Initial ☐ Medical Examination Renewal ☐	Name of AME	Date (dd/mmm/yyyy) (e.g. 01/Jan/2016):
1 SURNAME OTHER NAMES	Title Mr / Mrs / Ms / Other Gender M / F	Telephone No
2 CORRESPONDENCE ADDRESS		Email

3 PLACE OF BIRTH	**4** DATE OF BIRTH (dd/mmm/yyyy) (e.g. 01/Jan/1970)	**5** AGE	**6** EMPLOYER (if applicable)	**7** OCCUPATION

8 DETAILS OF HK LICENCE AND MEDICAL CERTIFICATE HELD OR APPLIED FOR				Licence Number(s)	
☐ ATPL	☐ Single Crew	☐ Multi Crew	Expiry Date(s) of last Medical Certificate(s) (dd/mmm/yyyy) (e.g. 01/Jan/2016)	Hours flown since last medical	Total hours flown
☐ CPL	☐ Single Crew	☐ Multi Crew			
☐ PPL	☐ PPL Inst Rating	☐ Student Pilot			
☐ FE	☐ ATCO	☐ Others	Please specify:		

9 Any aircraft/incident since last medical? YES/NO (if yes, please give details)

Date (dd/mmm/yyyy) (e.g. 01/Jan/2016) Place

Details

10 LAST HKCAD MEDICAL EXAMINATION Date (dd/mmm/yyyy) (e.g. 01/Jan/2016) City and Country HK / UK / AUS / SG / Other (please specify)

AMEs Name

11 Name and Address of own Medical Practitioner	Telephone No Email

12 List **ALL** MEDICATIONS CURRENTLY TAKEN whether prescribed by a doctor or over-the-counter. (Please indicate vitamins, supplements and herbal medicines)

Name (Generic)	Dose	Date started	Purpose	By Whom Prescribed
(a)				
(b)				
(c)				
(d)				
(e)				
(f)				
(g)				
(h)				
(i)				

13 Do you smoke? YES/NO/NEVER. If yes or no, give details	**14** State weekly alcohol intake in units:

15 Since last medical, have you had any illness, accident, admission to hospital or started long term medication? YES/NO If 'YES' describe in Para 20

16 MEDICAL HISTORY – Have you **EVER** had any of the following? Please tick YES or NO. If 'YES' describe in the 'REMARKS' column or in Para 20

	Yes	**No**	**Remarks**
(a) Eye disorders, eye surgery including refractive surgery			
(b) Ear disease or deafness			
(c) Motion sickness requiring medication			
(d) Hayfever or allergy			
(e) Frequent or severe headaches			
(f) Dizziness, fainting or unconsciousness			
(g) Epilepsy or fits			
(h) Head injury or concussion			
(i) Psychiatric or nervous trouble of any sort			
(j) Asthma or other lung disorder			
(k) Heart trouble or high/low blood pressure			
(l) Anaemia or other blood disorder			
(m) Stomach, liver or intestinal disorder			
(n) Diabetes, thyroid or other hormone disease			
(o) Sugar or protein in urine			
(p) Kidney stone or blood in the urine			

Applicant's Name :

16 MEDICAL HISTORY (Continued)

	Yes	No	Remarks
(q) Musculo-skeletal disorder			
(r) Malaria or other tropical disease			
(s) A positive HIV test			
(t) Alcohol/substance abuse or related problem			
(u) Use of opioids, cannabinoids, sedatives, cocaine, hallucinogens, solvents, recreational drugs or other psychoactive substances			
(v) Admission to hospital overnight			
(w) Any other illness or injury			

17 Have you ever been: Please tick YES or NO. If 'YES' describe in the 'Remarks' column or in Para 20

	Yes	No	Remarks
(a) Refused life insurance			
(b) Denied, deferred or delayed in an application or renewal of an aviation medical certificate by any licensing authority			
(c) Convicted of civil or criminal offence in or outside Hong Kong			

18 Have you a family history of: Please tick YES or NO. If 'YES' describe in the 'Remarks' column or in Para 20

	Yes	No	Remarks
(a) Heart disease			
(b) High/Low blood pressure			
(c) Epilepsy			
(d) Mental illness			
(e) Diabetes			

19 Females only: Please tick YES or NO. If 'YES' describe in the 'Remarks' column or in Para 20

	Yes	No	Remarks
(a) Are you pregnant?			
(b) Have you had a history of gynaecological problems?			

20 REMARKS - If no change since last report, so state. If insufficient room, use separate sheet of paper.

21 Declaration I hereby declare that I have carefully considered the statements made above and that to the best of my belief they are complete and correct and that I have not withheld any relevant information or made any misleading statement. I understand that if I have, with intent to deceive, made any false representation for the purpose of procuring for myself a medical certificate, I may be guilty of a criminal offence.

Consent I understand that the personal data provided by means of this form (so long as I hold or am an applicant for a medical certificate/licence) will be disclosed to and used by the Civil Aviation Department and its Approved Medical Assessors to exercise their powers and carry out their duties under CAP. 448C and any information contained in this form may be disclosed to Government bureaux and departments for any other legitimate purpose as may be required, authorized or permitted by law and to aviation authorities of other Contracting States of the International Civil Aviation Organization for verification, validation and certification purpose.

I hereby authorize any health care professional or hospital consulted by me to submit to the Civil Aviation Department any information about my health and convictions for any drunk driving or substance abuse in Hong Kong and/or other areas.

Signed by applicant…… Date (dd/mmm/yyyy) (e.g. 01/Jan/2016)…… AME's (Witness) Signature……

AME's Name…… Telephone No.(s)…… Email Address……

AME's Address……

22 AME please comment on Page 4 on all items answered YES above and detail your recommendations for further progress reports and specialist consultations. All tests, reports and tracings should be securely attached to the examination report. You are advised to make photocopies of the examination report and copies of other reports for future reference.

REPORT OF MEDICAL EXAMINATION

Applicant's Name :

23 Height (cm)	**24** Weight (kg)	**25** BMI	**26** Waist Measurement	**27** Identifying Marks, Scars, Tattoos, Deformities		
28 Hair colour	**29** Eye colour	**30** Pulse	**31** Blood pressure (recumbent)	1st	2nd (if indicated)	3rd (if indicated)

Please tick for each item.	Normal	Abnormal	Notes: Enter item number before each comment. Any abnormal finding should be given in details. Attach additional sheet(s) if necessary
32 Head Neck			
33 Eyes - Lids and Orbits			
34 Eyes - Pupils, Lens, Media, Fundi			
35 Eyes - Visual fields by confrontation			
36 Eyes - Ocular Movements, Nystagmus			
37 Mouth Throat Teeth			
38 Sinuses Nose			
39 Ears Drums Valsalva			
40 Lungs Chest incl Breast			
41 Heart Size, Auscultation			
42 Vascular System Varicose Veins			
43 Abdomen, Hernia			
44 Liver Spleen			
45 Anus Rectum (Only if indicated)			
46 Genito-urinary System			
47 Endocrine System			
48 Upper, Lower Limbs Joints			
49 Spine, Spinal Movement			
50 Neurological (Reflexes, Equilibrium, etc.)			
51 Skin			
52 Psychiatric & Mental Status			
53 Pelvic Examination (Only if indicated)			**54** Last Menstruation Date (Female only) (dd/mmm/yyyy) (e.g. 01/Jan/2016)

55 VISUAL ACUITY		Right	Left	Binocular
Distant Vision (Standard Test Types)	Without Glasses			
	With Glasses			
Intermediate Vision (N type at 100 cm) *[Able to read N14 at 100cm]*	Without Glasses			
	With Glasses			
Near Vision (N type at 30 to 50 cm) *[Able to read N5 in the range 30 to 50 cm]*	Without Glasses			
	With Glasses			
Accommodation in cm (Near point 30 cm with or without lenses)	Without Glasses			
	With Glasses			

Does the candidate wear glasses or contact lenses: YES/NO
Prescription of glasses or contact lenses if applicable

		S	C	A
RIGHT	Distant			
	Near			
LEFT	Distant			
	Near			

56 MEASURE OF HETEROPHORIA (by Maddox Rod at 6 M)	Exophoria	Esophoria	Hyperphoria

57 Power of convergence in cm
Result of cover test

58 COLOUR PERCEPTION (Initial medical examination only - ALL Licences)	Number *Correct*	Number *Incorrect*
Tested by pseudoisochromatic (Ishihara) plates - *State number of correct and incorrect plates*		
Tested by an approved Colour Perception test (must be tested if plates test is abnormal)	*Pass / Fail*	
- *State name of test and result*		

59 AUDITORY ACUITY

Any hearing difficulty with *Conversational* voice at 2 metres with back to examiner? YES/NO

At what distance from examiner can *Forced Whisper* be heard in each ear separately? Right: Left:

(when appropriate) Rinne: …….. Weber: ……..

60 AUDIOMETRY

Frequency	Right	Left	Max Permitted Loss
3000			50
2000			35
1000			35
500			35

Remarks

61 ECG Report (Summary)

62 CXR Report (Summary) Initial exam only

63 Date of last Special Examinations (mmm/yyyy) (e.g. Jan/2016):

ECG
Audio
OPH

NOTES: ECG tracing and report, CXR report and ophthalmological report (DCA 153 (Oph)) should be attached to this report. For frequency of ECG, audiogram and ophthalmic examination, see the Guidance Notes for AME.

64 URINALYSIS Albumin ……. Sugar ……. Blood ……. Other …….

65 HIV TEST RESULTS (initial medical and when clinically indicated)

Test used: Result:

66 DRUG SCREEN (when clinically indicated)

Alcohol…… Opiates……..
Amphetamines…… Benzodiazepines……..
Cocaine…… Ketamines……
Cannabinoids…….. Phencyclidine……

Applicant's Name :

67 Comments - Additional comments from AME on Items 12-20 and 23-66, including any items answered YES in Items 15-19 and your recommendations for further progress reports and specialist consultations.

AME's Overall Comment:

The applicant is medically Fit / Unfit for the Class 1 / 2 / 3 medical certificate applied.
(please delete as appropriate)

68 Medical Examiners declaration:
I hereby certify that I have personally examined the applicant named on this medical examination report and that this report with any attachments embodies my findings completely and correctly.

……	……	……
Signature of AME	NAME IN BLOCK CAPITALS	DATE COMPLETED (dd/mmm/yyyy) (e.g. 01/Jan/2016)

69 For use by AMA and CAD ONLY Annex 1 requirements

	Attained	Not Attained
Class One		
Class Two		
Class Three		

Limitations:

Medical Certificate issued : YES / NO Class …….

Date of next (mmm/yyyy) (e.g. Jan/2016): ECG ……. AUDIO ……. OPH …….

Expiry Date of Medical Certificate (dd/mmm/yyyy) (e.g. 01/Jan/2016):

- ☐ Class 1 for single-crew commercial air transport operations carrying passengers ……..
- ☐ Class 1 for commercial air transport operations other than (i) above ……..
- ☐ Class 2 ……..
- ☐ Class 3 ……..

Comments:

Signature of ASSESSOR…… Date…….. (dd/mmm/yyyy) (e.g. 01/Jan/2016)