



CAAM/MED/3

**CIVIL AVIATION AUTHORITY OF MALAYSIA
MEDICAL CERTIFICATE**

I, the undersigned, being the person approved by the Civil Aviation Authority of Malaysia certify that _____
has undergone medical examination on _____
and meets the standard for CLASS - _____ Medical Certificate and is
FIT for the purpose of renewal of (*Licence Type / Number*)
valid up to: _____.

Remarks / limitations (if any):

Examiner's
Stamp:

Medical Examiner's Name and Address: