

UNITED KINGDOM CIVIL AVIATION AUTHORITY

ATCO OPERATIONAL TEST REPORT

DIABETES TREATED WITH POTENTIALLY HYPOGLYCAEMIC MEDICATION

1) Candidate's Personal Details:

Name (in full):

CAA Ref No:

Date of Birth: / /

Current Address:

.....

.....

Telephone Number - Home:

Work: Mobile:

2) Purpose of test:

To determine that the applicant demonstrates knowledge of the aeromedical issues relevant to diabetes and demonstrates safe management of their health condition whilst exercising licence privileges

3) Declaration

Declaration: *I understand the purpose of the operational test*

Signature of Candidate Date / /

4) Operational Test Report (To be completed by Watch Manager)

Job role (e.g. area, approach, tower):

Duty period(s) assessed:

Date and Place Of Test:/...../..... -

Examiner's Name (please print):

Examiner's CAA Licence No:

Blood Testing Machine Used:

Acceptable

- Appropriate briefing on diabetes conducted using UK CAA briefing sheetYes/No
- Spare blood testing machine availableYes/No
- Where an insulin pump is used, alternative delivery method available.....Yes/No/n/a
- Availability of carbohydrate – state whatYes/No
- Appropriate stowage of medication/equipment/resourcesYes/No

- Check Log book and glucose memory meter congruityYes/No
- Evidence of compliance with blood testing in accordance with relevant protocolYes/No
- Tests conducted in safe manner without interference with safe operationsYes/No

Time	Time within duty period	Result and Comments		Time within duty period	Result and Comments

Comments

Recommendations (e.g. any type/class-specific issues)

Signed Date / /

Return to:
CAA Medical Department
Aviation House
Gatwick Airport South
West Sussex RH6 0YR