

Otorhinolaryngology (ENT) Examination Report Form



Civil Aviation Directorate

Transport Malta- Civil Aviation Directorate, Pantar Road, Lija, LJA 2021, Malta. Tel:+356 2555 5000 ams.tm@transport.gov.mt www.transport.gov.mt

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

MEDICAL IN CONFIDENCE

Applicant's details

(1) State applied to:	(2) Medical certificate applied for: Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/>		
(3) Surname:	(4) Previous surname(s):	(12) Application: Initial <input type="checkbox"/> Revalidation/Renewal <input type="checkbox"/>	
(5) Forename(s):	(6) Date of birth:	(7) Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	(13) Reference number:

(401) I hereby declare that I have been informed and I understand that all information provided to my AME, contained in this report and its attachments, may be released to the medical assessor of my licensing authority and to the medical assessor of the competent authority of my AME, recognising that these documents, or electronically stored data, are to be used for completion of a medical assessment and for oversight purpose, providing that I or my physician may have access to them in accordance with national law. Medical confidentiality will be respected at all times.

Date Signature of applicant

(402) Examination category: Initial <input type="checkbox"/> Special Referral <input type="checkbox"/>	(403) Otorhinolaryngological (ENT) 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) Tympanometry including Valsalva manoeuvre (initial or if clinically indicated)		

(419) Pure tone audiometry

Hz	dB HL (hearing level)	
	Right ear	Left ear
250		
500		
1000		
2000		
3000		
4000		
6000		
8000		

(420) Audiogram

dB/HL	o = Right x = Left				--- = Air = Bone			
	250	500	1000	2000	3000	4000	6000	8000
-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 discrimination test with/without hearing aids, as applicable			
(415) Posterior rhinoscopy			
(416) ENG; spontaneous and positional nystagmus			
(417) Caloric test or vestibular rotation test			
(418) Mirror or fibre laryngoscopy			

(421) Otorhinolaryngology remarks:

(422) Examiner's declaration:

I hereby certify that I have personally examined or assessed the ENT specialist's examination report of the applicant named in this medical examination report and that this report with any attachment embodies the findings completely and correctly.

(423) Place and date:	Name and address: (block capitals)	AME or ENT specialist stamp with No:
	AME or ENT specialist signature:	
	E-mail: Telephone No.: Telefax No.:	

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INSTRUCTIONS FOR COMPLETION OF THE OTORHINOLARYNGOLOGY (ENT) 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 (ENT) symptom or finding

403 OTORHINOLARYNGOLOGICAL (ENT) 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 (ENT) REMARKS AND RECOMMENDATION – 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 medical assessor of the licensing authority for advice before finalising the report form.

422 OTORHINOLARYNGOLOGY (ENT) EXAMINER'S DETAILS – The otorhinolaryngology (ENT) examiner must sign the declaration, complete his or her name and address in block capitals, contact details and lastly stamp the report with his or her designated stamp incorporating his or 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 (ENT) examination report is finalised on a different date, enter date of finalisation in section 421 as 'Report finalised on':