

UNITED KINGDOM CIVIL AVIATION AUTHORITY

MEDICAL FLIGHT TEST REPORT



A copy of Page 1 only will be sent to Personnel Licensing Department

1) Candidate's Personal Particulars:

Name (in full):

CAA Ref No:

Date of Birth: / /

Current Address:

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Telephone Number - Home: Work:

Mobile:

2) Purpose of test:

TO ASSESS SAFE HANDLING AND FITNESS TO OPERATE ALL AIRCRAFT CONTROLS

a) IN NORMAL FLIGHT CONDITIONS (pre flight checks, preparation for flight, taxi, take off, landing, normal flight manoeuvres and operation of all switches, levers and other operational procedures in the cockpit)

b) IN THE EVENT OF AN EMERGENCY (e.g. engine failures, brake faults requiring full manual braking, rejected take off following engine failure)

c) IN DEMONSTRATING SAFE EVACUATION OF THE AIRCRAFT

(NOTE: SEPARATE REPORTS MAY BE REQUIRED FOR DIFFERENT CLASSES AND TYPES)

3) Declaration

Declaration: ***I understand the purpose of the medical flight test*** (see Section 2)

Signature of candidate Date: / /

4) CAA Medical Officer's Assessment:

ACCEPTABLE / UNACCEPTABLE* CLASS 1*/2*/LAPL* OTHER*

*delete as appropriate

Limitations to be placed on licence:

Signed Date: / /

Cont'd\....

CAA Ref No:

5) **Candidate's Medical Condition** (including artificial aids):

HISTORY:

SYMPTOMS (if applicable):

6) **Medical Flight Test Report** (To be completed by Nominated Examiner)

Please have particular regard to freedom of range of movement, strength, dexterity, and agility as required for ingress, egress, and control inputs when completing the test.

Physical limitations or body mass should not interfere with the safe exercise of licence privileges.

Particular regard should be directed to the strength required for any hand/foot inputs to control pitch, roll and yaw in both emergency and routine operations when completing the test.

There should be no impediment of access to, and full and free movement of all aircraft controls, ancillary controls, switches or levers.

Aircraft Type & Registration:

Modifications (if any):

Artificial Aids Used By The Candidate (if any):

Date & Place Of Test: / /

Please comment on the candidate's ability to compensate for his/her disability

Examiner's Name (please print):

Examiner's CAA Licence No:

Signed Date: / /

(NB. If the medical flight test is combined with a general flying test, both forms should be completed)