
	Company Name □□□□□□ □□□ □□□□□ □□□□□□ <b>ETHIOPIAN CIVIL AVIATION AUTHORITY</b>	Document No <b>ECAA/PEL/OF/034</b>	
	Document Title <b>Medical Errors Report and Correcting Form</b>		Issue No 1

<b>Name of Crew &amp; License</b>					
<b>A.A.M.E Name &amp; Number</b>				<b>DATE OF MEDICAL</b>	
<b>TYPES OF ERRORS</b>					
(A)	Application Form	ITEM NO.	DETAIL(S) OF ERRORS	ERRORS CORRECTED BY AAME	ERRORRATING
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
<b>Total Number of Errors:</b>					
<b>Medical Examination Reporting</b>					<b>ERRORRATING</b>

PLEASE MAKE SURE THAT THIS IS THE CORRECT ISSUE BEFORE USE

	Company Name □□□□□□ □□□ □□□□□ □□□□□□ <b>ETHIOPIAN CIVIL AVIATION AUTHORITY</b>	Document No <b>ECAA/PEL/OF/034</b>	
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3					
4					
5					
6					
7					
8					
9					
10					<b>ERROR RATING</b>
<b>Total Number of Errors:</b>					
<b>1) OFICIAL REMARKS:</b>					
<b>2) DATE &amp; SIGNATURE OF MEDICAL ASSESSOR:</b>					

PLEASE MAKE SURE THAT THIS IS THE CORRECT ISSUE BEFORE USE