

CIVIL AVIATION NOTICES

CAN 4-13

AEROMEDICAL DECLARATION FORM

INDEX

| | |
|---|---|
| MEDICAL REQUIREMENTS (Applicants Over 60yrs of Age) | 2 |
| 13.1 General | 2 |
| 13.2 Purpose | 2 |
| 13.3 Applicability | 2 |
| 13.4 Cancellation | 2 |
| 13.5 Effective date | 2 |
| 13.7 Medical Declaration Form | 2 |
| 13.8 Declaration Form | 3 |

MEDICAL REQUIREMENTS (Applicants Over 60yrs of Age)

13.1 General

This Notice applies to all appointed AME's and SAME's conducting aeromedical examinations in Oman for the issue of an aeromedical assessments.

13.2 Purpose

The Civil Aviation Notices, hereinafter referred to as Notices, are issued by the Public Authority for Civil Aviation (PACA). The Notices are a means of circulating essential information of an administrative or technical nature to holders of PACA licenses and Certificates, foreign air operators in Oman, and foreign operators of Omani registered aircraft.

13.3 Applicability

This CAN applies to all Oman certified aviation personnel required to pass the medical fitness standards required for either a Class 1, Class 2 or Class 3 medical, prior to them operating in the relevant field of aviation requiring that standard of medical fitness.

13.4 Cancellation

Not Applicable

13.5 Effective date


This CAN is effective from date of issue.

13.7 Medical Declaration Form

Due to recent changes to requirements stated within ICAO Annex 1 all personnel requiring either a Class 1, 2 or 3 medical must complete and sign the medical Declaration Form in the presence of the Aeromedical Examiner prior to the commencement of the examination.

13.8 Declaration Form

Aeromedical examiners are to download this form from the PACA website www.paca.gov.om, then complete, scan and send with the results of the medical examination to the PACA MAs.

| | | | | |
|---|-----------------------|--|--|--|
|  PACA الهيئة العامة للطيران المدني | | <h2 style="margin: 0;">Declaration Form</h2> <h3 style="margin: 0;">Aeromedical Certificate</h3> | | |
| CANDIDATE DETAILS TO BE COMPLETED BY THE APPLICANT | | | | |
| First Name | Middle Name | Last Name | Crew Position | License No |
| | | | <input type="checkbox"/> Pilot <input type="checkbox"/> ATC <input type="checkbox"/> C/C | |
| CANDIDATE IDENTIFICATION TO BE COMPLETED APPLICANT APPLYING FOR CERTIFICATE | | | | |
| Type of license | Class | Omani/Foreign License Details | | Foreign License Details (if applicable) |
| <input type="checkbox"/> Omani License | | License No. | Medical Expiry date | State of Issue |
| <input type="checkbox"/> Foreign License | | | DD/MM/YYYY | |
| CANDIDATE IDENTIFICATION TO BE COMPLETED APPLICANT APPLYING FOR CERTIFICATE | | | | |
| Gender | NATIONALITY | Personal Address | | Telephone No. |
| <input type="checkbox"/> M <input type="checkbox"/> F | | | | |
| Passport No. | Place of Issue | Issue Date | Expiry Date | Operator Address |
| | | DD/MM/YYYY | DD/MM/YYYY | |
| Declaration | | | | |
| <p>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 made any false or misleading statements in connection with this application, or fail to release the supporting medical information, the Licensing Authority may refuse to grant me a medical certificate or may withdraw any medical certificate granted, without prejudice to any other action applicable under Sultanate Oman law. I hereby authorize the release of all information contained in this report and any or all its attachments and all information which I have provided to the PACA and that relates to me to my AME and, where necessary, to:</p> <ul style="list-style-type: none"> • The Medical Assessor /or ALSI of my licensing authority; and • The Medical Assessor /or ALSI of the competent authority of my AME; and • Other health professionals and administration staff as part of the medical assessment process. I recognize that these documents or electronically stored data are to be used for completion of a medical assessment and for oversight purposes, providing that I or my physician may have access to them according to Sultanate Oman law. The medical record will become and remain the property of the Licensing Authority. Medical confidentiality will be respected at all times. NOTIFICATION OF DISCLOSURE OF PERSONAL DATA: I hereby declare that I have been informed and I understand that the data contained in my medical certificate application according to PACA.MED Form. for Aircrew and ATCO may be electronically stored and made available to my AME in order to provide historical data required and to the Aeromedical licensing senior inspector (ALSI) . | | | | |
| Applicant signature | Witness Name | Witness Signature | Date | |
| | | | | |

AGM Form 02 – Declaration Statement (Rev:01 – 20/02/2020)