

Initial <input type="checkbox"/> Medical Examination		Name of AME		Date of examination (dd-mmm-yyyy) (e.g. 01-Jan-2024):	
Renewal <input type="checkbox"/>					
1 Surname		Title Mr / Mrs / Ms / Other		Telephone No	
Other Names		Gender M / F		HKID/ Passport No	
2 Correspondence Address				Email	
3 Nationality		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-2024)		Hours flown since last medical	Total hours flown
<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-2024)		Place			
Details					
10 Last HKCAD Medical Examination					
Date (dd-mmm-yyyy) (e.g. 01-Jan-2024)		Place (For 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 Item 20)					
13 Do you smoke tobacco? NEVER <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Date Stopped (Format DD/MM/YYYY):					
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 (Format DD/MM/YYYY):					
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? Weekly alcohol intake in units?					
15 Since last medical examination, have you had any unfitness, illness, accident, admission to hospital or started long term medication? (If 'YES', please describe in Item 20) YES <input type="checkbox"/> NO <input type="checkbox"/>					
16 Medical History – Have you <u>EVER</u> had any of the following? (If 'YES', describe in the 'REMARKS' column)					
		YES	NO	REMARKS	
(a) Eye disorders including refractive disorders which are correctable by spectacles or contact lenses, 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					

			Applicant's Name :		
<b>16 Medical History (Continued)</b>		<b>YES</b>	<b>NO</b>	<b>REMARKS</b>	
(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					
<b>17 Have you ever been:</b> (If 'YES', describe in the 'REMARKS' column)					
		<b>YES</b>	<b>NO</b>	<b>REMARKS</b>	
(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					
<b>18 Do you have a family history of:</b> (If 'YES', describe in the 'REMARKS' column)					
		<b>YES</b>	<b>NO</b>	<b>REMARKS</b>	
(a) Heart disease / High blood pressure					
(b) Blood Disorders / Cancers					
(c) Epilepsy / Neurological Disease					
(d) Mental illness					
(e) Diabetes					
<b>19 Females only:</b> (If 'YES', describe in the 'REMARKS' column)					
		<b>YES</b>	<b>NO</b>	<b>REMARKS</b>	
(a) Are you pregnant?					
(b) Have you a history of gynaecological problems?					
<b>20 REMARKS</b>					
Initial medical certificate applicant		Previously reported and no change since		Previously reported and with changes (please provide details below)	
<b>21 Declaration:</b>					
<p>I hereby declare that I have carefully considered the statements made above, including any updates made and explained to me by aeromedical doctors, 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.</p>					
<b>Consent to release medical information:</b>					
<p>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.</p>					
<p>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.</p>					
<p>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.</p>					
<p>Signature ..... Date (dd-mmm-yyyy) (e.g. 01-Jan-2024)..... AME's (Witness) Signature.....</p>					
<p>AME's Name..... Telephone No.(s)..... Email .....</p>					
<p>AME's Address.....</p>					

# REPORT OF MEDICAL EXAMINATION

Applicant's Name :

<b>22</b> Height (cm)	<b>23</b> Weight (kg)	<b>24</b> BMI	<b>25</b> Waist Circumference Neck Circumference (in cm)		<b>26</b> Identifying Marks, Scars, Tattoos, Deformities (if insufficient space, please continue in item 65)					
<b>27</b> Hair colour	<b>28</b> Eye colour	<b>29</b> Pulse	<b>30</b> Blood pressure (recumbent)		1 <sup>st</sup> /	2 <sup>nd</sup> (if indicated) /	3 <sup>rd</sup> (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						
<b>31</b> Head, Neck										
<b>32</b> Eyes - Lids and Orbits										
<b>33</b> Eyes - Pupils, Lens, Media, Fundi										
<b>34</b> Eyes - Visual fields by confrontation										
<b>35</b> Eyes - Ocular Movements, Nystagmus										
<b>36</b> Mouth, Throat, Teeth										
<b>37</b> Sinuses, Nose										
<b>38</b> Ears, Drums, Valsalva										
<b>39</b> Lungs, Chest (incl Breast)										
<b>40</b> Heart, Size, Auscultation										
<b>41</b> Vascular System, Varicose Veins										
<b>42</b> Abdomen, Hernia										
<b>43</b> Liver, Spleen										
<b>44</b> Genito-urinary System										
<b>45</b> Endocrine System										
<b>46</b> Upper & Lower Limbs, Joints										
<b>47</b> Spine, Spinal Movement										
<b>48</b> Neurological (Reflexes, Equilibrium, etc.)										
<b>49</b> Skin										
<b>50</b> Psychiatric & Mental Status										
<b>51</b> Anus, Rectum (Only if indicated)										
<b>52</b> Pelvic Examination (Only if indicated)				<b>53</b> Last Menstruation Date (Female only) (dd-mmm-yyyy) (e.g. 01-Jan-2024)						
<b>54 VISUAL ACUITY</b>			Right	Left	Binocular	Does the candidate wear spectacles or contact lenses: Yes No				
Distant Vision (Standard Test Types)			Without Correction			Prescription of spectacles or contact lenses if applicable				
			With Correction							
Intermediate Vision (N type at 100 cm) [Able to read N14 at 100cm]			Without Correction			RIGHT	Distant Near	S	C	A
			With Correction							
Near Vision (N type at 30 to 50 cm) [Able to read N5 in the range 30 to 50 cm]			Without Correction			LEFT	Distant Near	S	C	A
			With Correction							
Accommodation in cm (Near point 30 cm with or without lenses)			Without Correction							
			With Correction							
<b>55 MEASURE OF HETEROPHORIA (Both)</b> (by Maddox Rod with prism at 6m)			Exophoria	Esophoria	Hyperphoria	<b>56</b> Power of convergence in cm				
(by Maddox Rod with prism or Maddox Wing at 33cm)						Result of cover test Normal Abnormal				
<b>57 COLOUR PERCEPTION</b> (Initial medical examination only - ALL Licences)						Number Correct		Number Incorrect		
Tested by 24-plates pseudoisochromatic (Ishihara) plates - State number of correct and incorrect plates										
Result of plates test		Normal Abnormal, the following approved Colour Perception test was conducted								
Name of test		Optec 900 Lantern			Colour Assessment and Diagnosis (CAD) Test		Result of the Test		Pass Fail	
<b>58 AUDITORY ACUITY</b>										
Conversational voice test at 2 metres with back to examiner?						Pass <input type="checkbox"/>		Fail <input type="checkbox"/>		
<b>59 AUDIOMETRY</b>				<b>60 ECG</b> Report (Summary) Normal Abnormal						
Frequency	Right	Left	Max Permitted Loss	<b>61 CXR</b> Report (Summary) Initial exam only Normal Abnormal						
3000			50							
2000			35							
1000			35							
500			35	<b>62 Date of last Special examinations</b> (mm/yyyy) (e.g. 01/2024):						
Remarks Normal Abnormal				ECG						
				Audio						
				OPH						
<b>63 URINALYSIS</b>				<b>64 DRUG SCREEN</b>						
Albumin .....	Sugar .....	Blood .....	Other .....	Initial			When clinical indicated			
Positive	Positive	Positive		Opiates .....			Alcohol .....			
Negative	Negative	Negative		Cocaine .....			Benzodiazepines.....			
				Cannabinoids .....			Phencyclidine .....			
				Amphetamines .....			Ketamines .....			

Please tick ✓ the appropriate box

**65 Comments** - Additional comments from AME on Items 12-20 and 22-64, 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 medical certificate applied.

**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-mm-yyyy) (e.g. 01-Jan-2024)**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 (mm/yyyy) (e.g. 01/2024): ECG AUDIO OPH
Class Two			Expiry Date of Medical Certificate (dd-mm-yyyy) (e.g. 01-01-2024):
Class Three			<input type="checkbox"/> Class 1 for single-crew commercial air transport operations carrying passengers ..... <input type="checkbox"/> Class 1 for commercial air transport operations other than (i) above ..... <input type="checkbox"/> Class 2 ..... <input type="checkbox"/> Class 3 .....
<b>Limitations:</b> Corrective lenses to be worn and additional spectacles to be available Two sets of near visual correction to be available OML OSL Valid only when another qualified ATCO is immediately available to assume your duty Others			Comments:  Signature of ASSESSOR..... Date..... Post Name..... (dd-mm-yyyy) (e.g. 01-01-2024)
Additional medical requirements for renewal Yes No			

Please tick ✓ the appropriate box

This form is :

Completed

Not complete

# **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 Officer)

### **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.