



DIRECTORATE GENERAL "CIVIL AVIATION ADMINISTRATION"
MEDICAL EXAMINATION REPORT FORM FOR CLASS 1, 2, ATCO, C/JC APPLICANTS

Issue 4 Rev 03/12.03.2026 AM Manual

MEDICAL IN CONFIDENCE

(201) Examination category: <input type="checkbox"/> Initial <input type="checkbox"/> Revalidation <input type="checkbox"/> Renewal <input type="checkbox"/> Special referral	(202) Height (cm)	(203) Weight (kg)	(204) Colour eye	(205) Colour hair	(206) Blood pressure seated (mmHg)	(207) Pulse resting	
						Rate (bpm)	Rhythm: regular <input type="checkbox"/> irregular <input type="checkbox"/>

Clinical exam: Check each item	Normal		Abnormal	
	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) Mental health	
(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		Spectacles	Contact lenses
		Corr. to		
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

YES NO YES NO

Type: _____ Type: _____

Refraction	Sph	Cyl	Axis	Add
Right eye				
Left eye				

(313) Colour perception

Pseudo-isochromatic plates Type: Ishihara (24 plates)

№ of plates: _____ № of errors: _____

Normal Abnormal

(234) Hearing

(when 239/241 not performed)

	Right ear	Left ear
Conversational voice test (2m) 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) 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 & address:	AME certificate №.:
AME signature:	E-mail: phone:	

(236) Pulmonary function

FEV ₁ /FVC _____ %	(237) Haemoglobin _____ (unit)
Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>

(236a) OSA screening

Applicant at risk of OSA: YES NO

Specify if applicant undergoes treatment for OSA YES NO

(235) Urinalysis

Normal Abnormal

Glucose	Protein	Blood	Other

Accompanying reports

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

(247) AME recommendation:

Name of applicant: _____ Date of birth: _____ Reference №: _____

FIT for class: _____

Medical certificate issued by undersigned for class: _____

UNFIT for class: _____

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

(248) Comments, limitations