



**CIVIL AVIATION AUTHORITY OF NEPAL**  
**STATEMENT FORM**

FULL NAME:	SEX: Male <input type="checkbox"/>	
NATIONALITY:	Female <input type="checkbox"/>	
OCCUPATION:	ORGANIZATION:	DATE OF BIRTH:
MARITAL STATUS:		
Have you previously been examined for aviation duties? Yes <input type="checkbox"/> No <input type="checkbox"/> 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 years		
High or low blood pressure			Aviation accident		
Stomach trouble			Gynecological/obstetrical conditions		
Kidney stone or 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**


**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:		Describe abnormality in detail. Use additional sheet if necessary & attach to this form
Identifying body marks, scars, tattoos etc.		Normal	Yes	
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 : .....				
<b>LABORATORY EXAMINATION</b>				
Urinalysis:				
Sugar:				
Albumen:				
Blood analysis:				
HB:				
Sedimentation rate:				
ECG:      Normal ( <input type="checkbox"/> )      Abnormal ( <input type="checkbox"/> )				
Chest X-ray :      Normal ( <input type="checkbox"/> )      Abnormal ( <input type="checkbox"/> )				
<b>Remarks:</b>				

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	( )	( )	( ) ( )
<b>Remarks :</b>			

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) :			
<b>Remarks if any:</b>			

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:			
APPLICANT'S SIGNATURE:			
EXAMINER'S SIGNATURES:			

**MEDICAL ASSESSMENT – PASSED/FAILED**

**REMARKS:**

**Signature:**

**DATE:**