birth.	24. ANY AVIATION ACCIDENT OR REPORTED INCIDENT SINCE LAST MEDICAL EXAMINATION: If 'YES' box ticked, state date (dd/mm/yyyy) and country of accident/incident.
9. NATIONALITY: State name of country of citizenship.	25. TYPE OF FLYING INTENDED: State whether airline, charter, single-pilot, commercial air transport, carrying passengers, agriculture, pleasure, etc.
10. PERMANENT ADDRESS: State permanent postal address and country. Enter telephone area code as well as telephone number.	26. PRESENT FLYING ACTIVITY: Tick appropriate box to indicate whether you fly as the SOLE pilot or not.
11. POSTAL ADDRESS (IF DIFFERENT): If different from permanent address, state full current postal address including telephone number and area code. If the same, enter 'SAME'.	27. DO YOU DRINK ALCOHOL? Tick applicable box. If yes, state weekly alcohol consumption e.g. 2 litres beer.
12. APPLICATION: Tick appropriate box.	28. DO YOU CURRENTLY USE ANY MEDICATION?: If 'YES', give full details - name, how much you take and when, etc. Include any non-prescription medication.
13. REFERENCE NUMBER: Citizen identification No or Passport No	29. DO YOU SMOKE TOBACCO? Tick applicable box. Current smokers state type (cigarettes, cigars, pipe) and amount (e.g. 2 cigars daily; pipe – 1 oz. weekly)
14. TYPE OF LICENCE APPLIED FOR: State type of license applied for from the following list: Aeroplane Transport Pilot License Commercial Pilot License Air Traffic Controller License	GENERAL AND MEDICAL HISTORY All items under this heading from number 101 to 179 inclusive should have the answer 'YES' or 'NO' ticked. You should tick 'YES' if you have ever had the condition in your life and describe the condition and approximate date in the (30) remarks section. All questions asked are medically important even though this may not be readily apparent.

	<p>Items numbered 170 to 179 relate to immediate family history, whereas items numbered 150 to 151 should be answered by female applicants only.</p> <p>If information has been reported on a previous application form for a medical certificate and there has been no change in your condition, you may state 'Previously reported; no change since'. However, you should still tick 'YES' to the condition.</p> <p>Do not report occasional common illnesses such as colds.</p>
<p>15. OCCUPATION (PRINCIPAL): Indicate your principal employment.</p>	
<p>16. EMPLOYER: If principal occupation is pilot, then state employer's name or if self-employed, state 'self'.</p>	<p>31. DECLARATION AND CONSENT TO OBTAINING AND RELEASING INFORMATION: Do not sign or date these declarations until indicated to do so by the AME/GMP who will act as witness and sign accordingly.</p>

AMC1 ARA.MED.135 (b) ;(c) Aero-medical forms

MEDICAL EXAMINATION REPORT FORMS

The forms referred to in ARA.MED.135(b) and (c) should reflect the information indicated in the following forms and corresponding instructions for completion.

MEDICAL EXAMINATION REPORT FORM FOR CLASS 1 & CLASS 2 APPLICANTS

MEDICAL IN CONFIDENCE

(201) Examination category Initial <input type="checkbox"/> Revalidation <input type="checkbox"/> 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;			(222) Upper & lower limbs, joints				
(212A) visual fields			(223) Spine, other musculoskeletal				
(213) Eyes - pupils and optic fundi			(224) Neurologic - reflexes, etc.				
(214) Eyes - ocular motility; nystagmus			(225) Psychiatric				
(215) Lungs, chest, breasts			(226) Skin, identifying marks and lymphatics				
(216) Heart			(227) General systemic				
(217) Vascular system							
(228) Notes: Describe every abnormal finding. Enter applicable item number before each comment.							

Visual acuity

(229) Distant vision at 5m/6m

	Uncorrected	Corr. to	Spectacles	Contact lenses
Right eye				
Left eye				
Both eyes				

(230) Intermediate vision

N14 at 100 cm	Uncorrected		Corrected	
	Yes	No	Yes	No
Right eye				
Left eye				
Both eyes				

(231) Near vision

N5 at 30-50 cm	Uncorrected		Corrected	
	Yes	No	Yes	No
Right eye				
Left eye				
Both eyes				

(232) Spectacles

(233) Contact lenses

236) Pulmonary function **(237) Haemoglobin**

FEV ₁ /FVC _____ %	_____ (unit)
Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>

(235) Urinalysis Normal Abnormal

Glucose	Protein	Blood	Other
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Accompanying reports

	Not performed	Normal	Abnormal/Comment
(238) ECG			
(239) Audiogram			
(240) Ophthalmology			
(241) ORL (ENT)			
(242) Blood lipids			
(243) Pulmonary function			
(244) Other (what?)			

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 239/241 not performed)				
	Right ear	Left ear		
Conversational voice test (2m)	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>		
with back turned to examiner	No <input type="checkbox"/>	No <input type="checkbox"/>		
Audiometry				
Hz	500	1000	2000	3000
Right				
Left				

(247) AME recommendation:

Name of applicant:	Date of birth:	CID/Passpor No:

<input type="checkbox"/> Fit for class: -----		
<input type="checkbox"/> Medical certificate issued by undersigned (copy attached) for class: -----		
<input type="checkbox"/> Unfit for class: -----		
<input type="checkbox"/> Deferred for further evaluation. If yes, why and to whom?		
(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:	AME certificate No.:
AME signature:	E-mail:	
	Telephone No.:	
	Telefax No.:	

INSTRUCTIONS FOR COMPLETION OF THE MEDICAL EXAMINATION REPORT FORMS

The AME performing the examination should verify the identity of the applicant.

All questions (sections) on the medical examination report form should be completed in full. If an otorhinolaryngology examination report form is attached, then questions 209, 210, 211, and 234 may be omitted. If an ophthalmology examination report form is attached, then questions 212, 213, 214, 229, 230, 231, 232, and 233 may be omitted.

Writing should be legible and in block capitals using a ball-point pen. Completion of this form by typing/printing is also acceptable. If more space is required to answer any question, a plain sheet of paper should be used, bearing the applicant's name, the AME's name and signature, and the date of signing. The following numbered instructions apply to the numbered headings on the medical examination report form.

Failure to complete the medical examination report form in full, as required, or to write legibly, may result in non-acceptance of the application in total and may lead to withdrawal of any medical certificate issued. The making of false or misleading statements or the withholding of relevant information by an AME may result in criminal prosecution, denial of an application or withdrawal of any medical certificate(s) granted.

Shaded areas do not require completion for the medical examination report form for the LAPL.

201 EXAMINATION CATEGORY – Tick appropriate box.

Initial – Initial examination for either LAPL, class 1 or 2; also initial examination for upgrading from LAPL to class 2, or class 2 to 1 (notate 'upgrading' in box 248).

Renewal/Revalidation – Subsequent ROUTINE examinations.

Extended Renewal/Revalidation – Subsequent ROUTINE examinations, which include comprehensive ophthalmological and otorhinolaryngology examinations.

202 HEIGHT – Measure height, without shoes, in centimetres to nearest cm.

203 WEIGHT – Measure weight, in indoor clothes, in kilograms to nearest kg.

204 COLOUR EYE – State colour of applicant's eyes from the following list: brown, blue, green, hazel, grey, multi.

205 COLOUR HAIR – State colour of applicant's hair from the following list: brown, black, red, fair, bald.

206 BLOOD PRESSURE – Blood pressure readings should be recorded as Phase 1 for Systolic pressure and Phase 5 for Diastolic pressure. The applicant should be seated and rested. Recordings in mm Hg.

207 PULSE (RESTING) – The pulse rate should be recorded in beats per minute and the rhythm should be recorded as regular or irregular. Further comments if necessary may be written in section 228, 248 or separately.

208 to 227 inclusive constitute the general clinical examination, and each of the boxes should be marked (with a tick) as normal or abnormal.

208 HEAD, FACE, NECK, SCALP – To include appearance, range of neck and facial movements, symmetry, etc.

209 MOUTH, THROAT, TEETH – To include appearance of buccal cavity, palate motility, tonsillar area, pharynx and also gums, teeth and tongue.

210 NOSE, SINUSES – To include appearance and any evidence of nasal obstruction or sinus tenderness on palpation.

211 EARS, DRUMS, EARDRUM MOTILITY – To include otoscopy of external ear, canal, tympanic membrane. Eardrum motility by valsalva manoeuvre or by pneumatic otoscopy.

- 212 EYES – ORBIT AND ADNEXA; VISUAL FIELDS – To include appearance, position and movement of eyes and their surrounding structures in general, including eyelids and conjunctiva. Visual fields check by campimetry, perimetry or confrontation.
- 213 EYES – PUPILS AND OPTIC FUNDI – To include appearance, size, reflexes, red reflex and fundoscopy. Special note of corneal scars.
- 214 EYES – OCULAR MOTILITY, NYSTAGMUS – To include range of movement of eyes in all directions; symmetry of movement of both eyes; ocular muscle balance; convergence; accommodation; signs of nystagmus.
- 215 LUNGS, CHEST, BREASTS – To include inspection of chest for deformities, operation scars, abnormality of respiratory movement, auscultation of breath sounds. Physical examination of female applicant's breasts should only be performed with informed consent.
- 216 HEART – To include apical heartbeat, position, auscultation for murmurs, carotid bruits, palpation for trills.
- 217 VASCULAR SYSTEM – To include examination for varicose veins, character and feel of pulse, peripheral pulses, evidence of peripheral circulatory disease.
- 218 ABDOMEN, HERNIA, LIVER, SPLEEN – To include inspection of abdomen; palpation of internal organs; check for inguinal hernias in particular.
- 219 ANUS, RECTUM – Examination only with informed consent.
- 220 GENITO-URINARY SYSTEM – To include renal palpation; inspection palpation male/female reproductive organs only with informed consent.
- 221 ENDOCRINE SYSTEM – To include inspection, palpation for evidence of hormonal abnormalities/imbalance; thyroid gland.
- 222 UPPER AND LOWER LIMBS, JOINTS – To include full range of movements of joints and limbs, any deformities, weakness or loss. Evidence of arthritis.
- 223 SPINE, OTHER MUSCULOSKELETAL – To include range of movements, abnormalities of joints.
- 224 NEUROLOGIC – REFLEXES ETC. To include reflexes, sensation, power, vestibular system – balance, romberg test, etc.
- 225 PSYCHIATRIC – To include appearance, appropriate mood/thought, unusual behaviour.
- 226 SKIN, IDENTIFYING MARKS AND LYMPHATICS – To include inspection of skin; inspection, palpation for lymphadenopathy, etc. Briefly describe scars, tattoos, birthmarks, etc. which could be used for identification purposes.
- 227 GENERAL SYSTEMIC – All other areas, systems and nutritional status.
- 228 NOTES – Any notes, comments or abnormalities to be described – extra notes if required on separate sheet of paper, signed and dated.
- 229 DISTANT VISION AT 5/6 METRES – Each eye to be examined separately and then both together. First without correction, then with spectacles (if used) and lastly with contact lenses, if used. Record visual acuity in appropriate boxes. Visual acuity to be tested at either 5 or 6 metres with the appropriate chart for the distance.
- 230 INTERMEDIATE VISION AT 100 CM – Each eye to be examined separately and then both together. First without correction, then with spectacles if used and lastly with contact lenses if used. Record visual acuity in appropriate boxes as ability to read N14 at 100 cm (Yes/No).
- 231 NEAR VISION AT 30-50 CM. – Each eye to be examined separately and then both together. First without correction, then with spectacles if used and lastly with contact lenses, if used. Record visual acuity in appropriate boxes as ability to read N5 at 30-50 cm (Yes/No).

Note: Bifocal contact lenses and contact lenses correcting for near vision only are not acceptable.

- 232 SPECTACLES – Tick appropriate box signifying if spectacles are or are not worn by applicant. If used, state whether unifocal, bifocal, varifocal or look-over.
- 233 CONTACT LENSES – Tick appropriate box signifying if contact lenses are or are not worn. If worn, state type from the following list; hard, soft, gas-permeable or disposable.
- 313 COLOUR PERCEPTION – Tick appropriate box signifying if colour perception is normal or not. If abnormal; state number of plates of the first 15 of the pseudo-isochromatic plates (Ishihara 24 plates) have not been read correctly.
- 234 HEARING – Tick appropriate box to indicate hearing level ability as tested separately in each ear at 2 m.
- 235 URINALYSIS – State whether result of urinalysis is normal or not by ticking appropriate box. If no abnormal constituents, state NIL in each appropriate box.
- 236 PULMONARY FUNCTION – When required or on indication, state actual FEV1/FVC value obtained in % and state if normal or not with reference to height, age, sex and race.
- 237 HAEMOGLOBIN – Enter actual haemoglobin test result and state units used. Then state whether normal value or not, by ticking appropriate box.
- 238 to 244 inclusive: ACCOMPANYING REPORTS – One box opposite each of these sections must be ticked. If the test is not required and has not been performed, then tick the NOT PERFORMED box. If the test has been performed (whether required or on indication) complete the normal or abnormal box as appropriate. In the case of question 244, the number of other accompanying reports must be stated.
- 247 AME RECOMMENDATION – The applicant’s name, date of birth and reference number, should be entered here in block capitals. The applicable class of medical certificate should be indicated by a tick in the appropriate box. If a fit assessment is recommended and a medical certificate has been issued, this should be indicated in the appropriate box. An applicant may be recommended as fit for a lower class of medical certificate (e.g. class 2), but also be deferred or recommended as unfit for a higher class of medical certificate (e.g. class 1). If an unfit recommendation is made, applicable Part-MED paragraph references should be entered. If an applicant is deferred for further evaluation, the reason and the doctor or licensing authority to whom the applicant is referred should be indicated.
- 248 COMMENTS, LIMITATIONS, ETC. – The AME’s findings and assessment of any abnormality in the history or examination, should be entered here. The AME should also state any limitation required.
- 249 AME DETAILS – The AME should sign the declaration, complete his/her name and address in block capitals, contact details and lastly stamp the relevant section with his/her designated AME stamp incorporating his/her AME number. The GMP identification no. is the number provided by the national medical system.
- 250 PLACE AND DATE – The place (town or city) and the date of examination should be entered here. The date of examination is the date of the general examination and not the date of finalisation of the form. If the medical examination report is finalised on a different date, the date of finalisation should be entered in section 248 as ‘Report finalised on’.

GM1 ARA.MED.135 (b);(c) Aero-medical forms

OPHTHALMOLOGY AND OTORHINOLARYNGOLOGY EXAMINATION REPORT FORMS

The ophthalmology and otorhinolaryngology examination report forms may be used as indicated in the following forms and corresponding instructions for completion.

OPHTHALMOLOGY EXAMINATION REPORT FORM

Complete this page fully and in block capitals – Refer to instructions for completion.

MEDICAL IN CONFIDENCE

Applicant's details

(1) State applied to:		(2) Medical certificate applied for: class 1 <input type="checkbox"/> class 2 <input type="checkbox"/>	
(3) Surname:		(4) Previous surname(s):	(12) Application: Initial <input type="checkbox"/> Revalidation/Renewal <input type="checkbox"/>
(5) Forename(s):		(6) Date of birth:	(7) Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
(13) CID/Passport No:			
(301) Consent to release of medical information: I hereby authorise the release of all information contained in this report and any or all attachments to the AME and, where necessary, to the medical assessor of the licensing authority, recognising that these documents or electronically stored data, are to be used for completion of a medical assessment and will become and remain the property of the licensing authority, providing that I or my physician may have access to them according to national law. Medical confidentiality will be respected at all times.			
..... Date Signature of applicant Signature of AME	

(302) Examination category:	(303) Ophthalmological history:
Initial <input type="checkbox"/>	
Revalidation <input type="checkbox"/>	
Renewal <input type="checkbox"/>	
Special referral <input type="checkbox"/>	

Clinical examination

Check each item	Normal	Abnormal
(304) Eyes, external & eyelids		
(305) Eyes, Exterior (slit lamp, ophth.)		
(306) Eye position and movements		
(307) Visual fields (confrontation)		
(308) Pupillary reflexes		
(309) Fundi (Ophthalmoscopy)		
(310) Convergence	cm	
(311) Accommodation	D	

(312) Ocular muscle balance (in prisme dioptres)

Distant at 5m/6m	Near at 30-50 cm
Ortho	Ortho
Eso	Eso
Exo	Exo
Hyper	Hyper

Visual acuity

(314) Distant vision at 5m/6m Spectacles Contact lenses
 Uncorrected

Right eye	Corrected to		
Left eye	Corrected to		
Both eyes	Corrected to		

(315) Intermediate vision at 1m Spectacles Contact lenses
 Uncorrected

Right eye	Corrected to		
Left eye	Corrected to		
Both eyes	Corrected to		

(316) Near vision at 30-50cm Spectacles Contact lenses
 Uncorrected

Right eye	Corrected to		
Left eye	Corrected to		
Both eyes	Corrected to		

Tropia Yes No Phoria Yes No
 Fusional reserve testing Not performed Normal Abnormal

(313) Colour perception
 Pseudo-Isochromatic plates Type: Ishihara (24 plates)
 No of plates: No of errors:
 Advanced colour perception testing indicated YesNo

Method:
Colour SAFE Colour UNSAFE

(321) Ophthalmological remarks and recommendation:

(317) Refraction	Sph	Cylinder	Axis	Near (add)
Right eye				
Left eye				
Actual refraction examined Spectacles prescription based				
(318) Spectacles		(319) Contact lenses		
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Type:		Type:		
(320) Intra-ocular pressure				
Right (mmHg)		Left (mmHg)		
Method		Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>		

(322) Examiner's 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.		
(323) Place and date:	Ophth examiner's name and address: (block capitals)	AME or specialist stamp with No.:
AME signature:	E-mail: Telephone No.: Telefax No.:	

INSTRUCTIONS FOR COMPLETION OF THE OPHTHALMOLOGY EXAMINATION REPORT FORM

Writing should be legible and in block capitals using a ball-point pen. Completion of this form by typing or printing is also acceptable. If more space is required to answer any question, a plain sheet of paper should be used, bearing the applicant's name, the name and signature of the AME or ophthalmology specialist performing the examination and the date of signing. The following numbered instructions apply to the numbered headings on the ophthalmology examination report form.

Failure to complete the medical examination report form in full, as required, or to write legibly may result in non-acceptance of the application in total and may lead to withdrawal of any medical certificate issued. The making of false or misleading statements or the withholding of relevant information by an examiner may result in criminal prosecution, denial of an application or withdrawal of any medical certificate granted.

The AME or ophthalmology specialist performing the examination should verify the identity of the applicant. The applicant should then be requested to complete the sections 1, 2, 3, 4, 5, 6, 7, 12 and 13 on the form and then sign and date the consent to release of medical information (section 301) with the examiner countersigning as witness.

302 EXAMINATION CATEGORY – Tick appropriate box.

Initial – Initial examination for either class 1 or 2; also initial examination for upgrading from class 2 to 1 (notate 'upgrading' in section 303).

Renewal/Revalidation – Subsequent comprehensive ophthalmological examinations (due to refractive error).

Special referral – NON-ROUTINE examination for assessment of an ophthalmological symptom or finding.

303 OPHTHALMOLOGICAL HISTORY – Detail here any history of note or reasons for special referral.

304 to 309 inclusive: CLINICAL EXAMINATION – These sections together cover the general clinical examination and each of the sections should be marked (with a tick) as normal or abnormal. Any abnormal findings or comments on findings should be entered in section 321.

310 CONVERGENCE – Enter near point of convergence in cm, as measured using RAF near point rule or equivalent. Tick whether normal or abnormal. Any abnormal findings or comments on findings should be entered in section 321.

311 ACCOMMODATION – Enter measurement recorded in dioptres using RAF near point rule or equivalent. Tick whether normal or abnormal. Any abnormal findings or comments on findings should be entered in section 321.

312 OCULAR MUSCLE BALANCE – Ocular muscle balance is tested at distant 5 or 6 m and near at 30-50 cm and results recorded. Presence of tropia or phoria must be entered accordingly and also whether fusional reserve testing was NOT performed and if performed whether normal or not.

313 COLOUR PERCEPTION – Enter type of pseudo-isochromatic plates (ishihara) as well as number of plates presented with number of errors made by examinee. State whether advanced colour perception testing is indicated and what methods used (which colour lantern or anomaloscopy) and finally whether judged to be colour safe or unsafe. Advanced colour perception testing is usually only required for initial assessment, unless indicated by change in applicant's colour perception.

- 314–316 VISUAL ACUITY TESTING AT 5 m/6 m, 1 m and 30-50 cm – Record actual visual acuity obtained in appropriate boxes. If correction not worn nor required, put line through corrected vision boxes. Distant visual acuity to be tested at either 5 m or 6 m with the appropriate chart for that distance.
- 317 REFRACTION – Record results of refraction. Indicate also whether for class 2 applicants, refraction details are based upon spectacle prescription.
- 318 SPECTACLES – Tick appropriate box signifying if spectacles are or are not worn by applicant. If used, state whether unifocal, bifocal, varifocal or look-over.
- 319 CONTACT LENSES – Tick appropriate box signifying if contact lenses are or are not worn. If worn, state type from the following list; hard, soft, gas-permeable, disposable.
- 320 INTRA-OCULAR PRESSURE – Enter intra-ocular pressure recorded for right and left eyes and indicate whether normal or not. Also indicate method used – applanation, air etc.
- 321 OPHTHALMOLOGICAL REMARKS AND RECOMMENDATION – Enter here all remarks, abnormal findings and assessment results. Also enter any limitations recommended. If there is any doubt about findings or recommendations, the examiner may contact the AMS for advice before finalising the report form.
- 322 OPHTHALMOLOGY EXAMINER'S DETAILS – The ophthalmology examiner must sign the declaration, complete his/her name and address in block capitals, contact details and lastly stamp the report with his/her designated stamp incorporating his/her AME or specialist number.
- 323 PLACE AND DATE – Enter the place (town or city) and the date of examination. The date of examination is the date of the clinical examination and not the date of finalisation of form. If the ophthalmology examination report is finalised on a different date, enter date of finalisation on section 321 as 'Report finalised on

OTORHINOLARYNGOLOGY EXAMINATION REPORT FORM

Complete this page fully and in block capitals – Refer to instructions for completion.

MEDICAL IN CONFIDENCE

Applicant’s details

(1) State applied to:	(2) Medical certificate applied for: class 1 <input type="checkbox"/> class 2 <input type="checkbox"/>	
(3) Surname:	(4) Previous surname(s):	(12) Application: Initial <input type="checkbox"/> Revalidation/Renewal <input type="checkbox"/>
(5) Forename(s):	(6) Date of birth:	(7) Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
(13) CID/Passport No:		
(401) Consent to release of medical information: I hereby authorise the release of all information contained in this report and any or all attachments to the AME and, where necessary, to the medical assessor of the licensing authority, recognising that these documents, or any electronically stored data, are to be used for completion of a medical assessment and will become and remain the property of the licensing authority, providing that I or my physician may have access to them according to national law. Medical confidentiality will be respected at all times.		
..... Date Signature of applicant Signature of AME

(402) Examination category: Initial <input type="checkbox"/> Special referral <input type="checkbox"/>	(403) Otorhinolaryngological history:
--------------------------------------------------------------------------------------------------------------	---------------------------------------

Clinical examination

Check each item	Normal	Abnormal
(404) Head, face, neck, scalp		
(405) Buccal cavity, teeth		
(406) Pharynx		
(407) Nasal passages and naso-pharynx (incl. anterior rhinoscopy)		
(408) Vestibular system incl. Romberg test		
(409) Speech		
(410) Sinuses		
(411) Ext acoustic meati, tympanic membranes		
(412) Pneumatic otoscopy		
(413) Impedance tympanometry including Valsalva manoeuvre (initial only)		

Additional testing (if indicated)	Not performed	Normal	Abnormal
(414) Speech audiometry			
(415) Posterior rhinoscopy			
(416) EOG; spontaneous and positional nystagnus			
(417) Differential caloric test or vestibular autorotation test			
(418) Mirror or fibre laryngoscopy			

(421) **Otorhinolaryngology remarks and recommendation:**

(419) Pure tone audiometry

dB HL (hearing level)	Right ear	Left ear
250		
500		
1000		
2000		
3000		
4000		
6000		
8000		

(420) Audiogram

dB/HL	o = Right --- = Air x = Left = Bone							
	250	500	1000	2000	3000	4000	6000	8000
-10								
0								
10								
20								
30								
40								
50								
60								
70								
80								
90								
100								
110								
120								
Hz	250	500	1000	2000	3000	4000	6000	8000

(422) Examiner’s 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.		
(423) Place and date:	ORL examiner’s name and address: (block capitals)	AME or specialist stamp with No:
AME signature:	E-mail: Telephone No.: Telefax No.:	

INSTRUCTIONS FOR COMPLETION OF THE OTORHINOLARYNGOLOGY EXAMINATION REPORT FORM

Writing should be legible and in block capitals using a ball-point pen. Completion of this form by typing or printing is also acceptable. If more space is required to answer any question, a plain sheet of paper should be used, bearing the applicant’s name, the name and signature of the AME or otorhinolaryngology specialist performing the examination and the date of signing. The following numbered instructions apply to the numbered headings on the otorhinolaryngology examination report form.

Failure to complete the medical examination report form in full, as required, or to write legibly may result in non-acceptance of the application in total and may lead to withdrawal of any medical certificate issued. The making of false or misleading statements or the withholding of relevant information by an examiner may result in criminal prosecution, denial of an application or withdrawal of any medical certificate granted.

The AME or otorhinolaryngology specialist performing the examination should verify the identity of the applicant. The applicant should then be requested to complete the sections 1, 2, 3, 4, 5, 6, 7, 12 and 13 on the form and then sign and date the consent to release of medical information (section 401) with the examiner countersigning as witness.

402 EXAMINATION CATEGORY – Tick appropriate box.

Initial – Initial examination for class 1; also initial examination for upgrading from class 2 to 1 (notate upgrading’ in section 403)

Special Referral – NON-ROUTINE examination for assessment of an ORL symptom or finding

403 OTORHINOLARYNGOLOGICAL HISTORY – Detail here any history of note or reasons for special referral. 404-413 inclusive: CLINICAL EXAMINATION – These sections together cover the general clinical examination and each of the sections should be marked (with a tick) as normal or abnormal. Any abnormal findings or comments on findings should be entered in section 421.

414-418 inclusive: ADDITIONAL TESTING – These tests are only required to be performed if indicated by history or clinical findings and are not routinely required. For each test one of the boxes must be completed – if the test is not performed then tick that box – if the test has been performed then tick the appropriate box for a normal or abnormal result. All remarks and abnormal findings should be entered in section 421.

419 PURE TONE AUDIOMETRY – Complete figures for dB HL (hearing level) in each ear at all listed frequencies.

420 AUDIOGRAM – Complete audiogram from figures as listed in section 419.

421 OTORHINOLARYNGOLOGY REMARKS AND RECOMMENDATION – Enter here all remarks, abnormal findings and assessment results. Also enter any limitations recommended. If there is any doubt about findings or recommendations the examiner may contact the AMS for advice before finalising the report form.

- 422 OTORHINOLARYNGOLOGY EXAMINER'S DETAILS – The otorhinolaryngology examiner must sign the declaration, complete his/her name and address in block capitals, contact details and lastly stamp the report with his/her designated stamp incorporating his/her AME or specialist number.
- 423 PLACE AND DATE – Enter the place (town or city) and the date of examination. The date of examination is the date of the clinical examination and not the date of finalisation of form. If the ORL examination report is finalised on a different date, enter date of finalisation in section 421 as 'Report finalised on':

ARA.MED.145 GMP notification to the competent authority

reserved

ARA.MED.150 Record-keeping

- (a) In addition to the records required in [ARA.GEN.220](#), the BCAA shall include in its system of record-keeping details of aero-medical examinations and assessments submitted by AMEs.
- (b) All aero-medical records of licence holders shall be kept for a minimum period of 5 years after the expiry of their last medical certificate.
- (c) For the purpose of aero-medical assessments and standardisation, aero-medical records shall be made available after written consent of the applicant/licence holder to:
- (1) An AME for the purpose of completion of an aero-medical assessment;
 - (2) a medical review board that may be established by the Medical Assessor for secondary review of borderline cases;
 - (3) relevant medical specialists for the purpose of completion of an aero-medical assessment;
 - (4) the medical assessor of the competent authority of another Member State for the purpose of cooperative oversight;
 - (5) the applicant/licence holder concerned upon their written request; and
 - (6) reserved
- (d) reserved
- (e) The BCAA shall maintain lists:
- (1) of all AMEs that hold a valid certificate issued by that BCAA;

AMC1 ARA.MED.150 Record-keeping

RELEASE OF AERO-MEDICAL RECORDS

aero-medical records may also be released:

- (a) upon written request of the applicant, to management of the competent authority, for review in response to a complaint;
- (b) to research institutes for the purpose of scientific research, with assurance of de-identification prior to publication;
- (c) to any investigation body (accident, security, police), when required under national law; and

(d) for any other circumstances, as required under national law.

**ARA.MED.160 Exchange of information on medical certificates
through a central repository.**

reserved

SECTION II – AERO-MEDICAL EXAMINERS (AMES)

ARA.MED.200 Procedure for the issue, revalidation, renewal or change of an AME certificate

- (a) The certification procedure for an AME shall follow the provisions laid down in [ARA.GEN.315](#). Before issuing the certificate, the BCAA shall have evidence that the AME practice is fully equipped to perform aero-medical examinations within the scope of the AME certificate applied for.
- (b) When satisfied that the AME is in compliance with the applicable requirements, the competent authority shall issue, revalidate, renew or change the AME certificate for a period not exceeding 3 years, using the form established in appendix VII to this Part.

AMC1 ARA.MED.200 Procedure for the issue, revalidation, renewal or change of an AME certificate

INSPECTION OF THE AME PRACTICE

Before issuing the AME certificate, the Assessor should conduct an inspection of the AME practice to verify compliance with [ARA.MED.200\(a\)](#).

AMC2 ARA.MED.200 Procedure for the issue, revalidation, renewal or change of an AME certificate

The BCAA should implement a procedure to ensure, before revalidation, renewal or extension of privileges of an AME certificate, that applicants retain their level of aero-medical competency.

ARA.MED.240 General medical practitioners (GMPs) acting as AMEs

reserved

ARA.MED.245 Continuing oversight of AMEs

When developing the continuing oversight programme referred to in [ARA.GEN.305](#), the BCAA shall take into account the number of AMEs exercising their privileges within the territory.

ARA.MED.250 Limitation, suspension or revocation of an AME certificate

- (a) The BCAA shall limit, suspend or revoke an AME certificate in cases where:
 - (1) the AME no longer complies with applicable requirements;

- (2) failure to meet the criteria for certification or continuing certification;
 - (3) deficiency of aero-medical record-keeping or submission of incorrect data or information;
 - (4) falsification of medical records, certificates or documentation;
 - (5) concealment of facts appertaining to an application for, or holder of, a medical certificate or false or fraudulent statements or representations to the competent authority;
 - (6) failure to correct findings from audit of the AME practice; and
 - (7) at the request of the certified AME.
- (b) The certificate of an AME shall be automatically revoked in either of the following circumstances:
- (1) revocation of medical licence to practice; or
 - (2) removal from the Medical Register.

ARA.MED.255 Enforcement measures

If, during oversight or by any other means, evidence is found showing a non-compliance of an AME .the BCAA shall have a process to review the medical certificates issued by that AME and may render them invalid where required to ensure flight safety.

SECTION III – MEDICAL CERTIFICATION

ARA.MED.315 Review of examination reports

The BCAA shall have a process in place to:

- (a) review examination and assessment reports received from the AMEs and inform them of any inconsistencies, mistakes or errors made in the assessment process; and
- (b) assist AMEs on their request regarding their decision on aero-medical fitness in contentious cases.

AMC1 ARA.MED.315(a) Review of examination reports

GENERAL

- (a) The process to review examination and assessment reports received from AMEs aim to check all reports received.
- (b) The BCAA should take account of the proportion of inconsistencies or errors found in the assessment process and adapt the sample size accordingly and to review all reports if necessary.

ARA.MED.325 Secondary review procedure

The BCAA shall establish a procedure for the review of borderline and contentious cases with independent medical advisors, experienced in the practice of aviation medicine, to consider and advise on an applicant's fitness for medical certification.

a medical review board shall be established by the Medical Assessor for secondary review of borderline cases;

The medical review board shall comprise of the following :

1. Assessor
2. Two AME
3. Medical expert of the Borderline issue

ARA.MED.330 Special medical circumstances

Reserved

**Appendix VII to ANNEX VI (Part-ARA) – Certificate for Aeromedical
Examiners (AMEs)**

Regulation (EU) No 290/2012

CERTIFICATE FOR AERO-MEDICAL EXAMINERS (AMEs)

Bhutan Civil Aviation Authority
ROYAL GOVERNMENT OF BHUTAN

AERO-MEDICAL EXAMINER CERTIFICATE

CERTIFICATE NUMBER/REFERENCE:

Pursuant to BCAR-MED and subject to the conditions specified below, the [competent authority] hereby certifies

[NAME OF THE AERO-MEDICAL EXAMINER]

[ADDRESS OF THE AERO-MEDICAL EXAMINER]

as aero-medical examiner

CONDITIONS:

1. This certificate is limited to the privileges specified in the attachment to this AME certificate;
2. This certificate requires compliance with the implementing rules and procedures specified in Part-MED.
3. This certificate shall remain valid for a period of 3 years until [xx/yy/yyyy²] subject to compliance with the requirements of Part-MED unless it has been surrendered, superseded, suspended or revoked.

Date of issue: xx/yy/yyyy

Signature: [Competent Authority]

AERO-MEDICAL EXAMINER CERTIFICATE

Attachment to AME certificate number:

PRIVILEGES AND SCOPE

[Name and academic title of the aero-medical examiner] has obtained the privilege(s) to undertake aero-medical examinations and assessments for the issuance of medical certificates as stated in the table below and to issue these medical certificates for:

Class 2	[yes/date]
Class 1 revalidation /renewal	[yes/date]/[no]

Date of issue: xx/yy/zzzz

Signature: [Competent Authority]