GAMBIA CIVIL AVIATION AUTHORITY
BANJUL INTERNATIONAL AIRPORT
PMB 285, THE GAMBIA
www.gcaa.aero ; pel@gcaa.aero

MEDICAL REPORT

(CONFIDENCIAL)

Medical Examination Initial ☐ Renewal ☐	Place	Date

1 FULL NAME (Block Letters, Surname first) Mr./ Mrs. / Ms.

2 PERMANENT ADDRESS	Telephone No
3 POSTAL ADDRESS (if different from above)	Telephone No

4 PLACE AND DATE OF BIRTH	AGE	5. OCCUPATION	6 EMPLOYER (if applicable)

7 TYPE OF LICENCE(S) HELD OR APPLIED FOR

Airline Transport Pilot		ATCO		Licence Number(s)	Expiry Date(s) of last Medical Certificate(s)
Senior Commercial Pilot		Flt Radio Operator			
Commercial Pilot		Student Pilot		Expiry Date(s) of 5 Year Licence(s)	Hours flown: Total / Since last examination
Flt Engineer		Private Pilot			
Flt Navigator		PPL Inst Rating			
Type(s) of Aircraft flown since last medical examination				Route(s) flown	

8 If involved in an Aircraft accident since last Medical Examination give date and location,

9 Name and Address of own General Practitioner	Telephone No
10 Any medication presently being prescribed? YES / NO	If YES give description, purpose and by whom prescribed.

11 Have you ever been treated for Alcoholism/Drug Addiction? ……..... Do you Smoke?……. How much per Day / Week? ……....

12a Medical History - have you a History of any of the following - if Yes please tick and describe in Remarks

(a) Frequent or Severe Headaches		(g) High or Low Blood Pressure		(m) Motion Sickness requiring Drugs	
(b) Dizziness, Fainting or Unconsciousness		(h) Stomach Trouble		(n) Discharge on Medical grounds from Service	
(c) Eye Trouble		(i) Kidney Stone or Blood in Urine		(o) Head Injury	
(d) Hay Fever		(j) Sugar or Albumin in Urine		(p) Heart Trouble	
(e) Asthma		(k) Epilepsy or Fits		(q) Nervous Trouble of any sort	

12b Family History – is there a history of any of the following in your family - if Yes please tick and describe in Remarks

(a) Epilepsy		(c) Tuberculosis		(e) Inherited Disorder	
(b) Diabetes		(d) Mental Illness		(f) Glaucoma	

12c Have you ever been refused medical assessment or had your assessment revoked or suspended. If so please give reasons below: ☐

Remarks:

13 Brief details of any Illness, Accident, Disability or Admission to Hospital since last Medical Examination (or in the six months preceding initial examination).

Date(s)	Details	Doctor's Name and Address

14 **Declaration**

I hereby declare that I have carefully considered the statements made above and that to the best of my belief they are complete and correct and that I have not withheld any relevant information or made any misleading statement. I understand that if I have, with intent to deceive, made any false representation for the purpose of procuring for myself a medical certificate, I may be guilty of a criminal offence.

Consent To Obtaining Of Medical Information

I hereby consent to the Civil Aviation Authority's Medical Department (so long as I hold or I'm an applicant for the issue or for the renewal of a medical certificate) obtaining information about my health from any medical adviser or facility consulted by me.

Signed …… Witnessed ……

Date …… Name in BLOCK LETTERS ……

Address …….

15 Routine ECG, CXR Reports and other tests reports and tracings should be securely attached to this examination report. AMEs are advised to retain copies of reports for future reference.

AMEs comments including recommendation for further progress reports, specialist consultations should be submitted on a separate sheet of paper.

16 Height (Inches / cm)	17 Weight (Kgs / lbs)	18 Chest Insp. in …… cm Exp. in ……. cm	19 Waist (Inches / cm)

20 Identifying Marks, Scars, Tattoos, Deformities: Colour of hair: Colour of eyes: Physical Impression	21 Date of last: ECG CXR Audio

Please complete each item and place a tick in the appropriate column	Normal	Abnormal	NOTES: Enter item number before each comment. Any abnormal finding should be given in detail. Attach additional sheet(s) if necessary.
22 Head. Neck			
23 Mouth. Throat. Teeth			
24 Sinuses			
25 Ears. Drums. Valsalva			
26 Lungs. Chest including Breasts			
27 Heart. Size, Auscultation			
28 Vascular System. Varicose Veins			
29 Pulse Rate (Sitting, Standing)			
30 Blood Pressure - Systolic/Diastolic (Recumbent) Pulse Rate			
31 Abdomen, Hernia			
32 Liver. Spleen, Glands			
33 Anus. Rectum (Haemorrhoids, Fistula, Prostate)			
34 Genito-urinary System			
35 Endocrine System			
36 Upper, Lower Limbs. Joints			
37 Spine. Spinal Movements			
38 Neurological (Reflexes, equilibrium, etc)			
39 Skin			
40 Psychiatric			

41 Last Menstruation Date……. Pelvic Examination (If applicable)

42 **EYES VISUAL ACUITY**

	Normal	Abnormal	Right	Left
Lids, Pupils, Lens, Media, Fundi				
Distant Division (Standard Test Types)	Without Glasses			
	With Glasses			
Near Vision (N type at 30 to 50 cm) (Able to read N5'in the range 30 to 50 cm)	Without Glasses			
	With Glasses			
Accommodation in cm (Near point 30 cm (12 in) with or without lenses)	Without Glasses			
	With Glasses			

Does the Candidate Possess Glasses **YES / NO** Prescription of Glasses if applicable Near / Distant		S	C	A		S	C	A
	RIGHT				**LEFT**			

Field of vision by confrontation test	Normal	Abnormal	Power of convergence in cm Result of cover test

43 COLOUR PERCEPTI ON *(Initial medical exam only - ALL licences)*	Normal	Abnormal	Remarks:
Tested by pseudo-isochromatic (Ishihara) plates (if abnormal a Lantern test MUST be performed for ALL licences)			
Tested by, an approved Colour Perception Lantern			

44 MEASURE OF HETEROPHORIA	Exophoria	Esophoria	Hyperphoria	
Maddox Rod				
Maddox Wing				

45 **AUDITORY ACUITY**

Any hearing difficulty with *Conversational* voice at 8 feet with back to examiner? **YES / NO**

At what distance from examiner can *Forced Whisper* be heard in each ear separately? Right: Left:

(when appropriate) Rinne:..... Weber:.....

AUDIOMETRY (For periodicity see AME Manual)	Right	Frequency	Left	Max Permitted Loss	Remarks:
		3000		50	
		2000		35	
		1000		35	
		500		35	

46 **URINALYSIS** Remarks:

Albumen …… Sugar …… Other…….

47 Date of Next: ECG ……. CXR …… AUDIO …….

Medical Certificate Issued: YES / No If YES, Class Issued ……

AME Signature and Stamp ……. Date ……..

CAA Official Use Only		
Annex 1 Requirements		
Attained		Not Attained
	Prof Pilot	
	PPL/IR	
	FN	
	FE/FRO	
	ATCO	
	S/PPL	