



OTORHINOLARYNGOLOGY EXAMINATION REPORT FORM

Complete this page fully and in block capitals – Refer to instructions for completion.

MEDICAL IN CONFIDENCE

Applicant's details

(1) State applied to:	(2) Medical certificate applied for:	class 1 <input type="checkbox"/>	class 2 <input type="checkbox"/>
(3) Surname:	(4) Previous surname(s):	(12) Application:	Initial <input type="checkbox"/> Revalidation/Renewal <input type="checkbox"/>
(5) Forename(s):	(6) Date of birth:	(7) Sex:	(13) Reference number:
		Male <input type="checkbox"/> Female <input type="checkbox"/>	
(401) Consent to release of medical information: I hereby authorise the release of all information contained in this report and any or all attachments to the AME and, where necessary, to the medical assessor of the licensing authority, recognising that these documents, or any electronically stored data, are to be used for completion of a medical assessment and will become and remain the property of the licensing authority, providing that I or my physician may have access to them according to national law. Medical confidentiality will be respected at all times.			
..... Date Signature of applicant Signature of AME	

(402) Examination category:	(403) Otorhinolaryngological history:
Initial <input type="checkbox"/>	
Special referral <input type="checkbox"/>	

Clinical examination

Check each item	Normal	Abnormal
(404) Head, face, neck, scalp		
(405) Buccal cavity, teeth		
(406) Pharynx		
(407) Nasal passages and naso-pharynx (incl. anterior rhinoscopy)		
(408) Vestibular system incl. Romberg test		
(409) Speech		
(410) Sinuses		
(411) Ext acoustic meati, tympanic membranes		
(412) Pneumatic otoscopy		
(413) Impedance tympanometry including Valsalva manoeuvre (initial only)		

(419) Pure tone audiometry

Hz	dB HL (hearing level)	
	Right ear	Left ear
250		
500		
1000		
2000		
3000		
4000		
6000		
8000		

(420) Audiogram

dB/HL	Legend: o = Right, x = Left, --- = Air, = Bone							
	250	500	1000	2000	3000	4000	6000	8000
-10								
0								
10								
20								
30								
40								
50								
60								
70								
80								
90								
100								
110								
120								
Hz	250	500	1000	2000	3000	4000	6000	8000

Additional testing (if indicated)	Not performed	Normal	Abnormal
(414) Speech audiometry			
(415) Posterior rhinoscopy			
(416) EOG; spontaneous and positional nystagnus			
(417) Differential caloric test or vestibular autorotation test			
(418) Mirror or fibre laryngoscopy			

(421) Otorhinolaryngology remarks and recommendation:

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(422) Examiner's declaration:

I hereby certify that I/my AME 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.		
(423) Place and date:	ORL examiner's name and address: (block capitals)	AME or specialist stamp with No:
AME signature:	E-mail: Telephone No.: Telefax No.:	