

Civil Aviation Directorate

Transport Malta, Pantar Road, Lija, LJA 2021, Malta. Tel: +356 2555 5665 Fax: +356 2123 9278 cadpel.tm@transport.gov.mt <https://www.transport.gov.mt/>

File Reference No: _____
(For Office Use)

To: Chief Medical Officer

Name of applicant:	
Medical Certificate No:	
Date of Examination:	
Medical Certificate Class:	<input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> LAPL <input type="checkbox"/> Cabin Crew

Please indicate by ticking in box Column A which medical forms are attached, and in Box B when action by the AMS is required:

	A	B
a) Application Form for a Medical Certificate <i>(TM/CAD/332/333/421)</i>	<input type="checkbox"/>	<input type="checkbox"/>
b) Medical Report Form <i>(TM/CAD/332/333/421)</i>	<input type="checkbox"/>	<input type="checkbox"/>
c) Ophthalmic Form <i>(TM/CAD/0133)</i>	<input type="checkbox"/>	<input type="checkbox"/>
d) Otorhinolaryngology Form <i>(TM/CAD/0132)</i>	<input type="checkbox"/>	<input type="checkbox"/>
e) Copy of Certificate Class1/2/LAPL <i>(EASA Form147)</i>	<input type="checkbox"/>	<input type="checkbox"/>
f) Copy of Certificate Class 3	<input type="checkbox"/>	<input type="checkbox"/>
g) Copy of Cabin Crew Medical Certificate	<input type="checkbox"/>	<input type="checkbox"/>

Other Enclosures:

Copy of ID Card/Passport	<input type="checkbox"/>	<input type="checkbox"/>
ECG	<input type="checkbox"/>	<input type="checkbox"/>
Audiogram	<input type="checkbox"/>	<input type="checkbox"/>
X-Ray Chest	<input type="checkbox"/>	<input type="checkbox"/>
Lipid Profiles <i>(Cholesterol at age 40)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular risk factor assessment (at age 40)	<input type="checkbox"/>	<input type="checkbox"/>
HEMS Pilot requirements	<input type="checkbox"/>	<input type="checkbox"/>
Spirometry	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric Report	<input type="checkbox"/>	<input type="checkbox"/>
Psychological Report	<input type="checkbox"/>	<input type="checkbox"/>
Drug & Alcohol Testing	<input type="checkbox"/>	<input type="checkbox"/>
Other Medical reports <i>(please specify below)</i>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of AME: _____

AME Number: _____