APPLICATION FORM FOR A MEDICAL CERTIFICATE - Class 1, 2, 3 & LAPL





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

 $\label{eq:complete this page fully and in $\underline{\mathsf{BLOCK}}$ CAPITALS$ - Refer to instructions for completion.}$

MEDICAL IN CONFIDENCE

(1) Ctata of liganas igaus.		(2) Madical	cortificate applia	d for						
(1) State of licence issue:		Class 1	certificate applie	Class 2 🗆	LAPL □ Clas	ss 3 🗆				
(3) Surname:		(4) Previou	s surname(s):		(12) Application Initial □ Revalidation/Renewal □					
(5) Forename(s):		(6) Date of		(7) Sex	(13) Medical Certificate/EAM	R ID				
		(dd/mm/yyy	/y):	Male □ Female □	number:	number:				
(8) Place and country of birth:		(9) Nationa	lity:		(14) Type of licence applied	for:				
(10) Permanent address:		(11) Postal	address (if differ	ent):						
		Country:			(15) Occupation (principal):					
Country: Telephone No.:		Telephone	No.:		(16) Employer:	(16) Employer:				
Mobile No.:					(17) Last medical examination	n:				
e-mail:				Date: Place:						
					Completed: No ☐ Yes	Completed: No □ Yes □				
(18) Licence(s) held (type): Licence number:			(19) Any limita Details:	ations on licence(s)/n	nedical certificate held: No	Yes □				
State of issue: (20) Have you ever had a medica	L cartificate denied suspende	ad ravokad	(21) Flight tim	e total:	(22) Flight time since last m	edical:				
by any licensing authority? No □ Date: Count	Yes □	eu, Tevokeu	(21) Flight till	e total.	(22) Flight time since last in	eulcai.				
Details:	ıy.		23) Aircraft cla	ass/type(s) presently	flown:					
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(24) Any aviation accident or med	lical event whilst exercising t	he privileges	(25) Current/ir	ntended pilot activity:						
of the licence since the last medic No □ Yes □ Date:	cal examination? Place:		Commercial Single-pilot	Non-commercialMulti-pilot	□ Other					
Details:				ntended ATC activity:						
			ADC A	APS ACS	ADV APP ACP					
(27) Do you drink alcohol? □No [∃Yes, state average weekly	amount:		urrently use any med						
Do you use drugs? □No □Yes,	state the type:		No ⊔ Yes ∟	∃ State medication, d	ose, date started and why:					
(29) Do you smoke tobacco? □I		oed:								
☐Yes, state type and amount: General and medical history: D	o you have or have you ov	or had any	of the following	2 (Please tick a res	nonce for each question) If ye	e givo				
General and inedical history. D	o you nave, or nave you ev									
details in the remarks section (o,,	o	: (Flease tick a les	ponse for each question, if ye	o, g. 10				
details in the remarks section (30).	Yes N			No Family history of:	Yes No				
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APPLICATION FORM FOR A MEDICAL CERTIFICATE - Class 1, 2, 3 & LAPL





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

INSTRUCTIONS FOR COMPLETION OF THE APPLICATION FORM FOR A MEDICAL CERTIFICATE

This application form and all attached report forms will be transmitted to the licensing authority. Medical confidentiality shall be respected at all times.

The applicant should personally complete, in full, all questions (sections) on the application form. Writing should be legible and in block capitals, using a ball-point pen. Completion of this form by typing/printing is also acceptable. If more space is required to answer any questions, a plain sheet of paper should be used, bearing the applicant's name and signature, and the date of signing. The following numbered instructions apply to the numbered headings on the application form for a medical certificate.

Failure to complete the application form in full, or to write legibly, may result in non-acceptance of the application form. The making of false or misleading statements or the withholding of relevant information in respect of this application may result in criminal prosecution, denial of this application and/or withdrawal of any medical certificate(s) granted.

anu	or withdrawal of any medical certificate(s) granted.	1	
1.	LICENSING AUTHORITY: State name of country that has issued the pilot or ATCO licence or where a licence has not been issued, the country where the applicant intends to apply for a licence.	17.	LAST APPLICATION FOR A MEDICAL CERTIFICATE: State date (day, month, year) and place (town, country). Initial applicants state 'NONE'.
2.	MEDICAL CERTIFICATE APPLIED FOR: Tick appropriate box representing the type of medical certificate applied for, e.g. class 1, class 2, class 3 or LAPL.	18.	LICENCE(S) HELD (TYPE): State type of licence(s) held. Enter licence number and State of issue. If no licences are held, state 'NONE'.
3.	SURNAME: State surname/family name	19.	ANY LIMITATIONS ON THE LICENCE(S)/MEDICAL CERTIFICATE: Tick appropriate box and give details of any limitations on your licence(s)/medical certificate, e.g. vision, colour vision, safety pilot, etc
4.	PREVIOUS SURNAME(S): If your surname or family name has changed for any reason, state previous name(s).	20.	MEDICAL CERTIFICATE DENIAL, SUSPENSION OR REVOCATION: Tick 'YES' box if you have ever had a medical certificate denied, suspended or revoked. If 'YES', state date (dd/mm/yyyy) and country where it occurred.
5.	FORENAME(S): State first and middle names (maximum three).	21.	FLIGHT TIME TOTAL: State total number of hours flown
6.	DATE OF BIRTH: Specify in order dd/mm/yyyy.	22.	FLIGHT TIME SINCE LAST MEDICAL: State number of hours flown since your last medical examination.
7.	SEX: Tick appropriate box.	23.	AIRCRAFT CLASS/TYPE(S) PRESENTLY FLOWN: State name of principal aircraft flown, e.g. Boeing 737, Cessna 150, etc
8.	PLACE AND COUNTRY OF BIRTH: State town and country of birth.	24.	ANY AVIATION ACCIDENT OR MEDICAL EVENT WHILST EXERCISING THE PRIVILEGES OF THE LICENCE SINCE THE LAST MEDICAL EXAMINATION: If 'YES' box ticked, state date (dd/mm/yyyyy) and country of occurrence and provide details.
9.	NATIONALITY: State name of country of citizenship.	25. •	CURRENT/INTENDED PILOT ACTIVITY: Please tick the appropriate box regarding the current/intended activity during the following certification period: Commercial, non-commercial or other (for other, please specify the type of operation) Single-pilot or multi-pilot
10.	PERMANENT ADDRESS: State permanent postal address and country. Enter telephone area code as well as telephone number.	26.	CURRENT/INTENDED ATC ACTIVITY: Please tick the appropriate box regarding the current/intended activity during the following certification period e.g. ADC, APS, ACS
11.	POSTAL ADDRESS (IF DIFFERENT): If different from permanent address, state full current postal address including telephone number and area code. If the same, enter 'SAME'.	27.	DO YOU DRINK ALCOHOL OR USE DRUGS? Tick applicable box. If yes, state weekly alcohol consumption e.g. 2 litres of beer.
12.	APPLICATION: Tick appropriate box	28.	DO YOU CURRENTLY USE ANY MEDICATION?: If 'YES', give full details - name, how much you take and when, etc. Include any non-prescription medication.
13.	MEDICAL CERTIFICATE/EAMR ID NUMBER: State medical certificate number allocated to you by the licensing authority/EAMR ID unique number Initial applicants enter 'NONE'.	29.	DO YOU SMOKE TOBACCO? Tick applicable box. Current smokers state type (cigarettes, cigars, pipe) and amount (e.g. 2 cigars daily; pipe – 1 oz. weekly)
14.	TYPE OF LICENCE APPLIED FOR: State type of licence applied for from the following list: Airline Transport Pilot Licence* Multi-Pilot Licence* Commercial Pilot Licence/Instrument Rating* Commercial Pilot Licence/Instrument Rating* Private Pilot Licence/Instrument Rating* Private Pilot Licence* Sailplane Pilot Licence Balloon Pilot Licence Light Aircraft Pilot Licence Light Aircraft Pilot Licence Other – Please specify *Please specify whether Fixed Wing / Rotary Wing / Both	30.	GENERAL AND MEDICAL HISTORY All items under this heading, from number 101 to 179 inclusive, should have the answer 'YES' or 'NO' ticked. You should tick 'YES' if you have ever had the condition in your life and describe the condition and approximate date in the remarks section (30). All questions asked are medically important even though this may not be readily apparent. Items numbered 170 to 179 relate to immediate family history, whereas items numbered 150 to 151 should be answered by female applicants only. Do not report occasional common illnesses such as colds.
15.	OCCUPATION (PRINCIPAL): Indicate your principal employment.	31.	DECLARATION AND NOTIFICATION OF DISCLOSURE OF PERSONAL
16.	EMPLOYER: If principal occupation is pilot, then state employer's name or if self employed, state 'self'.		DATA: Do not sign or date these declarations until indicated to do so by the AME/GMP who will act as witness and sign accordingly.

APPLICATION FORM FOR A MEDICAL CERTIFICATE - Class 1, 2, 3 & LAPL

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



Data Protection Notice

All data collected in this form is processed in accordance with the Privacy Laws that include General Data Protection Regulation (EU) 2016/679 and Chapter 586 of the Laws of Malta (Data Protection Act). The data provided may be exchanged with other Public Authorities and/or Government Departments as required and permitted by Maltese Law. Transport Malta of Triq Pantar, Lija, Malta LJA2021 is the data controller for the purpose of the privacy laws. The Privacy Notice attached with this application sets out the way in which personal information/data is collected and processed by Transport Malta, as well as the steps that are taken to protect such information.

Data Protection Privacy Notice

Transport Malta of Triq Pantar, Lija, Malta LJA2021 is the Data Controller for the purpose of the Data Protection Act CAP. 586 and General Data Protection Regulation (EU) 2016/679 (GDPR). This Privacy Notice sets out the way in which we collect and process your Personal Information, as well as the steps we take to protect such information.

1. The information we collect and how we use it

- 1.1. From this application form Transport Malta collects different types of information which information is that required by Law and is used explicitly for your particular application. It is to be noted that if the required information is not provided the said application cannot be processed.
- 1.2. The primary purpose for collecting information is mainly to process the application for the service being applied for, however, your personal information may also be used for related purposes that amongst other include: sending notifications, renewal of licence/certificate after expiry period, and for the provision of information with regards to any legislative amendments which may affect the services offered to you.

2. To whom we disclose information

- 2.1. This information will be solely used for the reasons detailed above. However there may be cases where personal iinformation is shared with the following third parties for reasons listed below:
 - · Any third party offering assistance in providing the required service;
 - Any law enforcement body who may have any reasonable requirement to access your personal information;
 - Third party entities responsible for the data processing contracted by Transport Malta.

3. Data Subject Rights

- 3.1. With respect to your privacy rights, Transport Malta is obliged to provide you with reasonable access to the Personal Data that you have provided to us. Your other principal rights under data protection law are:
 - a. the right for information;
 - b. the right to access;
 - c. the right to rectification;
 - d. the right to erasure;
 - e. the right to restrict processing;
 - f. the right to object to processing;
 - g. the right to data portability;
 - h. the right to complain to a supervisory authority; and
 - i. the right to withdraw consent.
- 3.2. If you wish to access or amend any Personal Data we hold about you, or to request that we delete any information about you, you may contact us by sending a request to dataprotection.tm@transport.gov.mt. We will acknowledge your request within seventy-two (72) hours and will do our utmost to handle it promptly. We will respond to these requests within a month, with a possibility to extend this period for particularly complex requests in accordance with Applicable Law.
- 3.3. At any time, you may object to the processing of your Personal Data, on legitimate grounds, except if otherwise permitted by applicable law.
- 3.4. In accordance with Applicable Law, we reserve the right to withhold personal data if disclosing it would adversely affect the rights and freedoms of others. Moreover, we reserve the right to charge a fee for complying with such requests if they are deemed manifestly unfounded or excessive.

4. Retention period

- 4.1. Personal data will be retained for not more than 3 months from date of application should the application not be submitted complete or is rejected.
- 4.2. Once the service related to your application is provided, we will retain your information for as long as needed to provide you with our service, or to comply with our legal obligations, resolve disputes and enforce our agreements.

5. Security

- 5.1. We take appropriate security measures to protect against loss, misuse and unauthorized access, alteration, disclosure, or destruction of your information. Additionally, steps will also be taken to ensure the ongoing confidentiality, integrity, availability, and resilience of systems and services processing personal information, and will restore the availability and access to information in a timely manner in the event of a physical or technical incident. All information gathered is kept confidential and is used solely for the purpose indicated herein.
- 5.2. If we learn of a security systems breach, we will inform you of the occurrence of the breach in accordance with applicable law.

6. Governing Law

All data collected in this form is processed in accordance with the Privacy Laws that include General Data Protection Regulation (EU) 2016/679 and Chapter 586 of the Laws of Malta (Data Protection Act).

7. Data Protection Officer

7.1. Transport Malta has a Data Protection Officer ("DPO") who is responsible for matters relating to privacy and data protection. The DPO can be reached at the above address or by email: dataprotection.tm@transport.gov.mt

8. Contacting us

8.1. Please address any questions, comments and requests regarding the application process to civil.aviation@transport.gov.mt

APPLICATION FORM FOR A MEDICAL CERTIFICATE - Class 1, 2, 3

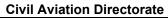




Transport Malta - Civil Aviation Directorate Pantar Road, Lija, LJA 2021, Malta. Tel:+356 2555 5000 ams.tm@transport.gov.mt www.transport.gov.mt

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Left eye		Corr.					Normal [l Abnormal □		Norma	I □ Al	onormal	П
Both eyes		Corr.						SA screening		Homia		oriorina	
Don't Cyco	1	0011.			1			at risk of OSA:		Yes□	No □		
								applicant under	goes treatn			'	
							(235) Urii	nalysis Normal	Abnorr	nal □	J, 1.		
(230) Intermed	liate vision	Unco	rrected	Co	rrected		Glucose	idiyolo Monnan	Protein		Blood	Othe	r
N14 at 100cm	1010 1101011	Yes	No	Yes	No		Oldooo		1 10101		Biood	0.110	
Right eye		100	110	100	140		Accompa	anying reports		I			
Left eye			+ +				71000111 00	mymg roporto	Not per	formed	Normal	Abno	rmal/Comment
Both eyes			+ +				(238) EC	3	1101 poi	Iomiou	rtomiai	7 (5)10	mia, committe
Don't Cyco	J				1		(239) Auc						
(231) Near visi	on [Unco	rrected	Co	rrected			nthalmology					
N5 at 30-50cm		Yes	No	Yes	No		(241) OR						
Right eye		103	110	103	140		(242) Bloc						
Left eye			+ +					monary function					
Both eyes			+ +				(244) Oth	er (what?)					
Boar cyco	I				1		(211) 041	or (mar.)					
(232) Spectacl	les		(2	33) Con t	tact lenses	;							
Yes □ No I				Yes □	No □					•		•	
Type:				Type:			(247) AM	E recommenda	tion:				
							Name of	applicant		Date of	birth:	Refe	ence number:
Refraction		Sph	Cyl	Axis	Add								
Right eye													
Left eye								lass:					
(313) Colour P					bnormal 🗌		□Medica	certificate issue	ed by under	rsigned (co	py atta	ched) fo	r class:
Pseudo-isochro	omatic plates		Type: Ish	ihara (24	l plates)		☐ Unfit fo	r class:					
No of plates:			No of err	ors:			☐ Deferre	ed for further eva	aluation. If y	yes, why a	nd to w	hom?	
(234) Hearing													
. ,	not performed)		Ric	ht ear	Left ear		(248) Cor	nments, limitat	ione				
	l voice test (2m)		Ye		Yes		(240) 001	initionita, initiat	10113				
with back turne			No.		No 🗆								
Audiometry	tu to examine		INC	,	NO 🗆								
	500 100	Λ	2000		3000								
Right	100	0	2000		3000	-							
Left													
(249) AME de													
	fy that I/my AME							amed on this m	edical exa	mination r	report a	ınd that	this report
	hment embodies	s my fi	ndings c										
(250) Place a	nd date:			AME	name and	l ad	dress:			AME cert	ificate N	No.:	
				E-m	nail:								
				Tel	ephone No								
				161	ephone No	,							
AME signatur	e.												

APPLICATION FORM FOR A MEDICAL CERTIFICATE - Class 1, 2, 3





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

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Comparison Com	MEDICAL EXA	_		_		LAPL AP	PLICANTS				MEDI	CAL IN	CONFIDENCE	
Part						(3) Weight	(204) Colour	Colour (205) Colour		(206) Blood		(207) Pulse - resting		
Initial Systolic Disastoic Systolic Disastoic		i category			2.									
Initial exam: Check sech item			,	····,	(9	,	3,3		(mmHg)					
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Comment Comm	oposiai risionai				Name	A la .a aa						Namaal	A la sa a succe a l	
C203 Notes, Income C203 Control Lineary system C203 Carried Lineary C203 Carried			n		Normai	Abnorm		mon hornia liv	or coloon			Normai	Abnormai	
C201 Sens, churses C202 Centio-urinary system C215 Sens, churs, cardrum motifity C215 Sens, churs C221 Endocrine system C221 Experience system C222 Experience system C223 Experie									er, spieeri					
C211 Ears, drums, cardrum motility C221 Ears, drums, described C221 Ears, drums, dr														
(223) Spine, other musculoskeletal (224) Spine, other musculoskeletal (225) Mortal Health (226) Spine, other musculoskeletal (226) Spine, other muscu	· / /													
(224) Neurologic - refereese, etc. (215) Lungs, chest, breasts (226) Mortal Health (225) Mortal Health (225) Mortal Health (226) Mortal Health (227) Mortal Systemic (227) Mortal Syst				ds										
C25) Mental Health C26) Mental Health C27) General systemic C28) Mental Health C28) Mental Systemic C28) Mental Health Mental Health														
Carrier Carr			tagmus	3					, etc.					
C22) Notes: Describe every abnormal finding. Enter applicable item number before each comment. Visual acutity		st, preasts							re and lym	nhatics	_	_		
Visual acuity (229) Distant vision at 5m/6m		stem							to and lylli	priatics				
Visual acuity Visual acuit			normal	I finding. E	Enter app	licable iten							L	
Carrot Corr. to	,	,		Ū	• • • • • • • • • • • • • • • • • • • •									
Carrot Corr. to														
Carrot Corr. to														
Carrot Corr. to														
Carrot Corr. to	Visual acuity													
Right eye		n at 5m/6m					(236) P ul	monary functio	<u>n</u>	(237) H	aemog	lobin		
Right eye		Incorrected			Spectacles	Contact	FEV ₄ /FV0	? %	,				(unit)	
Left eye		Jilooncoled			opoolaoioc	lenses	_	´ "	•		_	_	(umi)	
Cash Intermediate vision Corrected							No weed 5			Name	_ ^L			
Cash Intermediate vision Uncorrected Corrected							_ Normai ∟	Abnormal 🗆		Normai		normai	Ш	
Case Protein Blood Other	Dour eyes		COII.	io j		<u> </u>	 (235) Urii	nalvsis Norm	nal 🗆	Abnorm	nal □			
Right eye Left eye Soh Yes No Yes	(230) Intermediate	e vision	Unco	rrected	Co	rrected		iaryolo mom	_			Other	•	
Left eye							7							
Both eyes							Accompa	anying reports						
C231) Near vision							(222) = 2		Not per	rformed I	Normal	Abno	rmal/Comment	
Uncorrected Corrected Ves No Ves	Both eyes													
NS at 30-50cm Yes No Yes No Yes No Right eye	(221) Moor violon	ſ	Unco	rrocted	Co	rraatad								
Right eye Cash Ca														
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Both eyes Carrier Ca														
Yes No Type: No No No No No No No N														
Yes No Type: No No No No No No No N														
Type:				(es							
Refraction						No ⊔	(247) AM	E recommenda	tion:					
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Right eye Left eye (313) Colour perception Normal	Refraction		Sph	Cyl	Axis	Add	Traine or	арриоспи		Date of I	J., C. 1.	1 (0101	ones namber.	
Left eye														
Conversational voice test (2m) Yes Yes No No No No No No No N														
Pseudo-isochromatic plates No of plates: No of plates: (234) Hearing (when 239/241 not performed) Conversational voice test (2m)										="				
No of plates: No of errors: Deferred for further evaluation. If yes, why and to whom? Conversational voice test (2m) Yes Yes With back turned to examiner No No No Audiometry										ersigned (co	py attac	ched) to	r LAPL	
(234) Hearing (when 239/241 not performed) Right ear Left ear Conversational voice test (2m) Yes Yes With back turned to examiner No No No Audiometry Hz		auc plates				+ plates)				vec why ar	nd to wh	om2		
(when 239/241 not performed) Right ear Left ear Conversational voice test (2m) with back turned to examiner Audiometry Hz 500 1000 2000 3000 Right Left (249) AME declaration: I hereby certify that I 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: AME name and address: AME certificate No.:	-			. 10 0. 0	0.0.				aldation. II	yoo, wily al	id to Wi	ЮПТ.		
Conversational voice test (2m)	` '	ot norformed)		Die	uht oor	Lefteer	(248) Con	nmanta limitat	lana					
with back turned to examiner								nments, iimitat	ions					
Audiometry Hz 500 1000 2000 3000 Right														
Hz 500 1000 2000 3000 Right		o examiner		140		110 🗀								
Cade		100	00	2000		3000								
(249) AME declaration: I hereby certify that I 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: AME name and address: E-mail: Telephone No.:	Right													
I hereby certify that I 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: AME name and address: E-mail: Telephone No.:	Left													
attachment embodies my findings completely and correctly. (250) Place and date: AME name and address: E-mail: Telephone No.:														
(250) Place and date: AME name and address: E-mail: Telephone No.:							amed on this me	edical examinat	tion report	t and that th	nis repo	ort with	any	
E-mail: Telephone No.:			lings c	ompletely										
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APPLICATION FORM FOR A MEDICAL CERTIFICATE - Class 1, 2, 3 and LAPL



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

INSTRUCTIONS FOR COMPLETION OF THE MEDICAL EXAMINATION REPORT FORMS

The AME performing the examination should verify the identity of the applicant.

All questions (sections) on the medical examination report form should be completed in full. If an otorhinolaryngology examination report form is attached, then questions 209, 210, 211, and 234 may be omitted. If an ophthalmology examination report form is attached, then questions 212, 213, 214, 229, 230, 231, 232, and 233 may be omitted.

Writing should be legible and in block capitals using a ball-point pen. Completion of this form by typing/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 AME's name and signature, and the date of signing. The following numbered instructions apply to the numbered headings on the medical 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 AME may result in criminal prosecution, denial of an application or withdrawal of any medical certificate(s) granted.

Shaded areas do not require completion for the medical examination report form for the LAPL.

- 201 EXAMINATION CATEGORY Tick appropriate box. Initial Initial examination for either LAPL, class 1, 2 or 3; also initial examination for upgrading from LAPL to class 2, or from class 2 to 1 (insert 'upgrading' in box 248). Renewal/Revalidation Subsequent ROUTINE examinations. Extended Renewal/Revalidation Subsequent ROUTINE examinations, which include comprehensive ophthalmological and otorhinolaryngology examinations.
- 202 HEIGHT Measure height, without shoes, in centimetres to nearest cm.
- 203 WEIGHT Measure weight, in indoor clothes, in kilograms to nearest kg.
- 204 COLOUR EYE State colour of applicant's eyes from the following list: brown, blue, green, hazel, grey, multi.
- 205 COLOUR HAIR State colour of applicant's hair from the following list: brown, black, red, fair, bald.
- 206 BLOOD PRESSURE Blood pressure readings should be recorded as Phase 1 for Systolic pressure and Phase 5 for Diastolic pressure. The applicant should be seated and rested. Recordings in mm Hg.
- 207 PULSE (RESTING) The pulse rate should be recorded in beats per minute and the rhythm should be recorded as regular or irregular. Further comments if necessary may be written in section 228, 248 or separately.
- 208 to 227 inclusive constitute the general clinical examination, and each of the boxes should be marked (with a tick) as normal or abnormal.
- 208 HEAD, FACE, NECK, SCALP To include appearance, range of neck and facial movements, symmetry, etc.
- 209 MOUTH, THROAT, TEETH To include appearance of buccal cavity, palate motility, tonsillar area, pharynx and also gums, teeth and tongue.
- 210 NOSE, SINUSES To include appearance and any evidence of nasal obstruction or sinus tenderness on palpation.
- 211 EARS, DRUMS, EARDRUM MOTILITY To include otoscopy of external ear, canal, tympanic membrane. Eardrum motility by Valsalva manoeuvre or by pneumatic otoscopy.
- 212 EYES ORBIT AND ADNEXA; VISUAL FIELDS To include appearance, position and movement of eyes and their surrounding structures in general, including eyelids and conjunctiva. Visual fields check by campimetry, perimetry or confrontation.
- 213 EYES PUPILS AND OPTIC FUNDI To include appearance, size, reflexes, red reflex and fundoscopy. Special note of corneal scars.
- 214 EYES OCULAR MOTILITY, NYSTAGMUS To include range of movement of eyes in all directions; symmetry of movement of both eyes; ocular muscle balance; convergence; accommodation; signs of nystagmus.
- 215 LUNGS, CHEST, BREASTS To include inspection of chest for deformities, operation scars, abnormality of respiratory movement, auscultation of breath sounds. Physical examination of female applicant's breasts should only be performed with informed consent.
- 216 HEART To include apical heartbeat, position, auscultation for murmurs, carotid bruits, palpation for trills.
- 217 VASCULAR SYSTEM To include examination for varicose veins, character and feel of pulse, peripheral pulses, evidence of peripheral circulatory disease.
- 218 ABDOMEN, HERNIA, LIVER, SPLEEN To include inspection of abdomen; palpation of internal organs; check for inguinal hernias in particular.
- 219 ANUS, RECTUM Examination only on clinical indication following an informed consent.
- 220 GENITO-URINARY SYSTEM To include renal palpation; inspection palpation male/female reproductive organs only on clinical indication following an informed consent.
- 221 ENDOCRINE SYSTEM To include inspection, palpation for evidence of hormonal abnormalities/imbalance; thyroid gland.
- 222 UPPER AND LOWER LIMBS, JOINTS To include full range of movements of joints and limbs, any deformities, weakness or loss. Evidence of arthritis.
- 223 SPINE. OTHER MUSCULOSKELETAL To include range of movements, abnormalities of ioints.
- 224 NEUROLOGIC REFLEXES ETC. To include reflexes, sensation, power, vestibular system balance, Romberg test, etc.
- 225 MENTAL HEALTH- To include appearance, appropriate mood/thought, unusual behaviour.
- 226 SKIN, IDENTIFYING MARKS AND LYMPHATICS To include inspection of skin; inspection, palpation for lymphadenopathy, etc. Briefly describe scars, tattoos, birthmarks, etc. which could be used for identification purposes.
- 227 GENERAL SYSTEMIC All other areas, systems and nutritional status.
- 228 NOTES Any notes, comments or abnormalities to be described extra notes if required on separate sheet of paper, signed and dated.

Transport Malta

APPLICATION FORM FOR A MEDICAL CERTIFICATE - Class 1, 2, 3 and LAPL

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
- DISTANT VISION AT 5/6 METRES Each eye to be examined separately and then both together. First without correction, then with spectacles (if used) and lastly with contact lenses, if used. Record visual acuity in appropriate boxes. Visual acuity to be tested at either 5 or 6 metres with the appropriate chart for the distance.
- 230 INTERMEDIATE VISION AT 100 CM Each eye to be examined separately and then both together. First without correction, then with spectacles if used and lastly with contact lenses if used. Record visual acuity in appropriate boxes as ability to read N14 at 100 cm (Yes/No).
- 231 NEAR VISION AT 30-50 CM. Each eye to be examined separately and then both together. First without correction, then with spectacles if used and lastly with contact lenses, if used. Record visual acuity in appropriate boxes as ability to read N5 at 30-50 cm (Yes/No).
- Note: Bifocal contact lenses and contact lenses correcting for near vision only are not acceptable.
- 232 SPECTACLES Tick appropriate box signifying whether spectacles are or are not worn by applicant. If used, state whether unifocal, bifocal, varifocal or look-over.
- 233 CONTACT LENSES Tick appropriate box signifying if contact lenses are or are not worn. If worn, state type from the following list; hard, soft, gas-permeable or disposable.
- 313 COLOUR PERCEPTION Tick appropriate box signifying if colour perception is normal or not. If abnormal; state number of plates of the first 15 of the pseudo-isochromatic plates (Ishihara 24 plates) have not been read correctly.
- 234 HEARING Tick appropriate box to indicate hearing level ability as tested separately in each ear at 2 m.
- 235 URINALYSIS State whether result of urinalysis is normal or not by ticking appropriate box. If no abnormal constituents, state NIL in each appropriate box.
- 236 PULMONARY FUNCTION When required or on indication, state actual FEV1/FVC value obtained in % and state whether normal or not with reference to height, age, sex and race.
- 236(a) OSA screening: Determine the risk of OSA using appropriate diagnostic tool.
- 237 HAEMOGLOBIN Enter actual haemoglobin test result and state units used. Then state whether normal value or not, by ticking appropriate box.
- 238 to 244 inclusive: ACCOMPANYING REPORTS One box opposite each of these sections must be ticked. If the test is not required and has not been performed, then tick the NOT PERFORMED box. If the test has been performed (whether required or on indication) complete the normal or abnormal box as appropriate. In the case of question 244, the number of other accompanying reports must be stated.
- AME RECOMMENDATION The applicant's name, date of birth and reference number, should be entered here in block capitals. The applicable class of medical certificate should be indicated by a tick in the appropriate box. If a fit assessment is recommended and a medical certificate has been issued, this should be indicated in the appropriate box. An applicant may be recommended as fit for a lower class of medical certificate (e.g. class 2), but also be deferred or recommended as unfit for a higher class of medical certificate (e.g. class 1). If an unfit recommendation is made, applicable Part-MED point references should be entered. If an applicant is deferred for further evaluation, the reason and the doctor or licensing authority to whom the applicant is referred should be indicated.
- 248 COMMENTS, LIMITATIONS, ETC. The AME's findings and assessment of any abnormality in the history or examination, should be entered here. The AME should also state any limitation required.
- AME DETAILS The AME should sign the declaration, complete his or her name and address in block capitals, contact details and lastly stamp the relevant section with his or her designated AME stamp incorporating his or her AME number. The GMP identification no. is the number provided by the national medical system.
- 250 PLACE AND DATE The place (town or city) and the date of examination should be entered here. The date of examination is the date of the general examination and not the date of finalisation of the form. If the medical examination report is finalised on a different date, the date of finalisation should be entered in section 248 as 'Report finalised on'