

MEDICAL EXAMINATION REPORT

For use by AME/SAME only

(4) National Identification number (if applicable):

(1) Examination Category Initial <input type="checkbox"/> Revalidate <input type="checkbox"/> Renewal <input type="checkbox"/> Other <input type="checkbox"/>	(2) Height cm	(3) WeightKg BMI	(4) Eye Colour	(5) Hair Colour	(6) Blood Pressure – seated mmHg		(7) Pulse - resting	
					Systolic/Diastolic		Rate (bpm)	Rhythm Reg <input type="checkbox"/> Irreg <input type="checkbox"/>

Clinical examination: Check each item Normal Abnormal Normal Abnormal

(8) Head, face, neck, scalp			(18) Abdomen, hernia, liver, spleen		
(9) Mouth, throat, teeth			(19) Anus, rectum (indicate if not examined)		
(10) Nose, sinuses			(20) Genito-urinary system (indicate if not examined)		
(11) Ears, especially eardrum appearance and motility			(21) Endocrine system		
(12) Eyes – orbit and adnexa; visual fields			(22) Upper and lower limbs, joints		
(13) Eyes – pupils and optic fundi			(23) Spine, other musculoskeletal		
(14) Eyes – ocular motility; nystagmus, eye muscle balance			(24) Neurologic – reflexes, etc.		
(15) Lungs, chest, breasts (indicate if breasts not examined)			(25) Psychiatric		
(16) Heart			(26) Skin and lymphatics		
(17) Vascular system			(27) General systemic		
(28) Notes: Describe every abnormal finding. Enter applicable item number before each comment.			(29) Identifying marks, tattoos, scars, etc.		

Visual acuity

(30) Distant vision at 6 m (20 ft)

	Uncorrected	Corrected to	Glasses	Contact lenses
Right eye	20/	20/	20/	20/
Left eye	20/	20/	20/	20/
Both eye	20/	20/	20/	20/

(31) Intermediate vision

N14 at 100 cm	Uncorrected	Corrected to	Glasses	Contact lenses
Right eye	20/	20/	20/	20/
Left eye	20/	20/	20/	20/
Both eye	20/	20/	20/	20/

(32) Near vision

N5 at 30-50 cm	Uncorrected	Corrected to	Glasses	Contact lenses
Right eye	20/	20/	20/	20/
Left eye	20/	20/	20/	20/
Both eye	20/	20/	20/	20/

(33) Spectacles	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Type:
(34) Contact lenses	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Type:

(35) Colour perception	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>
Pseudo-isochromatic plates	Type:
No of plates:	No of errors:

(36) Heterophoria
Eso: Exo:
Right Hyper Left Hyper

(37) Visual Field	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
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(38) Intraocular Pressure	mmHg
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(39) Depth Perception

Hearing

(40) Hearing	Right ear	Left ear
When (41) not performed		
Conversational voice test at 2 m back turned to examiner	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

(41) Audiometric screening					
Hz	500	1000	2000	3000	4000
Right					
Left					

(50) Urinalysis Normal Abnormal

Glucose	Protein	Blood	Other
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(60) Mental health aspects of fitness discussed.

Yes No

(61) Behavioural aspects of fitness discussed.

Yes No

(62) Physical aspects of fitness discussed.

Yes No

(63) Preventive health advice given.

Yes No

Accompanying reports	Normal	Abnormal/Comment	Not performed
(70) ECG			
(71) Audiogram			
(72) Chest X-ray			
(73) Other			

(80) Medical examiner's recommendation:

Name of applicant: _____ Date of birth: _____

Fit class: _____

Medical certificate issued by undersigned (copy attached)

Signature: _____

Unfit class _____ State reason _____

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Deferred for further evaluation. If yes, why and to whom? _____

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(74) Blood Analysis

Bl.gr. Rh. Hb.

V.P.C. FBS Chol. Trig.

HDL LDL SGOT SGPT

Alk.phos. BUN Creat. Uric

VDRL HIV HBsAg HbA1c

(81) Comments, restrictions, limitations:

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(82) Medical examiner's declaration:

I hereby certify that I/my AME/SAME group have personally examined the applicant named on this medical examination report and that this report with any attachment embodies my findings completely and correctly.

(83) Place and date:	Examiner's Name and Address: (Block Capitals)	Examiner's Stamp and number:
Medical Examiner's signature:	E-mail: Telephone No.: Telefax No.:	

This form is to be sealed and sent to:

Aeromedical Standards Department, The Civil Aviation Authority of Thailand, 222 Soi Vibhavadi Rangsit 28, Vibhavadi Rangsit Rd., Chatuchak, Bangkok 10900
(ฝ่ายมาตรฐานเวชศาสตร์การบิน, สำนักงานการบินพลเรือนแห่งประเทศไทย, 222 ซอยวิภาวดีรังสิต 28 ถนนวิภาวดีรังสิต แขวงจตุจักร เขตจตุจักร กรุงเทพมหานคร 10900)