

IEM FCL 3.095(c)(3)

[]AME MEDICAL EXAMINATION GUIDELINES

BEFORE STARTING THE MEDICAL EXAMINATION, CHECK BOTH THE LICENCE AND THE PREVIOUS MEDICAL CERTIFICATE. The licence is checked to verify the identity of the applicant. Should an applicant not have his/her licence or previous medical certificate, you should contact the Authority (Aeromedical Section) to check prior details and requirements. If the applicant is an initial applicant, you should have him/her satisfactorily establish their identity by other means.

The previous medical certificate is checked for limitations. The limitation 'Special Instructions – contact AMS' requires you to contact the relevant AMS for special instructions which may even require the applicant to be examined at a designated location or centre. [If a pilot has been outside the limits of JAR-FCL 3, Section 1, Subparts B or C, but has been certified after review procedure by the AMS, the limitation 'REV - Medical certificate issued after review procedure, special instructions may apply, AMS may be contacted' indicates that special instructions may apply. It allows any AME to be aware of that and to contact the AMS for more information if deemed necessary. However, the holder of the medical certificate should present the written report of the AMS concerning the review procedure to the AME to allow quicker processing (Reference JAR-FCL 3.125).]

You should then check the previous medical certificate to establish what tests are required for that medical, i.e. ECG.

Hand the applicant the Application Form and the guidelines for its completion. Instruct the applicant to complete the form but NOT to sign it until instructed. You should go over the form with the applicant elucidating further information as necessary to determine the significance of any entry and asking further questions as an aide-memoire. When you are satisfied that the form is complete and legible, request the applicant to sign and date the form and then sign yourself as witness. If the applicant refuses to complete the application form fully or refuses to sign the declaration consent to release of medical information, you must inform the applicant that you may not issue a medical certificate regardless of the result of the clinical examination; also that you must refer the complete documentation of that examination to the relevant AMS for a decision. This AMS is expected to state that their application for a medical certificate is incomplete and not acceptable.

Perform the medical examination and complete the Medical Examination Report Form as per instructions. Review all tests required and confirm all performed. If an Extended Medical Examination is being performed, confirm completion and receipt of ORL and Ophthalmology report forms.

Review all forms for correctness of answers and results. If you are satisfied that the applicant meets the JAA Standards, issue a new certificate of the appropriate class. When completing the certificate, verify that all the required information is entered and in particular that all limitations, conditions, variations and their corresponding codes are entered on Page 4. Dates of future examinations and tests can be completed at the option of the AME. Ask the applicant to then sign the certificate after your signature.

If all the JAA medical standards are not clearly met, or if a doubt exists about the fitness of the applicant for the class of medical certificate applied, either refer the decision to the AMS or deny issuance of a certificate. []He/she must be informed of their right to review by the AMS and it should be explained to them why a certificate is being denied.

Complete all forms as soon as possible and certainly within 5 days. Forward them to your national AMS (or supervisory AMS if you are an AME based in a non-JAA State). If a medical certificate has been denied or decision referred, documentation must be forwarded immediately by post and preferably also by fax.

[Amdt.5, 01.12.06]

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[] MEDICAL EXAMINATION REPORT

(201) Examination Category Initial <input type="checkbox"/> Reval/Renewal <input type="checkbox"/> Extended <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)		(207) Pulse - resting	
					Systolic	Diastolic	Rate (bpm)	Rhythm reg <input type="checkbox"/> irreg <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	Spec-	Contact
uncorrected	Tacles	lenses
Right eye	Corr. to	
Left eye	Corr. to	
Both eyes	Corr. 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) 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				

(2313) 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) 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/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:	Examiner's Name and Address:(Block Capitals)	AME Stamp with AME No.:
Authorised Medical Examiners Signature:	E-mail: Telephone No.: Telefax No.:	

(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 <input type="checkbox"/>	Abnormal <input type="checkbox"/>	
Glucose	Protein	Blood	Other

Accompanying Reports	
	Normal / Comment
(238) ECG	
(239) Audiogram	
(240) Ophthalmology	
(241) ORL (ENT)	
(243) Blood lipids	
(243) Pulmonary functions	
(244) Pulmonary function	
(246) Other (what?)	

(247) **Aviation medical examiner's recommendation**

Name of applicant: _____ Date of birth: _____

Fit Class _____

Medical certificate issued by undersigned (copy attached) class _____

Unfit class _____ (JAR-FCL 3 para _____)

Deferred for further evaluation. If yes, why and to whom?

(248) **Comments, restrictions, limitations**

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AME INSTRUCTIONS FOR COMPLETION OF THE MEDICAL EXAMINATION REPORT FORM

All questions (boxes) on the Medical Examination Report Form must 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 must be in BLOCK CAPITALS using a ball-point pen and be legible. Exert sufficient pressure to make legible copies. Completion of this form by typing/printing is both acceptable and preferable. If more space is required to answer any question, write on a plain sheet of paper the applicant's name, the information, your signature and the date signed. The following instructions apply to the same numbered headings on the Medical Examination Report Form.

NOTICE – 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 granted.

201 EXAMINATION CATEGORY – Tick appropriate box.

Initial – Initial examination for either Class 1 or 2; also initial exam. for upgrading from Class 2 to 1 (notate 'upgrading' in Section 248).

Renewal / Revalidation – Subsequent ROUTINE examinations.

Extended Renewal / Revalidation – Subsequent ROUTINE examinations which include comprehensive Ophthalmological and ORL 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 EYE COLOUR – State colour of applicants eyes from the following list: brown, blue, green, hazel, grey, multi.

205 HAIR COLOUR – State colour of applicants 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.

SECTION 208 – 227 inclusive constitute the general clinical examination and each of the sections must be checked 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.

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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, BREAST – To include inspection of chest for deformities, operation scars, abnormality of respiratory movement, auscultation of breath sounds. Physical examination of female applicants breasts should only be performed with informed consent.

216 HEART – To include apical heart beat, 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, LYMPHATICS, IDENTIFYING MARKS – 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 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.

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230 INTERMEDIATE VISION AT 1 METRE – 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 CMS. – 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 correct.]

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 [] [FEV1/FVC] – When required or on indication, state actual 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.

238–246 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 246, the number of other accompanying reports must be stated.

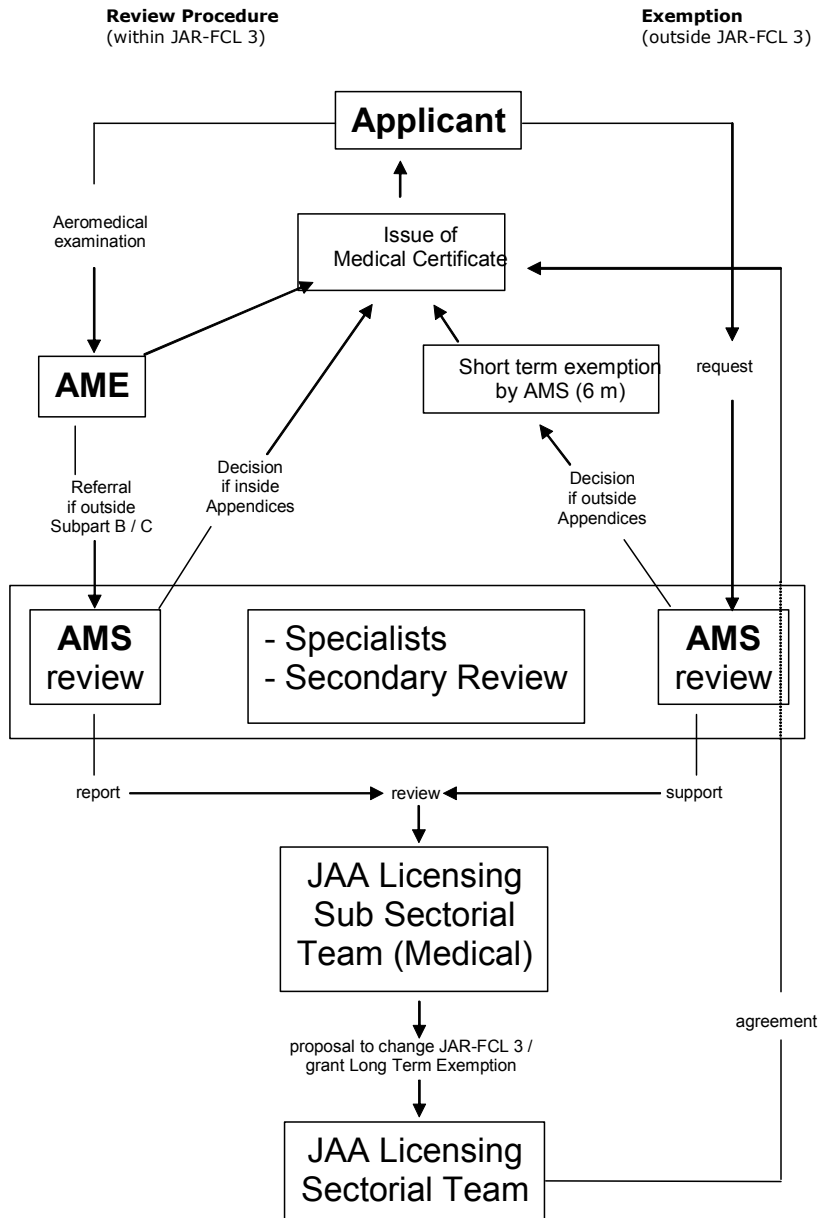
247 MEDICAL EXAMINER'S RECOMMENDATION – Enter name of applicant in Block Capitals and then tick appropriate box with applicable class of Medical Certificate. If a fit assessment is recommended, please indicate whether a Medical Certificate has been issued or not. An applicant may be recommended as Fit for Class 2 but also deferred or recommended as Unfit for Class I. If an Unfit recommendation is made, applicable JAR Med. Para No(s) must be entered. If an applicant is deferred for further evaluation, indicate the reason and the doctor to whom applicant referred.

248 COMMENTS, RESTRICTIONS, LIMITATIONS, ETC. – Enter here your findings and assessment of any abnormality in the history or examination. State also any limitation required.

249 MEDICAL EXAMINERS DETAILS – In this section the AME must sign the declaration, complete his name and address in block capitals, contact telephone number (and fax if available) and lastly stamp the relevant box with his designated AME stamp incorporating his AME number.

250 PLACE AND DATE – Enter the place (town or city) and the date of examination. The date of examination is the date of the general examination and not the date of finalisation of form. If the medical examination report is finalised on a different date, enter date of finalisation in Section 248 as 'Report finalised on'.
[Amdt.5, 01.12.06]

**IEM FCL 3.04 [] [6]
 Procedures for medical [] exemptions/[] [review procedures]
 [] [(See JAR-FCL 3.046, 3.125)]**



[Amdt.5, 01.12.06]