

# Medical Assessment Report (MAR)



<b>Name</b>		<b>Client ID:</b>	
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<b>Report Dates</b>	GME:	Audio:	ECG:	Spiro:
<b>Documents Seen</b>	Pilots Licence: <input type="checkbox"/>	Previous Med Cert: <input type="checkbox"/>	Previous MAR: <input type="checkbox"/>	

**Medical Conditions Considered** (use extra sheets if required)

Condition	Read Code	Year Identified	GD Used	Comments/Certification implication/ Risk reduction by restrictions
CVD Risk (if required)				% per 5 years

**Surveillance and other requirements** (How often? For how long? When next due?)

Mandatory Requirements (as referred to in certificate & 059/020 letter)	Periodicity	Duration	Next Due
<b>Advisory for Next Assessment</b> (recommendations <u>only</u> )			

**Duration of Certificate and Restrictions**

	CLASS 1 – Single pilot air ops carrying passengers	CLASS 1	CLASS 2	CLASS 3
Expiry Date				
Restrictions/ Endorsements				
Assessment	Eligible Ineligible Deferred	Eligible Ineligible Deferred	IFR Yes / No Eligible Ineligible Deferred	Eligible Ineligible Deferred

**Additional Information:** Certified under S 27 B(1)  Certified under S 27 B(2) (ie via AMC process)

Signature of Director/ \_\_\_\_\_  
or Delegate:

Medical Examiner Date Completed:

ME Name/Practice stamp: \_\_\_\_\_

ID Stamp: Total number of pages supplied 

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