

# APPLICATION FORM FOR A MEDICAL CERTIFICATE – Cabin Crew



## Civil Aviation Directorate

Transport Malta – Civil Aviation Directorate, Pantar Road, Lija, LJA 2021, Malta. Tel: +356 2555 5000 [ams.tm@transport.gov.mt](mailto:ams.tm@transport.gov.mt) [www.transport.gov.mt](http://www.transport.gov.mt)

MEDICAL IN CONFIDENCE

### All areas require completion.

(201) Examination category Initial <input type="checkbox"/> Revalidation <input type="checkbox"/> Renewal <input type="checkbox"/> Referral <input type="checkbox"/>	(202) Height (cm)	(203) Weight (kg)	(204) Colour eye	(205) Colour hair	(206) Blood pressure-seated (mmHg)		(207) Pulse - resting		
					Systolic	Diastolic	Rate (bpm)	Rhythm: regular <input type="checkbox"/> irregular <input type="checkbox"/>	
<b>Clinical exam:</b> Check each item			Normal	Abnormal				Normal	Abnormal
(208) Head, face, neck, scalp					(218) Abdomen, hernia, liver, spleen				
(209) Mouth, throat, teeth					(219) Anus, rectum				
(210) Nose, sinuses					(220) Genito-urinary system				
(211) Ears, drums, eardrum motility					(221) Endocrine system				
(212) Eyes - orbit & adnexa; visual fields					(222) Upper & lower limbs, joints				
(213) Eyes - pupils and optic fundi					(223) Spine, other musculoskeletal				
(214) Eyes - ocular motility; nystagmus					(224) Neurologic - reflexes, etc.				
(215) Lungs, chest, breasts					(225) Psychiatric				
(216) Heart					(226) Skin, identifying marks and lymphatics				
(217) Vascular system					(227) General systemic				
(228) <b>Notes:</b> Describe every abnormal finding. Enter applicable item number before each comment.									

### Visual acuity

#### (229) Distant vision

	Uncorrected	Corr. to	Spectacles	Contact lenses
Right eye				
Left eye				
Both eyes				

#### (230) Intermediate vision

	Uncorrected		Corrected	
	Yes	No	Yes	No
Right eye				
Left eye				
Both eyes				

#### (231) Near vision

	Uncorrected		Corrected	
	Yes	No	Yes	No
Right eye				
Left eye				
Both eyes				

#### (232) Spectacles

Yes <input type="checkbox"/> No <input type="checkbox"/>	Type:			
<b>Refraction</b>	Sph	Cyl	Axis	Add
	Right eye			
Left eye				

#### (233) Contact lenses

Yes <input type="checkbox"/> No <input type="checkbox"/>	Type:			
Right eye				
Left eye				

#### (233) Colour Vision

Normal  Abnormal

Colour vision testing method/s:  
Results:

#### (234) Hearing

(when 239/241 not performed)

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

Audiometry

Hz	500	1000	2000	3000
Right				
Left				

#### (236) Pulmonary function

FEV <sub>1</sub> /FVC _____%	(237) Haemoglobin _____ (unit)
Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>

#### (235) Urinalysis Normal Abnormal

Glucose	Protein	Blood	Other
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#### Accompanying reports

	Not performed	Normal	Abnormal/Comment
(238) ECG			
(239) Audiogram			
(240) Ophthalmology			
(241) ORL (ENT)			
(242) Blood lipids			
(243) Pulmonary function			
(244) Other (what?)			

#### (247) AME recommendation:

Name of applicant \_\_\_\_\_ Date of birth: \_\_\_\_\_ Reference number: \_\_\_\_\_

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Fit for class: -----

Medical certificate issued by undersigned (copy attached) for class: -----

Unfit for class: -----

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

#### (248) Comments, limitations

\_\_\_\_\_

#### (249) AME declaration:

I hereby certify that I/my AME group have personally examined the applicant named on this aero-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.
AME signature:	E-mail: Telephone No.: Telefax No.:	