



MEDICAL EXAMINATION REPORT FOR CLASS 3, CC OR NATIONAL MEDICAL CERTIFICATE

MEDICAL IN CONFIDENCE

(201) Examination category Initial <input type="checkbox"/> Revalidation <input type="checkbox"/> Renewal <input type="checkbox"/> Special referral <input type="checkbox"/>	(202) Height (cm)	(203) Weight (kg)	(204) Colour eye	(205) Colour hair	(206) Blood pressure-seated (mmHg) Systolic Diastolic	(207) Pulse - resting Rate (bpm) Rhythm: regular <input type="checkbox"/> irregular <input type="checkbox"/>
Clinical exam: Check each item		Normal	Abnormal	Normal		Abnormal
(208) Head, face, neck, scalp			(218) Abdomen, hernia, liver, spleen			
(209) Mouth, throat, teeth			(219) Anus, rectum			
(210) Nose, sinuses			(220) Genito-urinary system			
(211) Ears, drums, eardrum motility			(221) Endocrine system			
(212) Eyes - orbit & adnexa; visual fields			(222) Upper & lower limbs, joints			
(213) Eyes - pupils and optic fundi			(223) Spine, other musculoskeletal			
(214) Eyes - ocular motility; nystagmus			(224) Neurologic - reflexes, etc.			
(215) Lungs, chest, breasts			(225) Psychiatric			
(216) Heart			(226) Skin, identifying marks and lymphatics			
(217) Vascular system			(227) General systemic			
(228) Notes: Describe every abnormal finding. Enter applicable item number before each comment.						

Visual acuity

(229) Distant vision at 5m/6m

	Uncorrected		Spectacles	Contact lenses
Right eye		Corr. to		
Left eye		Corr. to		
Both eyes		Corr. to		

(230) Intermediate vision N14 at 100 cm	Uncorrected		Corrected	
	Yes	No	Yes	No
Right eye				
Left eye				
Both eyes				

(231) Near vision N5 at 30-50 cm	Uncorrected		Corrected	
	Yes	No	Yes	No
Right eye				
Left eye				
Both eyes				

(232) Spectacles		(233) Contact lenses		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Type:		Type:		
Refraction	Sph	Cyl	Axis	Add
Right eye				
Left eye				

(313) Colour perception		Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>
Pseudo-isochromatic plates	Type: Ishihara (24 plates)		
No of plates:	No of errors:		

(234) Hearing (when 239/241 not performed)		Right ear	Left ear	
Conversational voice test (2m) with back turned to examiner	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>		
	No <input type="checkbox"/>	No <input type="checkbox"/>		
Audiometry				
Hz	500	1000	2000	3000
Right				
Left				

(249) AME 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.

(250) Place and date:	AME name and address:	AME certificate No.:
AME signature:	E-mail: Telephone No.: Telefax No.:	

(236) Pulmonary function

FEV ₁ /FVC _____ %	_____ (unit)
Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>

(235) Urinalysis		Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>
Glucose	Protein	Blood	Other

Accompanying reports

	Not performed	Normal	Abnormal/Comment
(238) ECG			
(239) Audiogram			
(240) Ophthalmology			
(241) ORL (ENT)			
(242) Blood lipids			
(243) Pulmonary function			
(244) Other (what?)			

(247) AME recommendation:

Name of applicant:	Date of birth:	Reference number:
_____	_____	_____
<input type="checkbox"/> Fit for class: _____		
<input type="checkbox"/> Medical certificate issued by undersigned (copy attached) for class: _____		
<input type="checkbox"/> Unfit for class: _____		
<input type="checkbox"/> Deferred for further evaluation. If yes, why and to whom?		
(248) Comments, limitations		