

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"/>	<input type="checkbox"/>
(209) Mouth, throat, teeth	<input type="checkbox"/>	<input type="checkbox"/>	(219) Anus, rectum	<input type="checkbox"/>	<input type="checkbox"/>
(210) Nose, sinuses	<input type="checkbox"/>	<input type="checkbox"/>	(220) Genito - urinary system	<input type="checkbox"/>	<input type="checkbox"/>
(211) Ears, drums, eardrum motility	<input type="checkbox"/>	<input type="checkbox"/>	(221) Endocrine system	<input type="checkbox"/>	<input type="checkbox"/>
(212) Eyes - orbit & adnexa; visual fields	<input type="checkbox"/>	<input type="checkbox"/>	(222) Upper & lower limbs, joints	<input type="checkbox"/>	<input type="checkbox"/>
(213) Eyes - pupils and optic fundi	<input type="checkbox"/>	<input type="checkbox"/>	(223) Spine, other musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>
(214) Eyes - ocular motility; nystagmus	<input type="checkbox"/>	<input type="checkbox"/>	(224) Neurologic - reflexes, etc.	<input type="checkbox"/>	<input type="checkbox"/>
(215) Lungs, chest, breasts	<input type="checkbox"/>	<input type="checkbox"/>	(225) Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>
(216) Heart	<input type="checkbox"/>	<input type="checkbox"/>	(226) Skin, identifying marks and lymphatics	<input type="checkbox"/>	<input type="checkbox"/>
(217) Vascular system	<input type="checkbox"/>	<input type="checkbox"/>	(227) General systemic	<input type="checkbox"/>	<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		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Type:		Type:		
Refraction	Sph	Cyl	Axis	Add
Right eye				
Left eye				

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

(236) Pulmonary function

Peak Expiratory Flow	l/min	(237) Haemoglobin		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:
<input type="checkbox"/> Fit class
<input type="checkbox"/> Medical certificate issued class
<input type="checkbox"/> Unfit class (JAR-FCL para.)
<input type="checkbox"/> Deferred for further evaluation. If yes, why and to whom?

(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.:	