

	Company Name □□□□□□ □□□ □□□□□ □□□□□□ <b>ETHIOPIAN CIVIL AVIATION AUTHORITY</b>	Document No <b>ECAA/PEL/OF/028</b>	
	Document Title <b>Medical Examination Report</b>		Issue No 1

(1)examination category Initial Renewal Other	(2)Height in (cm)	(3)Weight In( KG)	(4)eye color	(5)Hair color	(6)Blood Pressure – seated		(7)Pulse – resting	
					Systolic	Diastolic	Rate(bpm)	Rhythm Reg <input type="checkbox"/> Irreg

**Clinical examination:** Check each item Normal Abnormal

NORMAL ABNORMAL

(8)Head, face, neck, scalp			(18)Abdomen, hernia, liver, spleen		
(9)Mouth, throat, teeth			(19)Anus, rectum (indicate if not examined)		
(10)Nose, sinuses			(20)Genito-urinary system (indicate if not examined)		
(11)Ears, especially eardrum appearance and motility			(21)Endocrine system		
(12)Eyes – orbit and adnexa; visual fields			(22)Upper and lower limbs, joints		

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(13) Eyes – pupils and optic fundi			(23) Spine, other musculoskeletal		
(14) Eyes – ocular motility; nystagmus, eye muscle balance			(24) Neurologic – reflexes, etc		
(15) Lungs, chest, breasts (indicate if breasts not examined)			(25) Psychiatric		
(16) Heart			(26) Skin and lymphatics		
(17) Vascular system			(27) General systemic		
<b>Notes:</b> Describe every abnormal finding. Enter applicable item number before each comment.				Identifying marks, tattoos, scars, etc.	

(30) Distant vision at 6 m

	Uncorrected	Glasses	Contact lenses
Right eye	Corrected to		
Left eye	Corrected to		
Both eyes	Corrected to		

(33) Spectacles

Yes  No

Type: \_\_\_\_\_

(34) Contact lenses

Yes  No

Type: \_\_\_\_\_

(35) Colour perception

Normal

Abnormal

Pseudo-isochromatic plates Type: \_\_\_\_\_

(31) Intermediate vision

Yes No Yes No

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N14 at 100  
cm


(32)Near  
vision  
N5 at 30–50  
cm

	Yes	No	Yes	No

No of plates:

No of  
errors:**(40)Hea  
ring**Right  
earLeft  
ear

When (41) not performed

Conversational voice test at

Yes Yes 

2 m back turned to examiner

No No **(41)Audiometric  
screening**

Hz

500

1000

2000

3000

Right

Left

**(50)Urinalyses    Normal    Abnormal  
recommendation**

Glucose	Protein	Blood	Other
(60) Mental health aspect discussed			
Yes	No		

**(80) Medical examiner's**



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(61) Behavioral aspects of fitness discussed.  
Yes  No

(62) Physical aspects of fitness discussed  
Yes  No

(63) Preventive health advice given.  
Yes  No

Accompanying Reports	Normal	Abnormal/Comment	Not performed
(70) ECG			
(71) Audiogram			
(72) Other			

Name of applicant \_\_\_\_\_ Date of birth: \_\_\_\_\_

Fit class \_\_\_\_\_

Medical certificate issued by undersigned \_\_\_\_\_  
(Copy attached)

Signature \_\_\_\_\_

Unfit Class \_\_\_\_\_ State Reason : \_\_\_\_\_



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Deferred for farther evaluation if yes way and to whom?

**82) Medical examiner's declaration:****(81) Comments, restrictions, limitations:**

I hereby certify that I/my DME 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.

**(83) Place and date****Examiner's Name and  
Address: (Block Capitals)****Examiner's Stamp and  
number:****Medical Examiner's signature:****E-mail:****Telephone No.:****Telefax No.:**

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**INSTRUCTIONS FOR THE MEDICAL EXAMINER ON HOW TO COMPLETE THE MEDICAL EXAMINATION REPORT FORM**

All questions (boxes) on the Medical Examination Report Form must be completed in full.

**NOTICE** — Failure to complete the medical examination report form in full as required or to write legibly may result in rejection of the application in total and may lead to withdrawal of any Medical Assessment issued. The making of false or misleading statements or the withholding of relevant information by a DME may result in disciplinary action, including criminal prosecution. Writing must be in **BLOCK LETTERS** with a black ballpoint pen and must 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 with the applicant's name and birth date, the additional information required, followed by your signature and the date. The following instructions apply to the same numbered headings on the Medical Examination Report Form.

**1. EXAMINATION CATEGORY – Tick appropriate box.**

Initial – Initial examination for either Medical Assessment Class 1, 2 or 3; also initial examination for upgrading from Class 2 to 1 (notate “upgrading” in Section 81).

Renewal – Subsequent **ROUTINE** examinations.

Other – Examinations other than initial or subsequent routine examinations.

2. **HEIGHT** – Measure height without shoes in centimetres to nearest cm.
3. **WEIGHT** – Measure weight in underwear to nearest half kilogram.
4. **EYE COLOUR** – State colour of applicant's eyes from the following list: brown, blue, green, hazel, grey, multi.
5. **HAIR COLOUR** – State colour of applicant's hair from the following list: brown, black, blonde, auburn, red, grey, white, bald.
6. **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. Recording pressure in mm Hg.
7. **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 28, 81 or separately.

**SECTIONS 8 – 27** inclusive constitute the general clinical examination and each of the sections must be checked as Normal or Abnormal.

8. **HEAD, FACE, NECK, SCALP** – **To include appearance, range of neck movements, symmetry of facial movements, etc.**
9. **MOUTH, THROAT, TEETH** – To include appearance of buccal cavity, soft palate motility, tonsillar area, pharynx as well as gums, teeth and tongue
10. **NOSE, SINUSES** – To include appearance and any evidence of nasal obstruction or sinus tenderness on palpation.
11. **EARS, ESPECIALLY EARDRUM APPEARANCE AND MOTILITY** – To include otoscopy of external ear, ear canal, and tympanic membrane. Eardrum motility assessed by Valsalva manoeuvre or by pneumatic otoscopy.
12. **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 should be checked by campimetry, perimetry or confrontation.
13. **EYES – PUPILS AND OPTIC FUNDI** – To include appearance, size, reflexes, red reflex and fundoscopy. Corneal scars, if any, should be noted.
14. **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; nystagmus.** Objective methods of measuring convergence and near point are available.

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**15. LUNGS, CHEST, BREASTS** – To include inspection of chest for deformities, operation scars, abnormality of respiratory movement, auscultation of breath sounds. Physical examination of the female applicant's breasts is optional. If not examined, state so.

**16. HEART** – To include apical heart beat, position, auscultation for murmurs, carotid bruits, palpation for thrills.  
**VASCULAR SYSTEM** – To include examination for varicose veins, character and feel of pulse, peripheral

1. pulses, evidence of peripheral circulatory disease.
2. **ABDOMEN, HERNIA, LIVER, SPLEEN** – To include inspection of abdomen; palpation of internal organs; check for inguinal hernias in particular.
3. **ANUS, RECTUM** – Clinical examination is mandatory only when indicated by history. If not examined, state so.
4. **GENITO-URINARY SYSTEM** – Clinical examination is mandatory only if indicated by history. If not examined, state so.
5. **ENDOCRINE SYSTEM** – To include inspection, palpation for evidence of hormonal abnormalities/imbalance; thyroid gland
6. **UPPER AND LOWER LIMBS, JOINTS** – To include full range of movements of joints and limbs, any deformities, weakness or loss. Evidence of arthritis.
7. **SPINE, OTHER MUSCULOSKELETAL** – To include range of movements, abnormalities of joints.
8. **NEUROLOGIC – REFLEXES ETC.** To include reflexes, sensation, power, vestibular system – balance, Romberg test, etc
9. **PSYCHIATRIC** – To include evaluation of appearance, mood/thought, behaviour (see also 60-61).
10. **SKIN and LYMPHATICS** – To include inspection of skin; inspection and palpation for lymphadenopathy, etc. Describe identifying marks in 29
11. **GENERAL SYSTEMIC** – All other areas and systems, including nutritional status.
12. **NOTES** – Any notes, comments or abnormalities to be described – add extra notes if required on separate sheet of paper, signed and dated and including the applicant's name.
13. **IDENTIFYING MARKS, TATTOOS, SCARS, ETC.** – List items that may be used for physical identification
14. **DISTANT VISION AT 6 METRES** – Each eye to be examined separately, 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 6 metres. If a different distance is used the appropriate chart for the distance must be used An accurate eye to chart distance must be assured
15. **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.
16. **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

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

17. **SPECTACLES** – Tick appropriate box signifying if spectacles are or are not worn by applicant. If used, state whether unifocal, bifocal, varifocal or “look-over”.
18. **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.

**COLOUR PERCEPTION** – If required, tick appropriate box signifying if colour perception is normal or not. State which test

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19. is used e.g. Ishihara 24 plate. If abnormal, state number of plates read incorrectly.
20. **HEARING** – Tick appropriate box to indicate hearing ability as tested separately in each ear at 2 m. The applicant should not be able to observe the examiner’s lips.
21. **AUDIOMETRY** – If pure-tone audiometry is required, the frequencies from 125 to 8 000 Hz should be measured and the audiometric results recorded in an audiogram. The full range of frequencies has diagnostic value and is useful for provision of advice concerning hearing conservation. Even so, only the frequencies 500, 1 000, 2 000 and 3 000 Hz need to be recorded on the examination form.
22. **URINALYSIS** – State whether result of urinalysis is normal or not by ticking appropriate box. If no abnormal constituents are present, state NIL in each appropriate box.
23. **MENTAL HEALTH ASPECTS OF FITNESS DISCUSSED** – Applicants should be asked about their mental health and if they have any concerns about this aspect of their medical fitness. Mental health aspects refer to conditions such as depression and anxiety. Questions based on those that have been validated in primary health care settings should be used where possible, e.g concerning depression. Fatigue-related issues can also be addressed in this part of the examination. Medical examiners should be conversant with the causes, prevention and treatment of fatigue, especially those related to sleep apnoea and/or which require medication to be alleviated. It is not required that the contents of such discussions are recorded unless they impact on the Medical Assessment (see *Manual of Civil Aviation Medicine* for guidelines).
24. **BEHAVIOURAL ASPECTS OF FITNESS DISCUSSED** – Applicants should be asked about behavioural aspects related to their health and if they have any concerns about this aspect of their medical fitness. Behavioural aspects refer to such behaviours as problematic use of substances. Questions based on those that have been validated in primary health care settings should be used where possible, e.g concerning alcohol use. It is not required that the contents of such discussions are recorded unless they impact on the Medical Assessment (see *Manual of Civil Aviation Medicine* for guidelines).

**PHYSICAL ASPECTS OF FITNESS DISCUSSED** – Applicants should be asked about physical aspects of their health and if they have any concerns about this aspect of their medical fitness. Questions concerning physical exercise, weight, diet, smoking, etc., can be covered in this portion of the medical examination. Examiners should be aware of standard preventive guidelines concerning common physical diseases and provide such advice as appropriate. Since gastrointestinal upset is a common cause of in-flight

1. incapacitation, advice concerning healthy eating habits, especially when abroad, may usefully be given in this section. It is not required that the contents of such discussions are recorded unless they impact on the Medical Assessment.
2. **PREVENTIVE HEALTH ADVICE GIVEN** – The goal of items 60-63 is to address adverse aspects of mental, behavioural and physical health that are amenable to prevention. State whether or not preventive advice has been given by ticking Yes or No.
3. **70–72 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 72, the number of other accompanying reports must be stated.
4. **MEDICAL EXAMINER’S RECOMMENDATION** – Enter name of applicant in Block Capitals and then tick appropriate box with applicable class of Medical Assessment. If a fit assessment is recommended, 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 1. If an Unfit recommendation is made, the reason must be stated. If an applicant is deferred for further evaluation, indicate the reason and the doctor to whom the applicant is referred
5. **COMMENTS, RESTRICTIONS, LIMITATIONS, ETC.** – Enter here your findings and assessment of any abnormality in the history or examination. State also any limitation required.
6. **MEDICAL EXAMINER’S DETAILS** – In this section the DME must sign the declaration, complete his name and address in Block Capitals, contact telephone number and e-mail address (and fax if available) and lastly stamp the relevant box with his designated medical examiner’s stamp incorporating his examiner’s number.
7. **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 finalization of form. If the medical examination report is finalized on a different date, enter date of finalization in Section 81 as “Report finalized on ...

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