## OTORHINOLARYNGOLOGY EXAMINATION REPORT

MEDICAL IN CONFIDENCE

 $Complete\ this\ form\ fully\ and\ in\ block\ capitals-Refer\ to\ instructions\ for\ completion$ 

Applicant's details:	(2) Medical of	certificate applied f		class 2				
(3) Surname:	(4) Previous	surname(s):	(12) Application: Initial					
			Revalidation/Renewal					
(5) Forename(s):	(6) Date of b	` /	(13) Reference	number:				
		Male						
		Female						
(301) Consent to release of medical								
this report and any or all attachments to the AME and, where necessary, to the medical assessor of the licensing								
authority, recognising that these documents or electronically stored data, are to be used for completion of a								
medical assessment and will become								
physician may have access to them according to national law. Medical confidentiality will be respected at all								
times.								
Data								
Date:	Signature of applicant	Stomp & gian	oture of AME:					
	Signature of applicant	Stamp & Sign	ature of AME:					
(402) Examination category:	on category: (403) Otorhinolaryngological history:							
(402) Examination category.	(403) Otoriiliolaryngologicai ilistory.							
Initial								
Special referral								
Clinical examination	Check each item	Normal	Abnormal					
(404) Head, face, neck, scalp								
(405) Buccal cavity, teeth								
(406) Pharynx								
(407) Nasal passages and naso-pharynnx (incl. anterior rhinoscopy)								
(408) Vestibular system incl. Romberg test								
(409) Speech								
(410) Sinuses								
(411) Ext acoustic meati, tympanic membranes								
(412) Pneumatic otoscopy								
(413) Impedance tympanometry includes	uding Valsalva menoet	ivre (initial only)						
Additional testing (if indicated)		Not performed	Normal	Abnormal				
(414) Speech audiometry								
(415) Posterior rhinoscopy								
(416) EOG; spontaneous and position								
(417) Differential caloric test or vesti	bular autorotation test							
(418) Mirror or fibre laryngoscopy								

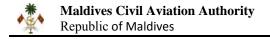




## **Maldives Civil Aviation Authority** Republic of Maldives

(419) Pure tone audiometry		(420) Audiogram									
			, ,		o = I	Right		_= Air	•		
dB HL (hearing level)				x = I	_	= Bone					
Hz	Right ear	Left ear									
250			dB/HL								
500			-10								
1000			0								
2000			10								
3000			20								
4000			30								
6000			40								
8000			50								
(421) Otorhinolaryngology remarks and		60									
recommendation:		70									
			80								
			90								
			100								
			110								
			120								
			Hz	250	500	1000	2000	3000	4000	6000	8000
(422) Examiner's declaration:											
I hereby	y certify that I/r	ny AME group	have perso	nally	exami	ned the	applic	ant nar	ned on	this m	nedical
examina	tion report and th	at this report with	any attachi	nent ei	nbodi	es my fi	ndings (	complet	ely and	correctl	y.
(423) Place and date: ORL e			examiner's name and address:								
		(bloc	k capitals)								
		_	••								
		E-ma									
		-	hone No.:						1.	• •	
AME si	gnature:	Telef	elefax No.:			AME or specialist stamp with No:					





## INSTRUCTIONS FOR COMPLETION OF THE OTORHINOLARYNGOLOGY EXAMINATION REPORT FORM

Writing should be legible and in block capitals using a ball-point pen. Completion of this form by typing or printing is also acceptable. If more space is required to answer any question, a plain sheet of paper should be used, bearing the applicant's name, the name and signature of the AME or otorhinolaryngology specialist performing the examination and the date of signing. The following numbered instructions apply to the numbered headings on the otorhinolaryngology examination report form.

Failure to complete the medical examination report form in full, as required, or to write legibly may result in non-acceptance of the application in total and may lead to withdrawal of any medical certificate issued. The making of false or misleading statements or the withholding of relevant information by an examiner may result in criminal prosecution, denial of an application or withdrawal of any medical certificate granted.

The AME or otorhinolaryngology specialist performing the examination should verify the identity of the applicant. The applicant should then be requested to complete the sections 1, 2, 3, 4, 5, 6, 7, 12 and 13 on the form and then sign and date the consent to release of medical information (section 401) with the examiner countersigning as witness.

- 402 EXAMINATION CATEGORY Tick appropriate box.
  - Initial Initial examination for class 1; also initial examination for upgrading from class 2 to 1 (notate upgrading' in section 403)
  - Special Referral NON-ROUTINE examination for assessment of an ORL symptom or finding
- 403 OTORHINOLARYNGOLOGICAL HISTORY Detail here any history of note or reasons for special referral.
- 404-413 inclusive: CLINICAL EXAMINATION These sections together cover the general clinical examination and each of the sections should be marked (with a tick) as normal or abnormal. Any abnormal findings or comments on findings should be entered in section 421.
- 414-418 inclusive: ADDITIONAL TESTING These tests are only required to be performed if indicated by history or clinical findings and are not routinely required. For each test one of the boxes must be completed if the test is not performed then tick that box if the test has been performed then tick the appropriate box for a normal or abnormal result. All remarks and abnormal findings should be entered in section 421.
- PURE TONE AUDIOMETRY Complete figures for dB HL (hearing level) in each ear at all listed frequencies.
- 420 AUDIOGRAM Complete audiogram from figures as listed in section 419.
- OTORHINOLARYNGOLOGY REMARKS AND RECOMMENDATION Enter here all remarks, abnormal findings and assessment results. Also enter any limitations recommended. If there is any doubt about findings or recommendations the examiner may contact the AMS for advice before finalising the report form.
- 422 OTORHINOLARYNGOLOGY EXAMINER'S DETAILS The otorhinolaryngology examiner must sign the declaration, complete his/her name and address in block capitals, contact details and lastly stamp the report with his/her designated stamp incorporating his/her AME or specialist number.
- PLACE AND DATE Enter the place (town or city) and the date of examination. The date of examination is the date of the clinical examination and not the date of finalisation of form. If the ORL examination report is finalised on a different date, enter date of finalisation in section 421 as 'Report finalised on .......'