

# CIVIL AVIATION AUTHORITY

## OTORHINOLARYNGOLOGY EXAMINATION REPORT

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

**MEDICAL IN CONFIDENCE**

(3) Surname:		(4) Previous surname(s):	Title	(13) Reference number
(5) Forename(s):		(6) Date of birth:	(7) Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	(12) Application Initial <input type="checkbox"/> Revalidation /Renewal <input type="checkbox"/>
(1) State applied to:		(2) Medical certificate applied for class 1 <input type="checkbox"/> class 2 <input type="checkbox"/>		
(401) <b>Consent to release medical information:</b> I hereby authorise the release of all information contained in this report and any or all attachments to the AME and, where necessary, 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 the applicant: .....		Signature of AME : .....

(402) Examination Category Initial <input type="checkbox"/> Special referral <input type="checkbox"/>	(403) 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 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)		

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

(421) **Otorhinolaryngology remarks and recommendation:**

Remarks

### (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:	Telephone No.:	
	Telefax No.:	

### (419) Pure tone audiometry

Hz	Right ear	Left ear
250		
<b>500</b>		
<b>1000</b>		
<b>2000</b>		
<b>3000</b>		
4000		
6000		
8000		

dB HL (hearing level)

### (420) Audiogram

dB/HL	o = Right		----- = air					
	x = Left		..... = bone					
-10								
0								
10								
20								
30								
40								
50								
60								
70								
80								
90								
100								
110								
120								
Hz	250	500	1000	2000	3000	4000	6000	8000

# INSTRUCTIONS FOR COMPLETION OF THE OTORHINOLARYNGOLOGY EXAMINATION REPORT FORM

Writing should be legible and in block capitals using a ball-point pen. Completion of this form by typing or printing is also acceptable. If more space is required to answer any question, a plain sheet of paper should be used, bearing the applicant's name, the name and signature of the AME or otorhinolaryngology specialist performing the examination and the date of signing. The following numbered instructions apply to the numbered headings on the otorhinolaryngology examination report form.

Failure to complete the medical examination report form in full, as required, or to write legibly may result in non-acceptance of the application in total and may lead to withdrawal of any medical certificate issued. The making of false or misleading statements or the withholding of relevant information by an examiner may result in criminal prosecution, denial of an application or withdrawal of any medical certificate granted.

The AME or otorhinolaryngology specialist performing the examination should verify the identity of the applicant. The applicant should then be requested to complete the sections 1, 2, 3, 4, 5, 6, 7, 12 and 13 on the form and then sign and date the consent to release of medical information (section 401) with the examiner countersigning as witness.

402 EXAMINATION CATEGORY – Tick appropriate box.

Initial – Initial examination for class 1; also initial examination for upgrading from class 2 to 1 (insert 'upgrading' in section 403).

Special Referral – NON- ROUTINE examination for assessment of an ORL symptom or finding.

403 OTORHINOLARYNGOLOGICAL HISTORY – Detail here any history of note or reasons for special referral.

404–413 inclusive: CLINICAL EXAMINATION – These sections together cover the general clinical examination and each of the sections should be marked (with a tick) as normal or abnormal. Any abnormal findings or comments on findings should be entered in section 421.

**414–418 Inclusive:** ADDITIONAL TESTING – These tests are only required to be performed if indicated by history or clinical findings and are not routinely required. For each test one of the boxes must be completed – if the test is not performed then tick that box – if the test has been performed then tick the appropriate box for a normal or abnormal result. All remarks and abnormal findings should be entered in section 421.

419 PURE TONE AUDIOMETRY – Complete figures for dB HL (Hearing Level) in each ear at all listed frequencies.

420 AUDIOGRAM – Complete audiogram from figures as listed in Section 419.

421 OTORHINOLARYNGOLOGY REMARKS AND RECOMMENDATIONS – Enter here all remarks, abnormal findings and assessment results. Also enter any limitations recommended. If there is any doubt about findings or recommendations the examiner may contact the AMS for advice before finalising the report form.

422 OTORHINOLARYNGOLOGY EXAMINER'S DETAILS – The otorhinolaryngology examiner must sign the declaration, complete his/her name and address in block capitals, contact details and lastly stamp the report with his/her designated stamp incorporating his/her AME or specialist number.

423 PLACE AND DATE – Enter the place (town or city) and the date of examination. The date of examination is the date of the clinical examination and not the date of finalisation of form. If the ORL examination report is finalised on a different date, enter date of finalisation in Section 421 as 'Report finalised on .....'.