

AME/AeMC Assessment Referral Form (No. EAMAC 001_06_2019)

MED.A.050, ARA.MED.125 Reg. (EU) No. 1178/2011 and ATCO.MED.050, ATCO.AR.F.001
Reg. (EU) 2015/340 MED.B.001 in the current version

AME Name:	AME Number:
Address, telephone and email:	Date:

Medical Certificate Ref. No.:	Licence No.:	Licensing Authority Referred to:
	Licence Type:	

Applicant Name Family name: Forenames:	Medical Class <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> LAPL <input type="checkbox"/> Initial / <input type="checkbox"/> Revalidation / <input type="checkbox"/> Renewal <input type="checkbox"/> Interim Assessment
---	---

Date of Birth:	Current Status: <input type="checkbox"/> Fit <input type="checkbox"/> Unfit
-----------------------	---

Applicable Regulation and paragraph:	Summary of medical conditions and your opinion on aeromedical fitness / limitations:
Assessment Required (please tick one): <input type="checkbox"/> Class 1/3 Fitness Assessment required by regulations, licensing authority guidance material. e.g. mandatory referral or adding/removing OML or other limitations. <input type="checkbox"/> Class 2 where assessment must be made 'in-consultation' with the licensing authority or adding/removing limitations. <input type="checkbox"/> Complex Class 1 or Class 2 following discussion with or at direction of licensing authority.	

Medical Reports (list clinician name and date):
--

Any other documents attached:

GUIDANCE FOR AME ASSESSMENT REFERRAL FORM

- a) This form has been created to standardise AME referrals for assessment of aircrew and ATCO applicants. It should be used for all referrals from the AME of a member state to the licensing authority of another member state.
- b) This form should be completed in English or the language of the state of the licensing authority to which the referral is being made. Any reports or other documents attached should also meet this language requirement.
- c) Please ensure that all the required examinations have been completed (by AME and medical specialists) in compliance with the Regulation, e.g. Application Form. Medical Examination Report, Copy of the Medical Report etc.
- d) If you have been unable to reach a decision, in addition to a summary of the case, please detail the specific aspect of the case which you find challenging and also provide your preliminary certificatory decision.
- e) Please send the referral form and associated documents securely by post or the method required by the relevant licensing authority.
- f) We recommend that you advise your applicants to arrange their next aeromedical examination at the beginning of the 45-day period prior to the expiry date of the aeromedical certificate.