

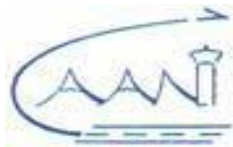


MEDICAL REQUIREMENTS

5TH EDITION

19 October 2020

ATTACHMENT: A-1/6



CIVIL AVIATION AUTHORITY OF NEPAL

APPLICATION AND STATEMENT FORM

Complete this page fully using a black ballpoint pen and in block letters. See instruction page for details.

1. Full Name:		2. Date of birth:	
3. Gender: Male / Female/ Others	4. Address: Tel/Mobile: E-mail:		5. Nationality:
6. Occupation:	7. Employer/Airline name and address:	8. Family physician's or Airline Doctor's Name: Address: Tel/Mobile: E-mail:	
9. Aviation Licence held (type): Licence number: Country issue: Type of License applied for ATPL () CPL () PPL () UPL () F/E () ATC () Other ()		10. Total flight time: Hours	11. Last Medical examination: Date: Place:
12. Any limitations on Licence/ Medical certificate: Yes / No If yes, details:		13. Have you ever had an aviation medical assessment denied, suspended or revoked by any Licensing authority? Yes / No If yes, Date: Place: Details:	
14. Any aircraft accident or reported incident: Yes / No If yes, Date: Place: Details:		15. Aircraft currently flown (e.g. Piston engine, Turbo prop, Jet):	
16. Type of application: Initial / Renewal / Others		17. Class of medical assessment applied for: I/ II / III /Others	18. Type of flying intended: Single-crew / Multi-crew Commercial / Instructor / Private
19. Do you smoke tobacco products? Never Previously: Date stopped: Currently: State type: Amount: Number of years:		20. Do you drink alcoholic beverages? Yes / No If yes, state average weekly intake in units	21. Do you currently use any medication, including non-prescribed medication or psychoactive substances? Yes / No If yes, state name of medication, Date commenced: Daily or weekly dose: Cause (Diagnosis):



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22. **General and Medical history:** Do you have, or have you ever had, any of the following? YES or No must be ticked after each question. Elaborate YES answers in the REMARKS section (23) and discuss them with the medical examiner.

	Yes	No		Yes	No		Yes	No
101. Eye disorders/ eye surgery			117. Neurological disorders: stroke, epilepsy, seizure, paralysis, etc.			Females Only		
102. Spectacles and /or contact lens ever worn			118. Psychological/ psychiatric trouble of any sort			133. Gynecological disorder (including menstrual)		
103. Spectacle/ contact lens / change since last medical exam			119. Alcohol/ drug/ substance abuse			134. Are you pregnant?		
104. Hay fever, other allergy			120. Attempted suicide					
105. Asthma, lung disease			121. Motion sickness requiring medication			Family history of		
106. Heart or vascular disease			122. Anemia/sickle cell trait/other blood Disorder			135. Heart disease		
107. High or low blood pressure			123. Malaria or other tropical disease			136. High blood pressure		
108. Kidney stone or blood in urine			124. Positive HIV test			137. Dyslipidemia		
109. Diabetes, hormone disorder			125. Sexually transmitted disease			138. Epilepsy		
110. Stomach, liver or intestinal Trouble			126. Admission to hospital			139. Mental illness		
111. Deafness, ear disease			127. Any other illness or injury			140. Diabetes		
112. Nose or throat disease or speech disorder			128. Visit to medical practitioner since last medical examination			141. Tuberculosis		
113. Head injury or concussion			129. Refusal of life insurance			142. Allergy/asthma/eczema		
114. Frequent or severe headaches			130. Refusal of issue or revocation of aviation licence			143. Inherited disorder		
115. Dizziness or fainting spells			131. Medical rejection from or for military service			144. Glaucoma		
116. Unconsciousness for any reason			132. Award of pension or compensation for injury or illness					

23. Remarks: If previously reported and unchanged, state

24. DECLARATION: I hereby declare that I have carefully considered the statements I have made above and that to the best of my belief, they are complete and correct. I further declare that I have not withheld any relevant information or made any misleading statements. I understand that if I have made any false or misleading statement in connection with this application, the Authority may refuse to grant me a Medical Assessment or may withdraw any Medical Assessment granted without prejudice to any other legal action.

CONSENT TO RELEASE OF MEDICAL INFORMATION: I hereby give my consent that all relevant medical information may be released and submitted to the Civil Aviation Medical Assessor of the Licensing Authority and Civil Aviation Medical Assessor may release this medical information to relevant doctor/authority if deemed necessary.

NOTE: Medical confidentiality will be respected at all times.

.....
Date Signature of Applicant Signature of SME Eye/SME ENT/DME (Witness)



MEDICAL REQUIREMENTS

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ATTACHMENT: A-2/6

CIVIL AVIATION AUTHORITY OF NEPAL

MEDICAL EXAMINATION FORM For use by Designated Medical Examiner

1) Name:		2) Date of Birth:		3) Sex: Male / Female	
4) Type of application: Initial / Renewal / Others		5) Class of medical assessment applied for: I / II / III / Others		6) Type of flying intended: Single-crew / Multi-crew Commercial / Instructor / Private	
Type of License applied for ATPL () CPL () PPL () UPL () F/E () ATC () Other ()					

7) Height (in cm)/Weight (in kg):	8) BMI:	9) Eye Color:	10) Hair Color:	11) Blood Pressure—seated mm Hg		12) Pulse—resting:	
				Systolic	Diastolic	Rate(bpm):	Rhythm: Regular/ Irregular

CLINICAL EXAMINATION:

	Normal	Abnormal		Normal	Abnormal
13) Head, face, neck, scalp			22) Anus, rectum (examine if applicable)		
14) Mouth, throat, teeth			23) Genito-urinary system (examine if applicable)		
15) Nose, sinuses			24) Endocrine system		
16) Ears			25) Upper and lower limbs, joints		
17) Eyes			26) Spine, other musculoskeletal		
18) Lungs, chest, breasts (indicate if breasts not examined)			27) Nervous system		
19) Heart			28) Psychiatric		
20) Vascular system			29) Skin and lymphatic system		
21) Abdomen, hernia, liver, spleen			30) General system		
31) Any other relevant observation or findings:					
32) Identifying marks, tattoos, scars, etc.:					
33) Notes: Describe every abnormal finding. Enter applicable item number before each comment.					

34) EAR, NOSE, THROAT AND HEARING (ATTACHMENT: A - 3/6)

Medical Examination Form (Ear, Nose, Throat and Hearing) filled in by Specialist Medical Examiner

Dr..... on date is attached.

35) EYE, VISUAL ACUITY AND COLOR PERCEPTION (ATTACHMENT: A - 4/6)

Medical Examination Form (Eye, Visual Acuity and Color Perception) filled in by Specialist Medical Examiner

Dr.on date is attached.



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Accompanying reports	Normal	Abnormal/comment	Not performed
51) Urinalysis			
52) ECG			
53) Chest X-ray			
54) Audiogram			
55) Others			

56) Mental health aspects of fitness discussed.	Yes / No
57) Behavioural aspects of fitness discussed.	Yes / No
58) Physical aspects of fitness discussed	Yes / No
59) Preventive health advice given.	Yes / No

60) Comments, restrictions, limitations:

61) Designated Medical Examiner's Recommendation:

I hereby certify that I have examined the applicant named on this Medical Examination form. All the statements in Application and Statement form, Medical Examination forms, along with attachments, if any, embody my findings completely and correctly. I also have studied specialist medical reports and have attached herewith.

I RECOMMEND / DONOT RECOMMEND for INITIAL/RENEWAL/OTHER licence as the applicant

MEETS/ DOES NOT MEET the medical standards prescribed in Medical Requirements, CAAN for CLASS I / II / III

Medical Certificate.

62) Clinic Address and Date:	63) Designated Medical Examiner's: [Block Capitals and/or stamp] Name: Telephone No: E-mail: Fax (if available):	64) Designated Medical Examiner's signature:
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MEDICAL REQUIREMENTS

5TH EDITION

19 October 2020

ATTACHMENT: A-3/6

CIVIL AVIATION AUTHORITY OF NEPAL MEDICAL EXAMINATION FORM (Specialist - Ear, Nose, Throat and Hearing)



For use by Specialist Medical Examiner

1) Name:		2) Date of Birth:	3) Sex: Male / Female
4) Type of application: Initial / Renewal / Others Type of License applied for ATPL () CPL () PPL () UPL () F/E () ATC () Other ()	5) Class of medical assessment applied for: I / II / III / Others		6) Type of flying intended: Single-crew / Multi-crew Commercial / Instructor / Private

	Normal		Describe abnormality in detail, use additional sheet if necessary & attach to this form
	Yes	No	
14) Mouth, throat, teeth			
15) Nose, sinuses			
16) Ears (especially eardrum appearance and mobility)			
36) Any other relevant observation or findings			

37) Hearing test, back turned to examiner	Whispered voice	Conversational voice	Rinne's Test	Weber Test
Right ear	1m	2m		
Left ear	1m	2m		

38) Audiometry	500	1000	2000	3000	4000	8000
Right ear dB loss	[]	[]	[]	[]	[]	[]
Left ear dB loss	[]	[]	[]	[]	[]	[]

39) Remarks, if any:

I certify that the applicant **MEETS** / **DOES NOT MEET** the medical standards prescribed in Medical Requirement, CAAN in Ear, Nose, Throat and Hearing for INITIAL/RENEWAL/OTHER for CLASS I / II / III medical certificate.

If not, specify

Name of Specialist Medical Examiner: Signature:

Place of examination:

Date:



MEDICAL REQUIREMENTS

5TH EDITION
19 October 2020

ATTACHMENT: A-4/6

CIVIL AVIATION AUTHORITY OF NEPAL MEDICAL EXAMINATION FORM (Specialist - Eye, Visual Acuity and Color Perception)



For use by Specialist Medical Examiner

1) Name:	2) Date of Birth:	3) Sex: Male / Female
4) Type of application Initial /Renewal / Others Type of License applied for ATPL () CPL () PPL () UPL () F/E () ATC () Other ()	5) Class of medical assessment applied for: I / II / III / Others	6) Type of flying intended: Single-crew / Multi-crew Commercial / Instructor / Private

	Normal		Describe abnormality in detail, use additional sheet if necessary & attach to this form
	Yes	No	
40) Eyes– orbit and adnexa; visual fields			
41) Eyes –ocular motility; nystagmus, eye muscle balance			
42) Eyes– pupils and optic fundi			
43) Any other relevant observation or findings			

44) Distant vision at 6 m

	Uncorrected	Corrected to	Glass	Contact Lenses
Right eye				
Left eye				
Both eyes				

45) Intermediate vision: N14 at 100 cm

	Uncorrected	Corrected to	Glass	Contact Lenses
Right eye				
Left eye				
Both eyes				

46) Near vision: N5 at 30-50 cm

	Uncorrected	Corrected to	Glass	Contact Lenses
Right eye				
Left eye				
Both eyes				

47) Spectacles		48) Contact Lens	
Yes	No	Yes	No
Type: unifocal/ bifocal/ varifocal/ look-over		Type: hard/ soft/ gas permeable/ disposable	

49) Color Perception	Normal / Abnormal
Pseudo-isochromatic plates	Type:
No. of plates:	No. of errors:

50) Remarks, if any

I certify that the applicant MEETS / DOES NOT MEET the medical standards prescribed in Medical Requirement, CAAN in Eye, Visual Acuity and Color Perception for INITIAL/RENEWAL/OTHER for CLASS I / II / III medical certificate.

If not, specify

Name of Specialist Medical Examiner: Signature:

Place of examination: Date:



MEDICAL REQUIREMENTS

5TH EDITION
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ATTACHMENT: A-5/6



CIVIL AVIATION AUTHORITY OF NEPAL MEDICAL ASSESSMENT FORM For use by Civil Aviation Medical Assessor

Part A

Full Name:		Sex: Male / Female	Date of birth:
Address:			
Contact Details	Mobile:		E-mail:
Licence No. (ATPL/CPL/MPL/PPL/UPL/FE/ATC).....		Expiry Date:	
Airline:	Family physician's or Airline Doctor's Name:		
	Address (Clinic/Hospital):		
	Mobile:	E-mail:	
Total flight hours:	Total flight hours since last medical:	Last Medical examination: Date/Place	
Any aircraft accident or reported incident? Yes / No If yes, Details, Date & Place:			
Any inflight incapacitation? Yes / No If yes, Details, Date & Place:			

Part B

Aviation medical assessment previously denied, suspended or revoked by any Licensing authority? Yes / No If yes, Details, Date & Place:
Medical events or illness any time: Yes / No
Any abnormal findings in —Application and Statement Form and in —Medical Examination Forms: Yes / No
Limitations/Restriction on Licence/ Medical Assessment previously prescribed? Yes / No If yes, Details:
Assessment, Remarks, Recommendation:
Any communication to the applicant:

Part C

Limitations:

I RECOMMEND / DO NOT RECOMMEND for INITIAL/RENEWAL/OTHER licence as the applicant

MEETS / DOES NOT MEET the medical standards prescribed in Medical Requirements, CAAN for CLASS I / II / III

Medical Certificate.

Date:

.....
Signature
Civil Aviation Medical Assessor



MEDICAL REQUIREMENTS

5TH EDITION

19 October 2020

ATTACHMENT: A- 6/6



CIVIL AVIATION AUTHORITY OF NEPAL

MEDICAL CERTIFICATE

Name & Address

Licence Number:

Date of Birth	Height in cm	Weight in Kg	Hair color	Eyescolor	Sex	Blood Group

This certifies that the holder has met the medical standards prescribed in Medical Requirements, CAAN for class Medical Certificate.

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Date of Medical Certification

Valid until

Signature of Civil Aviation Medical Assessor

Stamp

Signature of Holder

Note: Bring this Certificate on next medical examination.