

Medical in Confidence

AUSTRIA

(201) Examination Category <input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Revalidation <input type="checkbox"/> 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 exam: Check each item	Normal	Abnormal	Normal	Abnormal
(208) Head, face, neck, scalp	<input type="checkbox"/>	<input type="checkbox"/>	(218) Abdomen, hernia, liver, spleen	<input type="checkbox"/>
(209) Mouth, throat, teeth	<input type="checkbox"/>	<input type="checkbox"/>	(219) Anus, rectum	<input type="checkbox"/>
(210) Nose, sinuses	<input type="checkbox"/>	<input type="checkbox"/>	(220) Genito - urinary system	<input type="checkbox"/>
(211) Ears, drums, eardrum motility	<input type="checkbox"/>	<input type="checkbox"/>	(221) Endocrine system	<input type="checkbox"/>
(212) Eyes - orbit & adnexa; visual fields	<input type="checkbox"/>	<input type="checkbox"/>	(222) Upper & lower limbs, joints	<input type="checkbox"/>
(213) Eyes - pupils and optic fundi	<input type="checkbox"/>	<input type="checkbox"/>	(223) Spine, other musculoskeletal	<input type="checkbox"/>
(214) Eyes - ocular motility; nystagmus	<input type="checkbox"/>	<input type="checkbox"/>	(224) Neurologic - reflexes, etc.	<input type="checkbox"/>
(215) Lungs, chest, breasts	<input type="checkbox"/>	<input type="checkbox"/>	(225) Psychiatric	<input type="checkbox"/>
(216) Heart	<input type="checkbox"/>	<input type="checkbox"/>	(226) Skin, identifying marks and lymphatics	<input type="checkbox"/>
(217) Vascular system	<input type="checkbox"/>	<input type="checkbox"/>	(227) General systemic	<input type="checkbox"/>

(228) Notes: Describe every abnormal finding. Enter applicable item number before each comment.

Visual acuity Birkhäuser

(229) Distant vision at 5m /6m

	Glasses	Contact lenses
Right eye, uncorr.	Corrected to	
Left eye, uncorr.	Corrected to	
Both eyes, uncorr.	Corrected to	

(230) Intermediate vision
N14 at 100 cm

	Uncorrected		Corrected	
	Yes	No	Yes	No
Right eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Both eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(231) Near vision
N5 at 30-50 cm

	Uncorrected		Corrected	
	Yes	No	Yes	No
Right eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Both eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(232) Glasses (233) Contact lenses

Yes No Yes No

Type: Type:

Refraction	Sph	Cyl	Axis	Add
Right eye				
Left eye				

(236) Pulmonary function (237) Haemoglobin

Peak Expiratory Flow	l/min	g/dl		
<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		
Accompanying reports		Not performed	Normal	Abnormal
(238) ECG		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(239) Audiogram		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(240) Ophthalmology		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(241) ORL (ENT)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(242) Chest X-ray		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(243) Blood lipids		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(244) Pulmonary function		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(245) EEG		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(246) Colour perception

Pseudo-isochromatic plates Type:

No of plates: No of errors:

(247) Aviation medical examiner's recommendation:

Name of applicant:
Date of birth:

Fit class
 Medical certificate issued class
 Unfit class (JAR-FCL para.)

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

(234) Hearing

	Right ear	Left ear
Conversational voice test at 2 m back turned to examiner	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Audiometry

Hz	500	1000	2000	3000
Right				
Left				

(235) Urinalysis Normal Abnormal

Glucose	Protein	Blood	Other

(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: (Block Capitals)	AME Stamp with AME No.:
Authorised Medical Examiner's Signature:		
	Telephone No.:	
	Telefax No.:	