



CIVIL AVIATION AUTHORITY PNG

Medical Assessment Report

Name		PNG CAA ID Number	
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Report Dates	GME Date:	Audio Date:	ECG Date:
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Medical Conditions Considered *(use extra sheets if required)*

Condition	Year identified	GD Used	Comments/Certification implication/ Risk reduction by restrictions

Surveillance Requirements (Plan) *(use extra sheets if required)*

Requirement(s)	Periodicity	Duration	Next Due

Class of Certificate	CLASS 1	CLASS 2	CLASS 3
Certificate Expiry Date			
Restrictions/Endorsements			
Result of Medical Assessment	Passed Failed Deferred	Passed Failed Deferred	Passed Failed Deferred

Additional Information

Date of Medical Examination Request

Signature of Director/Delegate:

Date commenced _____
Or recommenced assessment.

DME Name:
(Print or Stamp)

Date of Assessment :

Medical Examiner (DAME) Stamp:

Total number of pages supplied: 1