ME: _____ Client Name: _____ Client ID: _____

DOCUMENT CHECKLIST

CAA Docs (in this order):

- ☐ Medical Certificate
- ☐ Medical Assessment Report
- ☐ Letter to pilot;
- ☐ Application for a Medical Certificate;
- ☐ Medical Examination Report;

plus

Medical Documents

Supporting docs in this order please:

	Class 1 / 3	Class 2
ECG	☐	☐
Audiometry	☐	☐
Eye Report	☐	☐
Spirometry	☐	☐
Lipids / CVD Risk	☐	☐
MSU	☐	☐

Other investigations, results, reports, or consultations.

- ☐ Respiratory Examination Report
- ☐ Blood Pressure Examination Report
- ☐ Migraine Investigation Report
- ☐ Aging Pilot Report
- ☐ Special Report – Diabetes
- ☐ LTSA / Police Report
- ☐ AUDIT Screen for Alcohol Abuse

Any other investigations, results, reports:

_____

_____

Paperwork Check:

Name:	Application ☐	Assessment ☐	Med Cert ☐
Address:	Application ☐	Assessment ☐	Med Cert ☐
Dates:	Application ☐	Assessment ☐	Med Cert ☐
Conditions:		Assessment ☐	Med Cert ☐

Central Medical Unit:

Tel: +64 4 560 9466

Fax: +64 4 560 9470

Civil Aviation Authority
PO Box 3555
Wellington 6140
New Zealand

Signature _____ **Date Despatched** _____