Medical Examination Report

CIVIL AVIATION AUTHORITY OF NEW ZEALAND

1. Name		**2. Client ID**	

3. Comments and follow-up on issues raised in the Application for Medical Certificate or history taking:

History:

Medication:

4. CVD Risk Assessment *(to be completed as per General Direction following NHF guidelines)*

Height *(no shoes)*	cm
Weight *(unclothed)*	kg
BMI	
BP	mmHg
Pulse	per min
Total Cholesterol	mmol/l
HDL	mmol/l
Triglycerides	mmol/l
Tot Chol/HDL ratio	
Glucose *(if required)*	mmol/l

Please detail risk factor(s) in applicable risk group for:

Very high risk *(Risk >20%) and* ***Elevated single risk groups*** *(Risk >15%)*

OR High Risk Groups *(CVD risk as per calculation PLUS additional 5% for any or all of the special factors ticked below)***:**

- **FH premature IHD** ☐
- **Ethnicity** ☐
- **DM with Microalbumin** ☐
- **Type 2 DM >10yr** ☐
- **Type 2 DM with HbA1c >8%** ☐
- **Metabolic Syndrome** ☐

Calculated 5yr Risk: **%**

NB: Fresh lipids and glucose tests not required at every examination. Check GD.

5. Eyes	Uncorrected			Corrected			Stand by correction		
Visual acuity	Right	Left	Both	Right	Left	Both	Right	Left	Both
DISTANCE VISUAL ACUITY (6m) Std: Classes 1,3 = 6/9 Class 2 = 6/12	6/	6/	6/	6/	6/	6/	6/	6/	6/
INTERMEDIATE VISUAL ACUITY (100cm) Std: N14	N:	N:	N:	N:	N:	N:	N:	N:	N:
NEAR VISUAL ACUITY (33cm) Std: N5	N:	N:	N:	N:	N:	N:	N:	N:	N:
TYPE OF CORRECTION USED: Write **M** for main or **S** for standby correction (below symbol)	NONE ☐	Bifocal	Trifocal	Look-over	Progressive focus		Contacts	Distance Specs	

Are the following ALL normal: Lids; Pupils; Lens; Media; Fundi; Visual Fields by confrontation; Eye movements and Cover tests? (If NO, elaborate) ☐ Yes ☐ No

(*Initial only and as per GD*).Standard ISHIHARA 24-plate book Are first 17 plates read with only ONE or fewer errors? Record errors below with an "**x**" ☐ Yes ☐ No

1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*	*11*	*12*	*13*	*14*	*15*	*16*	*17*
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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Are the following normal, without unusual features? Please tick:		Yes	No
6.1	ENT (inc Eust tube, nasal air entry)	☐	☐
6.2	Speech satisfactory	☐	☐
6.3	Conversational Voice Test at 2m	☐	☐
6.4	Audiogram Normal (if required)	☐	☐
7	Heart (size, rhythm, sounds)	☐	☐
8	Vascular system	☐	☐
9	Lungs & chest	☐	☐
10	Abdomen and viscera (including hernia)	☐	☐
11	Lymphatic system – spleen, lymph nodes	☐	☐
12	Endocrine system	☐	☐
13	Genito-urinary system	☐	☐
14	Skin (indicate identifying marks, scars, tattoos)	☐	☐
15	Locomotor system	☐	☐
16	Neurological examination (reflexes, equilibrium senses, co-ordination, etc)	☐	☐
17	Psychiatric examination	☐	☐
18.1	Urinalysis – No Glucose	☐	☐
18.2	Urinalysis – No Protein	☐	☐

NOTES: Describe below **every** abnormality in detail. Use and attach continuation sheets if necessary.

19. Routine Spirometry	**Predicted**	**Recorded**
FVC (l)		
FEV1 (l)		
FEV1/FVC (%)		
PEFR (l/min)		

20. Routine Test Dates: Last lipids:

ECG: Spirometry:

Other Info Attached:

Audio ☐ Spec. Eye ☐ Lipids/BS ☐ CXR ☐

21. Do you know the Applicant? Yes ☐ No ☐

If not, indicate below the type & number of ID used:

Driving Licence ☐ Passport/Airport Security ☐ Other ☐

Type . . . . . Number . . . . . .

22. Any other relevant reports, findings, concerns or comments:

ME STAMP

Print Examiner's Name and Address

23. Medical Examiner's Declaration:

I hereby certify that I personally identified and examined the applicant named on this medical report and that this report with any attached notes embodies my examination completely and correctly.

ME signature Date:

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