



CIVIL AVIATION AUTHORITY OF MALAYSIA

MEDICAL IN CONFIDENCE

MEDICAL EXAMINATION REPORT

Reference number: _____

(1) Examination Initial <input type="checkbox"/> Revalidation <input type="checkbox"/> Renewal <input type="checkbox"/>	(2) Height cm	(3) Weight Kg BMI	(4) Eye Colour	(5) Hair Colour	(6) Blood Pressure – seated mmHg Systolic Diastolic	(7) Pulse – resting Rate(bpm) Rhythm Reg <input type="checkbox"/> Irreg <input type="checkbox"/>
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Clinical examination: Check each item Normal Abnormal Normal Abnormal

(8) Head, face, neck, scalp			(18) Abdomen, hernia, liver, spleen		
(9) Mouth, throat, teeth			(19) Anus, rectum		
(10) Nose, sinuses			(20) Genito-urinary system		
(11) Ears, drums, eardrum motility			(21) Endocrine system		
(12) Eyes - orbit & adnexa; visual fields			(22) Upper & lower limbs, joints		
(13) Eyes - pupils and optic fundi			(23) Spine, other musculoskeletal		
(14) Eyes - ocular motility; nystagmus			(24) Neurologic - reflexes, etc.		
(15) Lungs, chest, breasts			(25) Psychiatric		
(16) Heart			(26) Skin, identifying marks and lymphatics		
(17) Vascular system			(27) General systemic		

(28) **Notes:** Describe every abnormal finding. Enter applicable item number before each comment. (29) Identifying marks, tattoos, scars etc.

Visual acuity

(30) *Distant vision* at 6m Glasses Contact lenses

	Uncorrected		Corrected to		
Right eye					
Left eye					
Both eyes					

(31) *Intermediate vision* Uncorrected Corrected

N14 at 100 cm	Yes	No	Yes	No
Right eye				
Left eye				
Both eyes				

(32) *Near vision* Uncorrected Corrected

N5 at 30-50 cm	Yes	No	Yes	No
Right eye				
Left eye				
Both eyes				

(33) *Glasses*

(34) *Contact lenses*

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

(35) Colour perception	Normal	Abnormal
Pseudo-isochromatic plates	Type: Ishihara (24 plates)	
No of plates:	No of errors	

(40) Hearing (when (41) not performed))	Right ear	Left ear
Conversational voice test at 2 m back turned to examiner	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

(30) Audiometry screening				
Hz	500	1000	2000	3000
Right				
Left				

(50) Urinalysis	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	
Glucose	Protein	Blood	
		Other	
(60) Mental health aspects of fitness discussed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
(61) Behavioural aspects of fitness discussed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
(62) Physical aspects of fitness discussed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
(61) Preventive health advice given? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Accompanying Reports	Normal	Abnormal / Comment	Not performed
(70) ECG			
(71) Audiogram			
(72) Other			

(80) DME recommendation:

Name of applicant:	Date of Birth:
<input type="checkbox"/> Fit Class: _____ <input type="checkbox"/> Medical certificate issued by undersigned: _____	
Signature: _____	State reason:
<input type="checkbox"/> Unfit class _____	
Deferred for further evaluation. If yes, why and to whom?	
(81) Comments, limitations:	

(82) Medical Examiner 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.

(83) Place and date:	Examiner's Name and Address: (Block Capitals)	DME certificate number:
Medical Examiner's signature:	E-mail: Telephone No.: Telefax No.:	

