

Initial <input type="checkbox"/>	Medical Examination	Name of AME		Date of examination (dd/mmm/yyyy) (e.g. 01/Jan/2018):
Renewal <input type="checkbox"/>		1 Surname		Title Mr / Mrs / Ms / Other
Other Names		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
8.1 Class of HK Medical Certificate applied for				<input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3
8.2 Details of HK Licence held or applied for				Licence Number(s)
<input type="checkbox"/> ATPL	<input type="checkbox"/> CPL	Expiry Date(s) of last Medical Certificate(s) (dd/mmm/yyyy) (e.g. 01/Jan/2018)		Hours flown since last medical
<input type="checkbox"/> PPL	<input type="checkbox"/> ATCL			
9 Any accident/incident involving an aircraft since last medical examination? (if 'Yes', please give details)				YES <input type="checkbox"/> NO <input type="checkbox"/>
Date (dd/mmm/yyyy) (e.g. 01/Jan/2018)		Place		
Details				
10 Last HKCAD Medical Examination	Date (dd/mmm/yyyy) (e.g. 01/Jan/2018)	City and Country HK / UK / Others (please specify)		AME's Name
11 Name and Address of own Medical Practitioner				Telephone No Email
12 List <u>ALL</u> 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
(If the space provided above is not enough, please describe in Para 20)				
13 Do you smoke tobacco? NEVER <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Date Stopped:				
State type, amount & number of years:				
14 Do you drink alcohol? NEVER <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Date Stopped:				
How many times in the past year have you consumed 5 or more (standard alcohol units) drinks within a day?				
In a typical week, how many days of the week do you have an alcoholic drink?				
15 Since last medical, have you had any illness, accident, admission to hospital or started long term medication? (If 'YES', please describe in Para 20)				YES <input type="checkbox"/> NO <input type="checkbox"/>
16 Medical History – Have you <u>EVER</u> had any of the following? Please tick ✓ Yes/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				

16 Medical History (Continued)	Yes	No	Remarks
(n) Diabetes, thyroid or other hormone disease			
(o) Sugar or protein in urine			
(p) Kidney stone or blood in the urine			
(q) Musculo-skeletal disorder			
(r) Malaria or other tropical disease			
(s) A positive HIV test			
(t) Alcohol/substance abuse or related problem(s) (e.g. Driving Under Influence (DUI) Offence)			
(u) Use of opiates, 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/No (If 'YES', describe in the 'REMARKS' column or in Para 20)

	Yes	No	Remarks
(a) Refused life insurance on medical grounds			
(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 Do you have a family history of: Please tick ✓ Yes/No (If 'YES', describe in the 'REMARKS' column or in Para 20)

	Yes	No	Remarks
(a) Heart disease / High blood pressure			
(b) Blood Disorders / Cancers			
(c) Epilepsy / Neurological Disease			
(d) Mental illness			
(e) Diabetes			

19 Females only: Please tick ✓ Yes/No (If 'YES', describe in the 'REMARKS' column or in Para 20)

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

20 REMARKS - If previously reported and no change since, 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 representation. I understand, that if I have made any false or misleading representation in connection with this application, or fail to release the supporting medical information, the Civil Aviation Department (CAD) may refuse to grant me a medical certificate or may withdraw any medical certificate granted, without prejudice to any other action applicable under the Hong Kong Legislation.

Consent to release medical information:

Please read the statement below in relation to disclosure of information. The CAD takes the security of your personal information very seriously. Information is only disclosed to persons who are subject to a duty of confidentiality and where there are sufficient security measures in place to protect personal data. If you do not consent to the disclosure of information as described below, you may make representations to plo@cad.gov.hk.

In submitting this application, I am consenting to the disclosure to third parties of all information which I have provided to CAD and that relates to me. I understand that information would only be disclosed to third parties by the CAD for regulatory purposes. This may include providing information to other medical professionals. Administrative workers and/or IT workers who are assisting the CAD with its regulatory functions may also be given access to personal information in the course of their professional duties. This consent shall remain valid so long as I hold or am an applicant for Hong Kong medical certificate.

I hereby authorize the CAD to use information obtained concerning me for the purposes as authorized by law to ensure flight safety, such that CAD will inform the concerned applicant's employer in the event of any invalidity identified for the concerned Medical Certificate. I authorize such information to be disclosed by the CAD to any person from other international jurisdictions who requires such medical information for the purpose of aviation medical certification.

Signature Date (dd/mmm/yyyy) (e.g. 01/Jan/2018)..... AME's (Witness) Signature.....
 AME's Name..... Telephone No.(s)..... Email Address.....
 AME's Address.....

REPORT OF MEDICAL EXAMINATION

Applicant's Name :

22 Height (cm)	23 Weight (kg)	24 BMI	25 Waist & Neck Circumference	26 Identifying Marks, Scars, Tattoos, Deformities					
27 Hair colour	28 Eye colour	29 Pulse	30 Blood pressure (recumbent)	1 st	2 nd (if indicated)	3 rd (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					
31 Head, Neck									
32 Eyes - Lids and Orbits									
33 Eyes - Pupils, Lens, Media, Fundi									
34 Eyes - Visual fields by confrontation									
35 Eyes - Ocular Movements, Nystagmus									
36 Mouth, Throat, Teeth									
37 Sinuses, Nose									
38 Ears, Drums, Valsalva									
39 Lungs, Chest (incl Breast)									
40 Heart Size, Auscultation									
41 Vascular System, Varicose Veins									
42 Abdomen, Hernia									
43 Liver, Spleen									
44 Genito-urinary System									
45 Endocrine System									
46 Upper & Lower Limbs, Joints									
47 Spine, Spinal Movement									
48 Neurological (Reflexes, Equilibrium, etc.)									
49 Skin									
50 Psychiatric & Mental Status									
51 Anus, Rectum (Only if indicated)									
52 Pelvic Examination (Only if indicated)				53 Last Menstruation Date (Female only) (dd/mmm/yyyy) (e.g. 01/Jan/2018)					
54 VISUAL ACUITY			Right	Left	Binocular	Does the candidate wear glasses or contact lenses: YES/NO Prescription of glasses or contact lenses if applicable			
Distant Vision (Standard Test Types)		Without Glasses							
		With Glasses							
Intermediate Vision (N type at 100 cm) [Able to read N14 at 100cm]		Without Glasses				RIGHT Distant	S	C	A
		With Glasses							
Near Vision (N type at 30 to 50 cm) [Able to read N5 in the range 30 to 50 cm]		Without Glasses				LEFT Distant	S	C	A
		With Glasses							
Accommodation in cm (Near point 30 cm with or without lenses)		Without Glasses							
		With Glasses							
55 MEASURE OF HETEROPHORIA (Both) (by Maddox Rod at 6m)		Exophoria	Esophoria	Hyperphoria	56 Power of convergence in cm				
(by Maddox Wing at 33 cm)					Result of cover test				
57 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)									
Name of test	Optec 900 Lantern / Color Assessment Diagnostic (CAD) Test			Result of the Test	Pass / Fail				
58 AUDITORY ACUITY									
Any hearing difficulty with <i>Conversational</i> voice at 2 metres with back to examiner?						YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
At what distance from examiner can <i>Forced Whisper</i> be heard in each ear separately? (when appropriate) Rinne: Weber:						Right:	Left:		
59 AUDIOMETRY									
Frequency	Right	Left	Max Permitted Loss	60 ECG Report (Summary)					
3000			50	61 CXR Report (Summary) Initial exam only					
2000			35	62 Date of last Special examinations (mmm/yyyy) (e.g. Jan/2018):					
1000			35	ECG					
500			35	Audio					
Remarks				OPH					
63 URINALYSIS Albumin Sugar Blood Other				64 DRUG SCREEN					
				Initial / When clinical indicated					
				Opiates			Alcohol		
				Cocaine			Benzodiazepines.....		
				Cannabinoids			Phencyclidine		
				Amphetamines			Ketamines		

65 Comments - Additional comments from AME on Items 12-20 and 22-65, including any items answered YES in Items 13-19 and your recommendations for further investigations, assessment tools being administered (e.g. AUDIT questionnaire, CAGE questionnaire), progress reports and specialist consultations if indicated.

66 AME's Overall Comment

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

67 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/2018)

68 For use by AMA and CAD ONLY Annex 1 requirements

	Attained	Not Attained	Medical Certificate issued : YES / NO	Class
Class One			Date of next (mmm/yyyy) (e.g. Jan/2018):	ECG AUDIO OPH
Class Two			Expiry Date of Medical Certificate (dd/mmm/yyyy) (e.g. 01/Jan/2018):	
Class Three			<input type="checkbox"/> Class 1 for single-crew commercial air transport operations carrying passengers
Limitations:			<input type="checkbox"/> Class 1 for commercial air transport operations other than (i) above
			<input type="checkbox"/> Class 2
			<input type="checkbox"/> Class 3
			Comments:	
			Signature of ASSESSOR.....	Date..... (dd/mmm/yyyy) (e.g. 01/Jan/2018)

Personal Data Collection Statement

1. Purposes of Collection

The personal data provided by means of this form, including all the supporting documents included in the application, will be used by Civil Aviation Department for the following purposes:

- a. Processing of your application in this form;
- b. Carrying out relevant provisions of the Civil Aviation Ordinance (Chapter 448) and its subsidiary Orders / Regulations;
- c. Assisting in the enforcement of any other Ordinances and Regulations by other Government Bureaux and Departments;
- d. For communication purposes between Civil Aviation Department and yourself;
- e. For validation and verification of authenticity of your supporting documents in association with the application;
- f. For statistics and research purposes on the condition that the resulting statistics or results will not be made available in a form which will identify the data subjects.

It is obligatory for you to supply the personal data as required in this form. If you fail to supply the required data, we may not be able to process your application.

2. Classes of Transferees

The personal data you provided by means of this form may be disclosed to:

- a. Other Government Bureaux and Departments for the purposes mentioned in paragraph 1 above;
- b. Other Contracting States of the International Civil Aviation Organisation and Civil Aviation Authorities for the purpose mentioned in paragraph 1 above;
- c. Other organisations or agencies for execution of their duties as required by Civil Aviation Department.

3. Access to Personal Data

You have a right of access and correction with respect to personal data as provided for in Sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided by this form.

4. Enquiries

Enquiries concerning the personal data collected by means of this form, including the making of access and correction, should be addressed to :

Personnel Licensing Office

Flight Standards and Airworthiness Division

Civil Aviation Department Headquarters

1 Tung Fai Road

Hong Kong International Airport

Lantau, Hong Kong

(Attn.: Personnel Licensing Office)

Anti-bribery Reminder

Anyone, while having dealings of any kind with the Civil Aviation Department (CAD), should not offer advantage to the CAD officers, or else he may commit an offence under section 4(1) and/or section 8 of the Prevention of Bribery Ordinance (Chapter 201 of Laws of Hong Kong), and be liable to a maximum penalty of a fine of \$500,000 and imprisonment for 7 years.

(Intentionally left blank)