

Blood Pressure Examination Report
Medical in Confidence

The Designated Medical Examiner should submit this form to a Cardiologist or Consultant Physician when required (see Manual). Also to be used by the DME annually for cases under routine surveillance.

1. APPLICANTS DETAILS (To be completed by the applicant)

| | | | | |
|----------------------------------|-------------------------------|------------------------------|-------------------------------|-------------------|
| Surname | | Client No: (if issued) | | Rank or Title |
| | | | | Mr, Mrs, Miss, Ms |
| Given names | | | Place and date of birth |/...../..... |
| Postal Address: | | | | |
| Class(es) of licence applied for | ATPL <input type="checkbox"/> | PPL <input type="checkbox"/> | ATCO <input type="checkbox"/> | Other (specify) |
| | SCPL <input type="checkbox"/> | SPL <input type="checkbox"/> | | |
| | CPL | | | |

2. MEDICATION

| Recent and present drug treatment | Drug | Dosage | Date started or increased | Date stopped |
|-----------------------------------|------|--------|---------------------------|--------------|
| (i) | | | | |
| (ii) | | | | |
| (iii) | | | | |

Side effects on present treatment? NO/YES Detail

Is treatment stated to be taken regularly? NO/YES

3. RISK FACTORS for Vascular Disease

(a) Initial assessment. Comment on family history of

(i) vascular disease (ii) hypertension (iii) diabetes

(b) Each assessment (i) smoking habits

(ii) exercise taken (iii) drugs other than hypotensives (incl. oral contraceptives)

4. WEIGHT

Weight? kg

Increase/decrease in past year kg

Comment

5. BLOOD PRESSURE and Pulse Rate Reading

| | | | | | | | | | | |
|--|--|---------------------------------------|--|--|--|--|--|--|--|--|
| Minimum 2 readings lying and standing 5 th phase – to nearest 2mm of Hg | Lying (L) Pulse rate | Standing (S) | | | | | | | | |
| | Pulse rate B.P.1 B.P.2 B.P.3 | Pulse rate B.P.1 B.P.2 B.P.3 | | | | | | | | |
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6. PREVIOUS B.P READINGS and Medication during last year (or since last report)

| DATES | READINGS – STATE (L) or (S) | DRUGS |
|-------|-----------------------------|-------|
| | | |
| | | |
| | | |
| | | |

7. INVESTIGATIONS (for suggested frequency of CXR, ECG and Lab. Tests see notes below)

(a) Laboratory findings (m.mol/L)

Date Plasma Creatinine Cholesterol Uric Acid
 Potassium Glucose

(b) Abnormality in any recent Chest X-ray or Electrocardiogram NO/YES If answer is YES please give details and date.

(c) Additional Comments:

Date Address Signature

Name and Address of General Practitioner:

NOTES

1. Investigations

Notes on suggested frequency of investigations for applicants with confirmed hypertension.

- (a) INITAIL
 - (i) Electrocardiogram (if not recorded within the last 12 months). Please mount the trace on ECG Form CAA 24067/202.
 - (ii) Chest X-ray (with mild hypertension this is discretionary, but a baseline should be taken if there has been no X-ray in the past 2 years and the mean diastolic blood pressure exceeds 110 mm Hg.)
 - (iii) Laboratory tests – The serum creatinine, potassium, uric acid and cholesterol are required.
- (b) SURVEILLANCE
 - (i) Electrocardiogram annually
 - (ii) Chest X-ray – If indicated or if initial film showed cardiac enlargement
 - (iii) Laboratory tests – The serum creatinine, uric acid and cholesterol annually, with potassium and glucose if on a diuretic.

2. Antihypertensive Treatment

(a) It is good preventative medicine to encourage early treatment following diagnosis of a significant hypertension, but it is not the function of the Authority to require treatment following such a finding.

The type of treatment, however, does concern the Authority as any drugs used must “be compatible with the safe handling of an aircraft”, and side effects must be minimal.

NOTE: Except as noted, the starting of drug treatment necessitates a period of time off flying duties (temporary unfitness)

- (b) Drugs ACCEPTABLE for flight crew licences:
 - (i) Diuretics
 - Diurectics other than loop diuretics, approved by the New Zealand Ministry of Health
 - Where bendrofluazide or cyclopenthiiazide alone are used, “temporary unfitness” is not required during trial control period, unless the Medical Assessor thinks it necessary.
 - (ii) Beta-adrenergic blockers, ace inhibitors, vasodilators, calcium antagonists.
 - These drugs (approved for use by the New Zealand Ministry of Health) up to certain doses. For details see the DME Manual.
 - When these drugs are used, “temporary unfitness” is indicated for usually 2 to 4 weeks during the initial control period ie. NO PILOT DUTIES. This may be extended if side effects occur, or if the dose is still being increased. Small initial doses are desirable, and the pilot may be permitted to continue to fly, at the discretion of the PMO, subject to freedom from side effects and adequate medical surveillance if the dose is sequentially increased.
 - (iii) Other drugs – may be acceptable at the discretion of the PMO. If any drug is being considered, please contact the Aviation Medical Unit for advise.

NOTE: All fees are normally the personal responsibility of applicants.