



CIVIL AVIATION AUTHORITY PNG

Medical Examination Report

1. Name		2. PNG CAA ID Number	
3. Comments and follow-up on issues brought up in history or in other section of Part 1 (including on questioning)			
4. Height (without shoes) cm	5. Weight (Unclothed) kg	6. Body Fat Calculation (Indicate method used) <input type="checkbox"/> Calliper	
7. Blood Pressure and Pulse		Pulse	BP
8. Urinalysis	Sugar	Albumin	9. ECG Date
10. Blood lipid Screen ever done? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, date: Total Cholesterol: HDL: Triglycerides: Cholesterol/HDL ratio:			11. Spirometry (when req) Measured Predicted FVC FEV1 FEV1/FVC PEF
12. Ears, Nose & Throat			
Can the applicant hear a conversational voice at two metres without difficulty with back to examiner?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the following ALL normal: Balance; External, middle & inner ear: Eustachian tube function; Mouth; Throat; Teeth; Nasal air entry (Right & Left)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is an Audiogram necessary (routine or recommended) at this examination?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Audiogram within acceptable limits?			<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Eyes	Uncorrected		Corrected
Visual acuity	Right Eye	Left Eye	Stand by correction Right Eye Left Eye
DISTANCE VISUAL ACUITY Std: Classes 1,3 = 6/9 Class 2 = 6/12	6/	6/	6/ 6/
INTERMEDIATE VISUAL ACUITY (100cm) Std: N14	N:	N:	N: N:
NEAR VISUAL ACUITY (33cm) Std: N5	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
		Lookover 	Progressive focus <input type="checkbox"/>
			Contacts
			Distance Specs <input type="checkbox"/>

Are the following ALL normal: Lids; Pupils; Lens; Media; Fundi; Visual Fields by confrontation; Eye movements and Cover tests? (If NO, elaborate) Yes No

COLOUR PERCEPTION (initial examination only).
 Screening test (TITMUS or other 4 to 6 plate test)
 Is the screening test completed WITHOUT ERRORS? Yes No

OR Standard ISHIHARA 24-plate book
 Are first 15 plates read with only TWO or fewer errors? Yes No

Record errors below with an "x"

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

14. Are the following normal, without unusual features?

NOTES: Describe below every abnormality in detail; use & attach continuation sheets if necessary.

14.1	Heart (size, rhythm, sounds)	Y	N
14.2	Vascular system	Y	N
14.3	Lungs & chest	Y	N
14.4	Abdomen and viscera (including hernia)	Y	N
14.5	Lymphatic system – spleen, lymph nodes	Y	N
14.6	Endocrine system	Y	N
14.7	Genito-urinary system	Y	N
14.8	Locomotor system	Y	N
14.9	Skin (indicate identifying marks, scars, tattoos)	Y	N
14.10	Neurological examination (reflexes, equilibrium senses, co-ordination, etc)	Y	N
14.11	Psychiatric examination	Y	N
14.12	Speech (no defect)	Y	N

15. Any other relevant reports, findings, or concerns

16. **Medical Examiner to complete.** Indicate below the type of ID used

Do you know the Applicant? Yes No

Drivers License Passport / Airport Security

Credit Card with picture Other (specify) _____.

Number: (stamp)	Print Examiner's Name and Address (Practice Stamp Preferred)	<p>17. Medical Examiner's Declaration:</p> <p>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.</p> <p>DAME signature Date:</p>
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