

OTORHINOLARYNGOLOGY EXAMINATION REPORT

Applicant's details

MEDICAL IN CONFIDENCE

(1) JAA State of licence issue: Nederland		(2) Class of medical certificate applied for 1st 2nd 3rd Others			
(3) Surname:		(4) Previous surname(s):		(12) Application Initial Renewal/Revalidation	
(5) Forenames:		(6) Date of birth:	(7) Sex Male Female	(13) Reference number (if applicable)	
<p>(401) Consent to release medical information: : I hereby authorise the release of all information contained in this report and any or all attachments to the Aeromedical Section and where necessary the Aeromedical Section of another State, recognising that these documents or electronically stored data are to be used for completion of a medical assessment and will become and remain the property of the Authority, providing that I or my physician may have access to them according to national law. Medical Confidentiality will be respected at all times.</p> <p>Date: _____ Signature of the applicant: _____ Signature of medical examiner (witness): _____</p>					

(402) Examination Category I II III Initial Extended Renew/Reval Special referral	(402) Otorhinolaryngology history:
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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 and posterior rhinoscopy)		
(408) Vestibular system incl. Romberg test		
(409) Speech and voice		
(410) Sinuses		
(411) Ext acoustic meati, tympanic membranes		
(412)		
(413) Impedance tympanometry including Valsalva manoeuvre (initial only)		

(419) Pure tone audiometry

dB HL (hearing level) Zie bijlage

Hz	Right ear	Left ear
250		
500		
1000		
2000		
3000		
4000		
6000		
8000		

(420) Audiogram

o = Right ear, air <= Right ear, bone
x = Left ear, air >= Left ear, bone

dB/HL	Right ear		Left ear		Right ear		Left ear	
	air	bone	air	bone	air	bone	air	bone
-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			
(416) EOG; spontaneous and positional nystagmus			
(417) Differential caloric test or vestibular autorotation test			
(418) Mirror or fibre laryngoscopy			

(421) Otorhinolaryngology remarks and recommendation:

(422) Examiner's declaration:

I hereby certify that I 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: Specialist's signature:	ORL Examiner's Name and Address:(Block Capitals)	Specialist Stamp:
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