OTORHINOLARYNGOLOGY EXAMINATION REPORT

COMPLETE THIS PAGE FULLY AND IN BLOCK CAPITALS - REFER TO INSTRUCTIONS PAGES FOR COMPLETION

Medical in Confidence

(1) State applied to:	(2) Medical certificate applied for Class: 1 ☐ 2 ☐ 3 ATC/FIS ☐	
(3) Surname:	(4) Previous surname(s):	(12) Application: ☐ Initial ☐ Renewal/Revalidation
(5) Forename(s):	(6) Date of birth: / (7) Sex: ☐ Male ☐ Female	(13) Reference number:

(401) **Consent to release of medical information:**

I hereby authorise the release of all information contained in this report and any or all attachments to the Aeromedical Examiner, the Authority and where necessary to the AME and, where necessary, to the medical assessor of the licensing authority, recognising that these documents, or any electronically stored data, are to be used for completion of a medical assessment and will become and remain the property of the licensing authority, providing that I or my physician may have access to them according to the national law. Medical Confidentiality will be respected at all times.

..... Date ..... Signature of the applicant ..... Signature of the AME

(402) Examination Category: ☐ Initial ☐ Special referral	(403) Otorhinolaryngology history:

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) Vastibular system incl. Romberg test	☐	☐
(409) Speech	☐	☐
(410) Sinuses	☐	☐
(411) Ext. acoustic meati, tympanic membranes	☐	☐
(412) Pneumatic otoscpopy	☐	☐
(413) Impedance tympanometry including Valsalva menoeuvre (initial only)	☐	☐

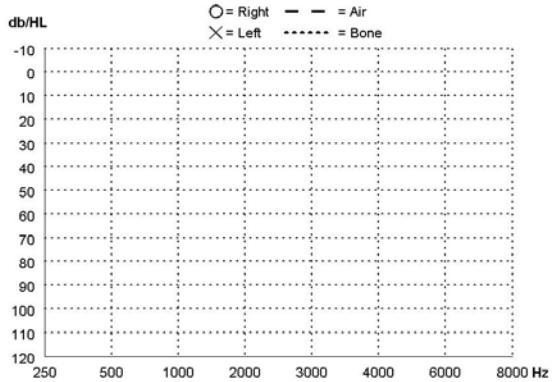
Additional testing (if indicated)	Not performed	Normal	Abnormal
(414) Speech audiometry	☐	☐	☐
(415) Posterior rhinoscopy	☐	☐	☐
(416) EOG; spontaneous and positional nystagnus	☐	☐	☐
(417) Differential caloric test or vestibular autorotation test	☐	☐	☐
(418) Mirror or fibre laryngoscopy			

(419) *Pure tone audiometry*

db HL (hearing level)

Hz	Right ear	Left ear
250		
500		
1000		
2000		
3000		
4000		
6000		
8000		

(420) *Audiogram*



(421) **Otorhinolaryngology remarks and recommendation:**

(422) **Examiner's declaration:**

I hereby certify that I/my AME 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.

(423) Place and date:	ORL examiner's name and address: (block capitals)	AME or Specialist Stamp with No:
AME Signature:	E-mail: Telephone no.: Telefax No.:	