

MEDICAL EXAMINATION REPORT

CIVIL AVIATION AUTHORITIES THE NETHERLANDS

(201) Examination Category I II II Initial Renew/Reval Extended	(202) Height cm	(203) Weight kg	(204) Eye Colour	(205) Hair Colour	(206) Blood Pressure-seated mmHg		(207) Pulse - resting	
					Systolic	Diastolic	Rate	Rhythm

Clinical examination: 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 Glasses Contact lenses

Right eye	Corrected to		
Left eye	Corrected to		
Both eyes	Corrected to		

(230) Intermediate vision Uncorrected Corrected

N14 at 100 cm	Yes	No	Yes	No
Right eye				
Left eye				
Both eyes				

(231) Near vision Uncorrected Corrected

N5 at 30-50 cm	Yes	No	Yes	No
Right eye				
Left eye				
Both eyes				

(232) Glasses (233) Contact lenses

Yes	No	Yes	No
Type:		Type:	

(234) **Hearing**

	Right ear	Left ear
Conversational voice test at 2 m back turned to examiner	Yes No	Yes No

(235) **Urinanalysis** Normal Abnormal

Glucose	Protein	Blood	Other
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(248) **Comments, restrictions, limitations:**

(249) **Medical 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.

(250) Place and date:	Examiner's Name and Address:	AME Stamp with AME No.:
Authorised Medical Examiners Signature:		

(236) **Pulmonary function** (237) **Haemoglobin**

Peak Expiratory Flow	l/ sec	Mmol/l	
Normal	Abnormal	Normal	Abnormal
Accompanying Reports	Not performed	Normal	Abnormal
(238) ECG			
(239) Audiogram			
(240) Ophthalmology			
(241) ORL (ENT)			
(242) Chest X-ray			
(243) Blood lipids			
(244) Pulmonary function			
(245) EEG			
(246) Other (No)			

(247) **Aviation medical examiner's recommendation:**

Name of applicant: _____ Date of birth: _____

Dhr./Mw. _____

Fit class _____

Medical certificate issued class _____

Unfit class _____ (JAR-FCL para. _____)

Deferred for further evaluation. If yes, why and to whom?