

The image shows four biplanes flying in a loose formation against a light blue, cloudy sky. The planes are leaving long, white smoke trails that curve through the air. The planes are in various orientations, some banking and some flying straight. The colors of the planes include olive green, red, and yellow. The overall scene is dynamic and captures a moment of aerial maneuvering.

AVIATION MEDICALS

Medical examinations of pilots, to determine their health status and potential risk to aviation safety.

This involves regular checks of each individual pilot, that range from:

- Every 5 years for a Private Pilot (PPL – Class 2) aged less than 40, every 2 years when over 40; to
- Every 6 months for a Commercial Pilot (CPL – Class 1) aged over 40 if flying as a solo pilot with passengers. Most CPLs require a yearly medical.



- There are between 8,000 and 9,000 medical examinations processed by CAA each year.
- These are performed by 43 NZ-based, and 27 overseas Medical Examiners.
- The vast majority will be done in NZ.

	Description	Number
Medical Examiner stats	Domestic Medical Examiners	42
	Full ME 1	35
	ME1 interns	4
	ME2	1
	SME	2
	International Medical Examiners	27
	Full ME 1	14
	ME1 interns	12
	SME	1
	<i>International Breakdown</i>	
	European - includes UK	5
	Australasia – includes Australia, Brunei, Hong Kong, Malaysia and Singapore	16
	India	1
	South Africa	1
Fiji and Samoa	2	
Americas – including Canada	2	



CAA

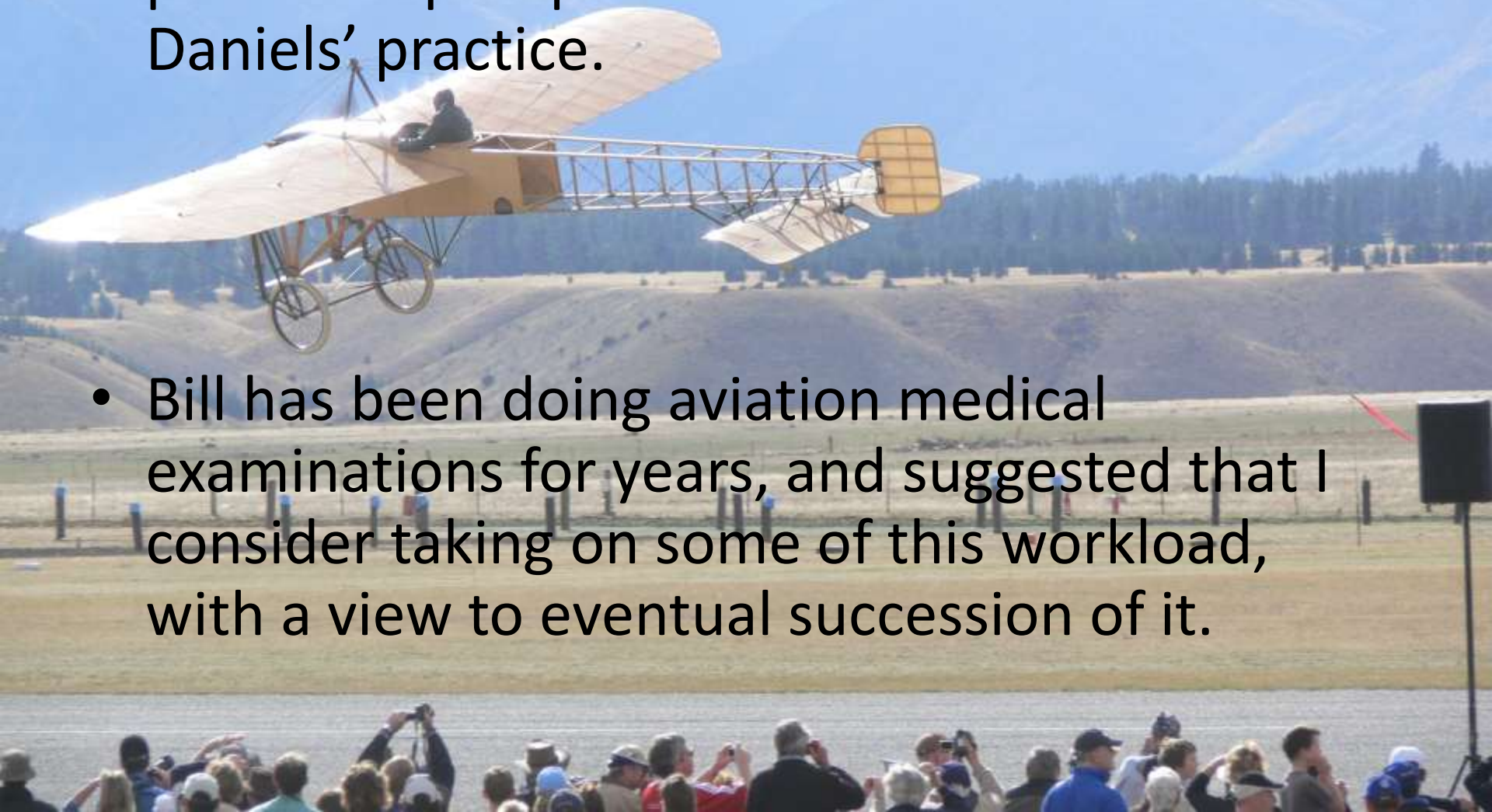
Medical Assessment Stats	Average number of medical assessments processed over a 12 month period	8,000 - 9,000
	Approximate Number of records held on site	22,000
	Average number of accredited medical conclusion assessment processed over a 12 month period	900-1000
	Number average turn around time less than or equal to 5 days	666 or 73.6%



- This is a regular, ongoing workload, generally involving the examination of healthy individuals. It is entirely privately funded, either by the pilot or by their employer.

So how did I come to be doing this?

- In 2001 I changed practice location after a partnership dispute. I moved in to Dr Bill Daniels' practice.
- Bill has been doing aviation medical examinations for years, and suggested that I consider taking on some of this workload, with a view to eventual succession of it.



What did I have to do?



Historically there have been 2 types of Designated Medical Examiners (DMEs).

- DME1 – able to perform examinations and issue certificates for all classes.
- DME2 – able to perform all examinations, but only issue certificates for PPLs.





CAA (Civilian Aviation Authority) has been actively removing DME2s as their designation expired. These were doctors with an interest in aviation medicine, but no formal training. They were given the opportunity to undertake this, but almost no-one did so. There is only 1 DME2 (and several Special MEs) – these are only granted for an area that would otherwise have no service available.

- It was clear that to do this work, I would need to be a DME1.



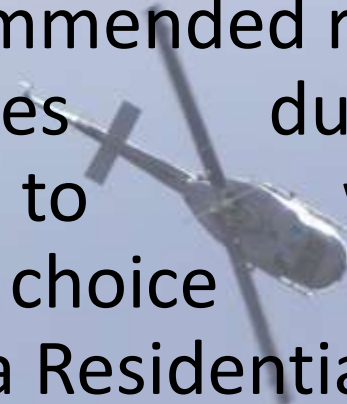
- That involved taking part of the Diploma of Aviation Medicine course.

To become a DME1, you only need two parts of a 6-semester diploma:

- Aviation Medicine
- Aviation Physiology



The Diploma semesters are distance-learning, web-based with access to the Otago University website for the recommended reading. There are 3 or 4 tele-conferences during the semester, and you are required to write 1500 word essays on three (of a choice of about 9) topics. There is also a Residential Course once a year, held in a different location each year (this year was in Auckland, has been Hawaii, Vancouver, etc in the past). You are encouraged to attend these, and they are a great learning experience, and very good fun.

A small, light-colored airplane is flying diagonally across the sky, positioned behind the text. The sky is a pale blue with soft, wispy white clouds.



Occupational and Aviation Medicine
University of Otago, Wellington


Dr Robin Griffiths

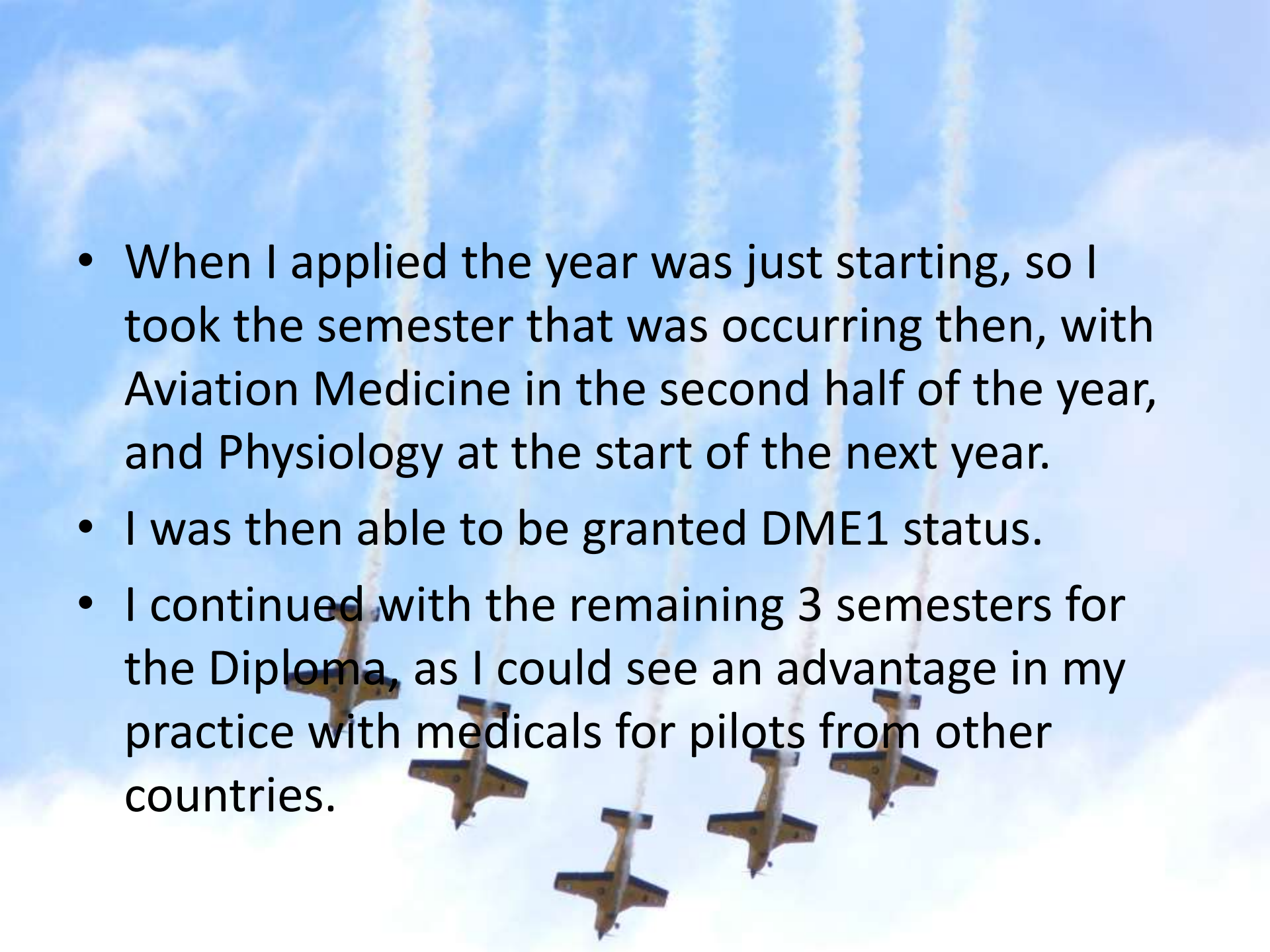
Director, Occupational and Aviation Medicine
University of Otago, Wellington
PO Box 7343, Wellington South 6242

www.medicineatotago.com

www.otago.ac.nz/aviation_medicine

www.occupationalmedicine.ae




- 
- When I applied the year was just starting, so I took the semester that was occurring then, with Aviation Medicine in the second half of the year, and Physiology at the start of the next year.
 - I was then able to be granted DME1 status.
 - I continued with the remaining 3 semesters for the Diploma, as I could see an advantage in my practice with medicals for pilots from other countries.

- As a DME you are designated by CAA to act for them, on their behalf, for a period of generally 5 years.








- This designation means that when you sign a medical certificate, you are acting as if you are the Director General of CAA.

A formation of three aircraft is performing a loop maneuver in a cloudy sky. The aircraft are positioned at the top, middle, and bottom of the loop, leaving a thick, dark smoke trail that forms the shape of the loop. The text is overlaid on the left side of the image.

It is important to remember that this is a regulatory job being done on behalf of a Government agency, not a job being done by a doctor for their patient.

- When first designated as a DME, the doctor has all examinations/certificates scrutinized for the first 20 pilot medicals. Then if all is going well, normal surveillance follows.
- Generally CAA tries to audit 1/3rd of all medical examinations and certificates.



- Support is available from CAA, either via telephone or e-mail. Any questions as to an applicant's suitability for flight should be referred to CAA. This can be informally as above, or via a   process called Accredited   Medical Conclusion.
- This is a notification  of a medical condition that does not fit the required medical standard.

AMC generally has one of three results:

- The AMC is granted to the DME, to issue a certificate with any required restrictions or conditions.
- The AMC is granted to experts appointed by CAA, who determine the risks of the condition, and advise the DME what endorsements, restrictions or surveillance to put onto a certificate.
- The AMC is granted to experts appointed by CAA, who determine that the medical condition is such that it is not safe to issue a medical certificate. In this case the DME issues a certificate as being “INELIGIBLE” based on the AMC advice.



- Generally, authority and responsibility rests with CAA, not the DME.
- CAA bears the heat of pilot complaints and legal action, not the DME.

- The only exception to this may be if the DME is acting recklessly and with no regard to set procedures and rules.

CAA does have manuals for certain conditions, to explain the requirements and the exceptions that can be made.



These are currently only available for:

- Ophthalmology
- Otorhinolaryngology, and
- Some issues in Cardiology.

- Over time a DME learns the issues and solutions for various conditions. Initially there is no alternative but to ask for advice or opinion on anything that is outside standards.

- I certainly found it easier to have an experienced DME in the same practice, and most of my questions were to him. But CAA is always willing to help, and can be called upon for any issue that arises.



DEALING WITH PILOTS

- In general pilots are fairly healthy individuals.
- They can be encouraged to stop smoking by pointing out the effects of increased cardiac risk on their medicals as they get older (a CVD risk greater than 10% requires regular proof that there is not a cardiovascular condition).
- Most are aware of the dangers of alcohol, and issues are probably more often found from drink-driving offences or reporting by other airline staff, than from the standard question on the medical application form.



Where there are medical problems it is important to work through these with the pilot, and generally try to get all the specialist advice and tests that will allow a full



assessment to be made under an AMC.

THE MEDICAL EXAMINATION





At a first medical assessment, the pilot initially fills in the application questionnaire (this must be filled in by the pilot personally).

In our practice the nurse then takes over. She checks the questions, highlights any positive answers, and asks about any omissions.

She will then check:



- Height, weight and waist circumference.
- Blood pressure.
- Urine for protein & sugar.
- Pulse.
- Peak flow. (These are done at each medical).
- ECG – resting.
- Spirometry.



- The DME then sees the applicant. Initially he checks the questionnaire and answers/explanations, and annotates these on the examination form.

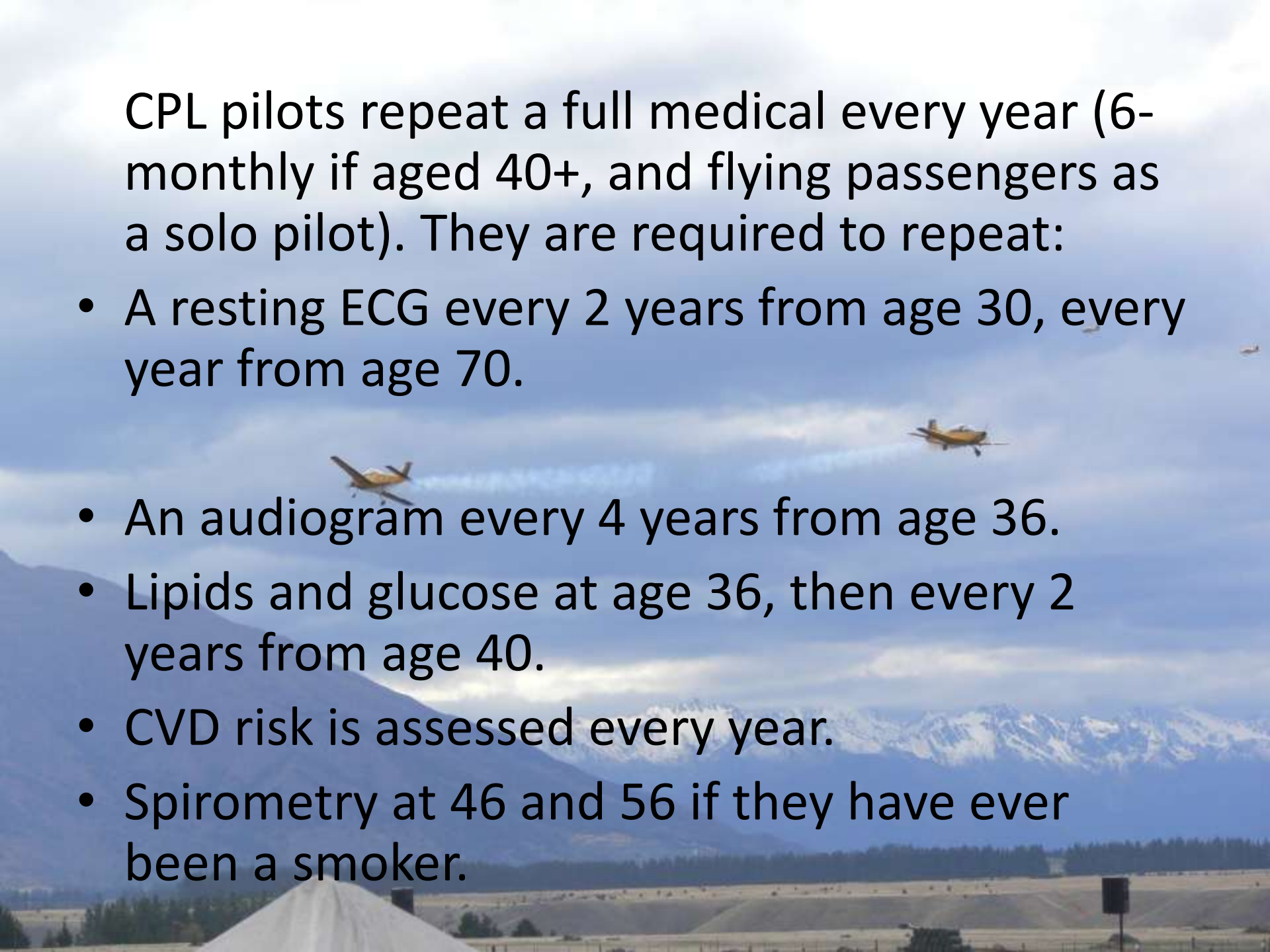


- The examination is a complete physical, with special reference to eyes and heart. It includes an assessment of visual fields, fundi, vision (distant, intermediate and near – with and without glasses/lenses), colour vision, and general check, including recording of scars and tattoos.

All applicants must also supply lipid and blood sugar tests at the first medical, CPL applicants must also supply  an Eye Specialist (CAA approved person) report, and an audiogram (also for PPL if they wish to fly IFR). The doctor may require a CXR if the applicant comes from an area of increased risk  of TB.

A DME may request any other examination or testing that they consider appropriate for that applicant.


The most common is where there is a history of asthma, when CXR and Respiratory Physician's report is often required. Any ongoing migraine problem will also require Neurologist assessment before an exemption may be made – generally only if they have resolved, or are easily treated and not debilitating.



CPL pilots repeat a full medical every year (6-monthly if aged 40+, and flying passengers as a solo pilot). They are required to repeat:

- A resting ECG every 2 years from age 30, every year from age 70.
- An audiogram every 4 years from age 36.
- Lipids and glucose at age 36, then every 2 years from age 40.
- CVD risk is assessed every year.
- Spirometry at 46 and 56 if they have ever been a smoker.

PPL pilots repeat a full medical every 5 years until aged 40, then every 2 years. They are required to repeat:

- A resting ECG at age 40, 44, 48, then 2-yearly.
 - An audiogram every 4 years from age 36 – only if they wish to fly IFR.
 - Lipids and glucose at age 40, 44, 48, then 2-yearly.
 - CVD risk is assessed every 4 years from 44, 2-yearly from 48.
 - Spirometry at 46 and 56 if they have ever been a smoker.
- 
- A small, light-colored propeller airplane is shown in flight, banking to the right. The background is a scenic landscape of rolling hills and mountains under a clear blue sky. The foreground shows a dense line of evergreen trees.

There are also Class 3 medicals – for Air Traffic Controllers.



- Their requirements are close to those for CPL (Class 1), except they are generally 2-yearly examinations.

- We keep a folder for each applicant until their application is concluded. There is a timeframe of 90 days from the initial application (generally the day the applicant comes to the practice) within which the application



must be concluded.

- Documentation of all questions, requirements, contact with pilot is essential.

First general medical examination:

- **ECG 1,2,3**
- **CVD Risk If 35+ (40+ for Class 2)**
- **Lipids/Gluc 1,2,3**
- **Audiometry 1, ?2, 3**
- **Spirometry 1,2,3**
- **CXR If pulm risk**
- **Spec Vision 1,3**
- **Colour Vision 1,2,3**

Subsequent general medical examinations:

	ECG	CVD Risk	Lipids/Gluc	Audiometry	Spirometry
• Age <30	-	-	-	-	-
• 30	1,3				
• 32	1,3				
• 34	1,3				
• 36	1,3	1,3	1,3		1, ?2, 3
• 38	1,3				
• 40	1,2,3	1,2,3	1,2,3		1, ?2,3
• 42	1,3	1,3	1,3		
• 44	1,2,3	1,2,3	1,2,3		1, ?2,3
• 46	1,3	1,3	1,3	If ever smoked	1,2,3
• 48	1,2,3	1,2,3	1,2,3		1, ?2,3
• 50	1,3	1,2,3	1,2,3		
• 52	1,2,3	1,2,3	1,2,3		1, ?2,3
• 54	1,3	1,2,3	1,2,3		
• 56	1,2,3	1,2,3	1,2,3	If ever smoked	1, ?2,3
• 58	1,3	1,2,3	1,2,3		
• 60	1, ?2,3	1,2,3	1,2,3		1,2,3
• 62	1,2,3	1,2,3	1,2,3		
• 64	1,2,3	1,2,3	1,2,3		1, ?2,3
• 66	1,2,3	1,2,3	1,2,3		
• 68	1,2,3	1,2,3	1,2,3		1, ?2,3
• 70	1,2,3	1,2,3	1,2,3		
• 71	1,3	1,2,3			
• 72	1,2,3	1,2,3	1,2,3		1, ?2,3
• 73	1,3	1,2,3			
• 74	1,2,3	1,2,3	1,2,3		
• 75	1,3	1,2,3			
• 76	1,2,3	1,2,3	1,2,3		1, ?2,3
• 77	1,3	1,2,3			
• 78	1,2,3	1,2,3	1,2,3		
• 79	1,3	1,2,3			
• 80	1,2,3	1,2,3	1,2,3		1, ?2,3

• Class 2 pilots only require an audiogram if flying Instrument Flight Rules flights. If no audiogram, then certificate must be endorsed "NOT valid for IFR flight."

Forms required for Medical Certification

- Application for Medical Certificate
- Application for Replacement of a Medical Certificate
- Medical Examination Report
- Medical Assessment Report



Application forms for a medical certificate.



Application for a Medical Certificate



I apply to the Director of Civil Aviation for a medical certificate, and hereby request a Medical Examiner to examine me for that purpose. My personal, licence, and medical details are as follows:

1. Surname: <i>If changed recently, give previous surname in brackets</i>		2. Title: Mr Mrs Miss Ms _____	3. CAA Client ID:
4. Given Name:			5. Gender: M F
6. Known as:		7. Date of Birth:	8. Age:

9. Address for Service: <small>Civil Aviation Act, s8, requires applicants to provide an address for service, to a physical NZ address and to notify the Director of any changes.</small>		10. Postal Address: <small>(if different from Address for Service)</small>	

11. Tel Business: ()	Work Fax: ()
Tel Private: ()	Home Fax: ()
12. Email:	13. Mobile:

14. Preferred method for urgent written contact: <small>(If we have to contact you urgently about personal/medical information, we need to know your preferred means of communication.)</small>	Email <input type="checkbox"/>	Home Fax <input type="checkbox"/>	Neither <input type="checkbox"/>
--	--------------------------------	-----------------------------------	----------------------------------

15. Certificate applied for:	Class 1 & 2 <input type="checkbox"/>	Class 2 <input type="checkbox"/>	Class 2 – No IFR <input type="checkbox"/>	Class 3 <input type="checkbox"/>
------------------------------	--------------------------------------	----------------------------------	---	----------------------------------

NZ Aviation document currently held:	ATPL <input type="checkbox"/>	CPL <input type="checkbox"/>	Private <input type="checkbox"/>	ATC <input type="checkbox"/>	None yet <input type="checkbox"/>
--------------------------------------	-------------------------------	------------------------------	----------------------------------	------------------------------	-----------------------------------

16. Other or previous licences: Have you ever had a civil aviation licence or medical certificate issued before, either in New Zealand or from another authority? (Give year, country and licence type/number)

17. Employer / Aero club / Training Facility:	Occupation:
---	-------------

18. Aircraft types flown recently:	Total Hours:	Last 6 months:

19. General Practitioner contact details:

20. MEDICAL HISTORY: Have you ever experienced any of the following? (circle correct answer eg Y)							
20.1	Eye or vision trouble	Y	N	20.36	Diagnosed depression	Y	N
20.2	Needed new glasses or contact lenses since last CAA medical Examination	Y	N	20.37	Anxiety disorder/panic Disorder	Y	N
20.3	Eye or corneal surgery	Y	N	20.38	Learning difficulty	Y	N
20.4	Hay fever	Y	N	20.39	Attention deficit or hyperactivity Disorder	Y	N
20.5	Middle ear infection	Y	N	20.40	Post traumatic stress disorder	Y	N
20.6	Sinusitis	Y	N	20.41	Suicide attempt	Y	N
20.7	Hearing trouble	Y	N	20.42	Any other Mental illness	Y	N
20.8	Problems with balance	Y	N	20.43	Substance dependence or substance abuse	Y	N
20.9	Any other Ears, Nose & Throat problems or surgery	Y	N	20.44	Use of legal or illegal recreational drugs or substances	Y	N
20.10	Asthma or wheezing	Y	N	20.45	Alcohol dependence or abuse	Y	N
20.11	Chronic Cough	Y	N	20.46	Muscle, bone or joint injury	Y	N
20.12	Any other lung problem	Y	N	20.47	Back pain, injury or "back trouble"	Y	N
20.13	Any shortness of breath	Y	N	20.48	Swollen or painful joints	Y	N
20.14	Pulmonary embolism or deep vein thrombosis	Y	N	20.49	Suffered any pain severe enough to be disabling	Y	N
20.15	Coughed or vomited blood	Y	N	20.50	Passed blood with or in urine or faeces	Y	N
20.16	Any severe allergy	Y	N	20.51	Kidney, bladder or prostatic disease	Y	N
20.17	Heart problem	Y	N	20.52	Easy fatigue-ability or sleep in the day	Y	N
20.18	Vascular problem	Y	N	20.53	Investigations for abnormal glucose tolerance, high blood sugar, or diabetes	Y	N
20.19	Suffered any chest pain	Y	N	20.54	Medical Certificate for absence of 7 or more days from work or school	Y	N
20.20	Rheumatic fever	Y	N	20.55	Rejection or premium loading for life or health insurance	Y	N
20.21	High or low blood pressure	Y	N	20.56	Rejection or retirement from employment on medical grounds	Y	N
20.22	Severe abdominal pain	Y	N	20.57	Admission to hospital, psychiatric or in patient facility	Y	N
20.23	Hernia	Y	N	20.58	Taken any type of medicine or alternative medicine for more than 2 weeks	Y	N
20.24	Oesophagus, Stomach, liver gall bladder or intestinal trouble	Y	N	20.59	Had a positive laboratory test for HIV infection	Y	N
20.25	Diagnosed or treated for cancer, tumour, growth or malignancy (including skin cancer)	Y	N	20.60	Investigation for any disorder	Y	N
20.26	Anaemia or blood disease	Y	N	20.61	Any major medical or surgical procedure	Y	N
20.27	Headaches/migraines which have interfered in any way with daily living?	Y	N	20.62	Day surgery	Y	N
20.28	Headaches/migraines requiring medication?	Y	N	20.63	Any other illness, disability, debility, infirmity, treatment or surgery	Y	N
20.29	Dizziness or fainting spell	Y	N	Females only			
20.30	Unconsciousness for any reason	Y	N	20.64	Any troubling menstrual problems	Y	N
20.31	Head injury	Y	N	20.65	Other gynaecological problem	Y	N
20.32	Seizures/fits	Y	N	20.66	Any obstetric problem	Y	N
20.33	Stroke	Y	N	20.67	Breast lump or other breast problem	Y	N
20.34	Paralysis	Y	N	20.68	PREGNANCY: Are you pregnant?	Y	N
20.35	Any other neurological disorder	Y	N				

21. Has any medical certificate ever been denied, suspended, or revoked within or outside of New Zealand?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
22. Have you ever been convicted of an alcohol or drug-related offence, including a drink-driving offence, or is any action pending for such an offence?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
23. Have you received any Notice under Section 27I or 27H of the Civil Aviation Act (suspension, restriction, endorsements, etc) during the period of the current or last medical certificate?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
24. FAMILY HISTORY: Have any members of your family had vascular disease, hypertension, diabetes, heart disease, psychiatric disease or neurological disease? (Please mention age)						<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Mother	Father	Siblings	Grandparents	Other		
Name of disease and age when discovered							
25. SMOKING: Have you ever smoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes:			26. ALCOHOL: Do you drink alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much do you drink per week? (be specific)				
In total, how many years have you smoked for? _____			Beer (Cans)	Wine (Glasses)	Spirits (Measures)	Total Units Weekly	
Average quantity smoked? _____ (Packs/week)							
Are you still smoking or have you smoked within the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No			I usually drink: at weekends <input type="checkbox"/> most days <input type="checkbox"/>				
27. Have you VISITED a health professional within last 3 years?						<input type="checkbox"/> Yes (explain below) <input type="checkbox"/> No	
Date	GP/Specialist	Reason					
28. Have you taken any MEDICATION in past 3 years for 2 weeks or more?						<input type="checkbox"/> Yes (explain below) <input type="checkbox"/> No	
Name	Dosage	Purpose	Date started	Date finished			
29. If you answered "Yes" to any questions from 20 to 28, please provide all details of each instance – use extra pages or attach any documents as required.							
Question No:	Details:						

30. Consent

I consent to the disclosure to the Director and, or his delegate, of any medical information relating to me, which is held by a registered medical practitioner, hospital or other organisation. I consent to the disclosure to the Director, of information about convictions for alcohol or substance abuse from the Land Transport Safety Authority or other organisations.

I hereby authorize the Director to use information obtained concerning me for any purpose authorised by law. I authorise such information to be disclosed by the Director to any person who requires such information to carry out any function authorised by law. I understand that the Director may provide relevant medical information to other international jurisdictions for the purpose of aviation medical certification.

31. Acknowledgement

I acknowledge and understand the following:

That I have obligations under the Civil Aviation Act 1990, in relation to -

1. the provision of information, for the purpose of obtaining a medical certificate. I understand that failing to comply with these obligations is an offence, and
2. advising a medical examiner or reporting to the Director if I become aware of, or suspect that there is any change in my medical condition or the existence of a previously undetected medical condition that may interfere with the safe exercise of the privileges to which my medical certificate relates, and
3. the making or causing to be made of any fraudulent, misleading, or intentionally false statement for the purpose of obtaining a medical certificate constitutes an offence under section 46B of the Civil Aviation Act 1990, and is subject, in the case of an individual, to imprisonment for a term not exceeding 12 months or to a fine not exceeding \$10,000, and
4. the failure to notify Director of any change in medical condition or the existence of a previously undetected medical condition constitutes an offence under section 46C of the Civil Aviation Act 1990, and is subject, in the case of an individual, to imprisonment for a for a term not exceeding 12 months or to a fine not exceeding \$5,000.

I have read this application form, familiarised myself with it and understand its contents, including the consent and acknowledgement in paragraphs 30 and 31. I confirm that all the information that I have entered onto this form is true and accurate in all respects:

Applicant's Signature

Date / /

I have explained this form to the applicant and confirm that he/she has signed it in my presence.

Witnessed by (ME)

Date: / /

Medical Examination Report



1. Name	2. Client ID
3. Comments and follow up on issues raised in the Application for Medical Certificate or history taking:	
History:	
Medication:	

4. CVD Risk Assessment (to be completed as per General Direction following NHF guidelines)

Height (no shoes)		cm	<p>Please detail risk factor(s) in applicable risk group for:</p> <p>Very high risk (Risk >20%) and Elevated single risk groups (Risk >15%)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>OR High Risk Groups (CVD risk as per calculation PLUS additional 5% for any or all of the special factors ticked below):</p> <p>FH premature IHD <input type="checkbox"/></p> <p>Ethnicity <input type="checkbox"/></p> <p>DM with Microalbumin <input type="checkbox"/></p> <p>Type 2 DM >10yr <input type="checkbox"/></p> <p>Type 2 DM with HbA1c >8% <input type="checkbox"/></p> <p>Metabolic Syndrome <input type="checkbox"/></p>
Weight (unclothed)		kg	
BMI			
BP		mmHg	
Pulse		per min	
Total Cholesterol		mmol/l	
HDL		mmol/l	
Triglycerides		mmol/l	
Tot Chol/HDL ratio			
Glucose (if required)		mmol/l	


Calculated 5yr Risk:

%

NB: Fresh lipids and glucose tests not required at every examination. Check GD.

5. Eyes

	Uncorrected			Corrected			Stand by correction									
	Right	Left	Both	Right	Left	Both	Right	Left	Both							
Visual acuity DISTANCE VISUAL ACUITY (6m) Std: Classes 1,3 = 6/9 Class 2 = 6/12	6/	6/	6/	6/	6/	6/	6/	6/	6/							
INTERMEDIATE VISUAL ACUITY (100cm) Std: N14	N:	N:	N:	N:	N:	N:	N:	N:	N:							
NEAR VISUAL ACUITY (33cm) Std: N5	N:	N:	N:	N:	N:	N:	N:	N:	N:							
TYPE OF CORRECTION USED: Write M for main or S for standby correction (below symbol)	NONE <input type="checkbox"/>	Bifocal 	Trifocal 	Look-over 	Progressive focus 	Contacts 	Distance Specs 									
Are the following ALL normal: Lids; Pupils; Lens; Media; Fundi; Visual Fields by confrontation;							<input type="checkbox"/> Yes	<input type="checkbox"/> No								
Eye movements and Cover tests? (if NO, elaborate)							<input type="checkbox"/> Yes	<input type="checkbox"/> No								
(Initial only and as per GD). Standard ISHIHARA 24-plate book. Are first 17 plates read with only ONE or fewer errors? Record errors below with an "x"																
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are the following normal, without unusual features? Please tick			Yes		No		NOTES: Describe below every abnormality in detail. Use and attach continuation sheets if necessary.
6.1	ENT (inc Eust tube, nasal air entry)		<input type="checkbox"/>	<input type="checkbox"/>			
6.2	Speech satisfactory		<input type="checkbox"/>	<input type="checkbox"/>			
6.3	Conversational Voice Test at 2m		<input type="checkbox"/>	<input type="checkbox"/>			
6.4	Audiogram Normal (if required)		<input type="checkbox"/>	<input type="checkbox"/>			
7	Heart (size, rhythm, sounds)		<input type="checkbox"/>	<input type="checkbox"/>			
8	Vascular system		<input type="checkbox"/>	<input type="checkbox"/>			
9	Lungs & chest		<input type="checkbox"/>	<input type="checkbox"/>			
10	Abdomen and viscera (including hernia)		<input type="checkbox"/>	<input type="checkbox"/>			
11	Lymphatic system - spleen, lymph nodes		<input type="checkbox"/>	<input type="checkbox"/>			
12	Endocrine system		<input type="checkbox"/>	<input type="checkbox"/>			
13	Genito-urinary system		<input type="checkbox"/>	<input type="checkbox"/>			
14	Skin (indicate identifying marks, scars, tattoos)		<input type="checkbox"/>	<input type="checkbox"/>			
15	Locomotor system		<input type="checkbox"/>	<input type="checkbox"/>			
16	Neurological examination (reflexes, equilibrium senses, co-ordination, etc)		<input type="checkbox"/>	<input type="checkbox"/>			
17	Psychiatric examination		<input type="checkbox"/>	<input type="checkbox"/>			
18.1	Urinalysis - No Glucose		<input type="checkbox"/>	<input type="checkbox"/>			
18.2	Urinalysis - No Protein		<input type="checkbox"/>	<input type="checkbox"/>			
19. Routine Spirometry		Predicted	Recorded				20. Routine Test Dates:
FVC (l)							Last lipids:
FEV1 (l)							ECG:
FEV1/FVC (%)							Spirometry:
PEFR (l/min)							Other Info Attached:
							Audio <input type="checkbox"/> Spec. Eye <input type="checkbox"/> Lipids/BS <input type="checkbox"/> CXR <input type="checkbox"/>
							21. Do you know the Applicant? Yes <input type="checkbox"/> No <input type="checkbox"/>
							If not, indicate below the type & number of ID used:
							Driving Licence <input type="checkbox"/> Passport/Airport Security <input type="checkbox"/> Other <input type="checkbox"/>
							Type Number
22. Any other relevant reports, findings, concerns or comments:							
		Print Examiner's Name and Address				23. Medical Examiner's Declaration:	
						I hereby certify that I personally identified and examined the applicant named on this medical report and that this report with any attached notes embodies my examination completely and correctly.	
						ME signature	

AMC form.

- **Accredited Medical Conclusion:**
- **Request for identification of experts**
-
- To: Central Medical Unit
- Civil Aviation Authority
- P O Box 31 441
- Lower Hutt Fax: +64 4 560-9470
- **Request for the Director to identify experts for Accredited Medical Conclusion**
- In the case of the application for medical certificate:
- Applicant name
- Applicant Client No
-
-
- Class(es) of medical certificate sought
- (indicate those that apply)
- Class 1
- Class 2
- Class 3
- Date of application for medical certificate
- Date of this request
-
-
- The applicant has applied to the Director of Civil Aviation (the Director), under the Civil Aviation Act 1990 (the Act), for the issue of CAA medical certificates.
- I have received the report of the medical examiner and considered this application under section 27B(1) of the Act. I am satisfied that the applicant does not meet the medical standards prescribed in Rule Part 67 of the Civil Aviation Rules. The medical conditions and likely aviation medical issues that indicate that the applicant does not meet the medical standards are:

-
- (Attach additional pages if more space is required)
- Despite the applicant not meeting the medical standards I wish to consider this application by relying on flexibility in accordance with section 27B(2) of the Act. Accordingly I request the Director to identify expert(s) for the purpose of reaching an Accredited Medical Conclusion in the case of this application.
- I have informed the applicant that they do not meet the medical standards and that I am seeking to rely on flexibility under section 27B(2) of the Act.
- I am / am not (indicate as appropriate) available and willing to be an expert for this Accredited Medical Conclusion should the Director wish to identify me for that purpose.
- **Requesting Medical Examiner:**
- Signature
- Name and address
- (Practice stamp preferred)
- Medical Examiner stamp

Forms providing/requesting additional information

Form	Updated	Title
24067-211	Apr 08	Special Eye Report (including advice on completion of the form)
24067-106	Apr 02	Consent Declaration and request regarding medical information
24067-202	Apr 02	Electrocardiograph Request
24067-203	Nov 04	Audiometry Report (including advice on completion of the form)
24067-213	Apr 02	Respiratory Examination Report
24067-214	Apr 02	Blood Pressure Examination Report
24067-215	Apr 02	Headache Investigation Report
24067-217	Apr 02	Aging Pilot Report
24067-300	May 03	Accredited Medical Conclusion - Request for Identification of Experts
MOT 1440		Special Report - Diabetes

Forms dealing with existing certificates

- Suspension of Certificate
- Restriction of Certificate
- Withdrawal of Conditions, Restrictions and Endorsements
- Cancellation of Suspension of Certificate
- Extension of Suspension of Certificate
- Extension of Restriction of Certificate
- Application for Replacement of a Medical Certificate



COSTS (approximate only)

- Medical exam + certificate \$235
- Spirometry \$ 65 (+10)
- ECG \$ 55
- Bloods \$ 25 approx
- Audiogram \$ 80 “
- Eye Specialist \$130-200
- Chest Xray \$ 85



- There is requirement that is now a legal responsibility on all medical practitioners.



- Any doctor who is aware of a medical condition in a patient that might jeopardize aviation safety is required to notify CAA of that condition, and is protected from any legal action from such disclosure.

WARBIRDS OVER WANAKA AIRSHOW – April 2006

Photography by Dr Anton Wiles
Cameras: Still photos – Panasonic FZ30
Movie shots – Sanyo FPC6

These photos are provided for personal use only.



Occupational and Aviation Medicine
University of Otago, Wellington

Dr Robin Griffiths

Director, Occupational and Aviation Medicine
University of Otago, Wellington
PO Box 7343, Wellington South 6242

www.medicineatotago.com

www.otago.ac.nz/aviation_medicine

www.occupationalmedicine.ae

