


	Company Name □□□□□□ □□□ □□□□□ □□□□□□ ETHIOPIAN CIVIL AVIATION AUTHORITY	Document No ECAA/PEL/OF/033	
	Document Title Medical Assessors Report	Issue No 1	Page No. Page 1 of 2

PLEASE MAKE SURE THAT THIS IS THE CORRECT ISSUE BEFORE USE

1	Type of medical assessment	<input type="checkbox"/> Initial <input type="checkbox"/> Renewal/Revalidation
2	License type	ATPL <input type="checkbox"/> SPL <input type="checkbox"/> ATCO <input type="checkbox"/> FLIGHT ENGINEER <input type="checkbox"/> PL <input type="checkbox"/> PPL <input type="checkbox"/> CABIN <input type="checkbox"/> ATSEP <input type="checkbox"/> CREW <input type="checkbox"/> OTHER <input type="checkbox"/>
3	License number	
4	Date of medical	
5	Limitations	
6	Medical Assessor's comments	

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7	Follow up plan	
8	Aeromedical disposition	<input type="checkbox"/> Fit <input type="checkbox"/> Not Fit <input type="checkbox"/> Pending
Medical Assessor's Signature		Date

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