



CIVIL AVIATION AUTHORITY OF NEPAL

STATEMENT FORM

| | |
|--|-----------------------------|
| FULL NAME: | SEX: Male () Female () |
| NATIONALITY: | ORGANIZATION: |
| OCCUPATION: | DATE OF BIRTH: |
| MARITAL STATUS: | |
| Have you previously been examined for aviation duties? Yes () No () If yes, where and when: | |
| Has a "medical waiver" ever been issued to you ? | |

MEDICAL HISTORY

Have you ever had/have you now any of the following: (Elaborate yes answers under remarks)

| Particulars | Yes | No | Particulars | Yes | No |
|--|-----|----|---------------------------------------|-----|----|
| Frequent and severe headaches | | | Nervous trouble of any kind | | |
| Dizziness of fainting spells | | | Any drug or narcotic habit | | |
| Unconsciousness for any reason | | | Excessive drinking habit | | |
| Eye trouble except glasses | | | Attempted suicide | | |
| Hay fever | | | Motion sickness requiring drugs | | |
| Asthma | | | Rejection of life insurance | | |
| Hear trouble | | | Admission to hospital in last two yea | | |
| High or low blood pressure | | | Aviation accident | | |
| Stomach trouble | | | Gynecological/obstetrical conditions | | |
| Kidney stone of blood in urine | | | Operation | | |
| Sugar or albumen in urine | | | Other illness | | |
| Epilepsy or fits | | | Any illness since last medical | | |
| Hearing problem | | | | | |
| Is there any family history of diabetes : Yes/No | | | | | |
| Cardiovascular disease : Yes/no | | | | | |
| Tuberculosis : Yes/no | | | | | |
| Are you in good physical and mental health as far as you known and believe? : Yes/No | | | | | |

Remarks

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|--|
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I hereby certify that all statements and answers provided by me in this examination form are complete and true to the best of my knowledge.

Date:

Signature:



CIVIL AVIATION AUTHORITY OF NEPAL
MEDICAL EXAMINATION FORM

FULL NAME:

DATE OF BIRTH:

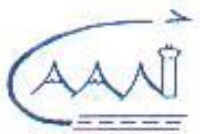
PHYSICAL AND MENTAL EXAMINATION

| Height : | Weight: | BMI: | | |
|---|---------|------|--|--|
| Identifying body marks, scars, tattoos etc. | Normal | | Describe abnormality in detail. Use additional sheet if necessary & attach to this form | |
| | Yes | No | | |
| Head, face, neck and scalp | | | | |
| Lungs and chest (including breast) | | | | |
| Heart (thrust size, rhythm, sound) | | | | |
| Vascular system | | | | |
| Abdomen and viscera (including hernia) | | | | |
| Anus and rectum (hemorrhoids, fistula prostate) | | | | |
| Endocrine system | | | | |
| Genitor- urinary system | | | | |
| Upper and lower extremities (Strength, range of motion, spine other musculoskeletal) | | | | |
| Skin sympathies | | | | |
| Neurological (Tendon reflexes, equilibrium, sense, co-ordination) | | | | |
| Psychiatric (Specify any personality deviation) | | | | |
| Blood pressure: Seated: Recumbent: | | | | |
| Pulse: Seated : | | | | |
| LABORATORY EXAMINATION | | | | |
| Urinalysis: | | | | |
| Sugar: | | | | |
| Albumen: | | | | |
| Blood analysis: | | | | |
| HB: | | | | |
| Sedimentation rate: | | | | |
| ECG: Normal () Abnormal () | | | | |
| Chest X-ray : Normal () Abnormal () | | | | |
| Remarks: | | | | |

Applicant is/is not medically fit:- Yes/No

Place of examination Date Aero-Medical Examiner's

Signature



CIVIL AVIATION AUTHORITY OF NEPAL

MEDICAL EXAMINATION FORM

FULL NAME:

DATE OF BIRTH:

EAR, NOSE, THROAT EXAMINATION AND HEARING

| Particulars | Normal | | Describe abnormality in detail. Use additional sheet if necessary & attach to this form |
|---|--------|----|---|
| | Yes | No | |
| Nose: | | | |
| Sinuses: | | | |
| Mouth and Throat: | | | |
| Ears, general (int. and ext. canals): | | | |
| Hearing Widespread Voice Conversational voice | | | |
| Right ear m ft 2m 6 ft | | | |
| Left ear m ft 2 m 6 ft | | | |
| Eudiometry 500 1000 2000 3000 | | | |
| Right ear db loss () () () () | | | |
| Left ear loss () () () () | | | |
| Remarks : | | | |

Applicant is/is not medically fit:- Yes/No

Place of examination Date

Aero- medical Examiner's Signature

EYE EXAMINATION, VISION AND COLOR PERCEPTION

| Particulars | Normal | | Describe abnormality in detail. Use additional sheet if necessary & attach to this form. |
|--|--------|----|--|
| | Yes | No | |
| Eyes, general, visual field | | | |
| Ophthalmoscope | | | |
| Pulse: Seated: | | | |
| Ocular motility | | | |
| Distance Vision : Uncorrected: Corrected: | | | |
| Right Eye 6/ 6/ | | | |
| Left eye 6/ 6/ | | | |
| Both eye 6/ 6/ | | | |
| Near Vision: | | | |
| 30 – 50cm (12-20 in.) N-chart Value: | | | |
| Intermediate vision : | | | |
| 100 cm. (40 in.) N- chart Value: | | | |
| Color Vision : Normal () Abnormal () | | | |
| Prescription for correcting lenses (when required) : | | | |
| Remarks if any: | | | |

Applicant is/is not medically fit:- Yes/No

Place of examination Date Aero-Medical Examiner's signature



CIVIL AVIATION AUTHORITY OF NEPAL
MEDICAL EXAMINATION FORM

FULL NAME:

| <u>DETAILS</u> | PHYSICAL AND MENTAL HEALTH | ENT AND HEARING | EYE, VISION AND COLOR PERCEPTION |
|---------------------------------|-------------------------------|--------------------|-------------------------------------|
| EXAMINER'S NAME: | | | |
| DATE OF MEDICAL EXAMINATION: | | | |
| RESULT FIT/UNFIT: | | | |
| APPLICANTS SIGNATURE: | | | |
| EXAMINER'S SIGNATURES: | | | |

MEDICAL ASSESSMENT – PASSED/FAILED

REMARKS:

Signature:

DATE: