


APPLICATION FOR APPOINTMENT AS AVIATION MEDICAL EXAMINER												
print or type legibly - Check (boxes) and/or complete items applicable.												
SECTION 1 - APPLICANTS IDENTIFICATION												
A NAME (SURNAME FIRST)					K. MAILING							
B. EMPLOYER		c DATE OF BIRTH (Day/'Mo./Yr.)		D. HEIGHT						E. WEIGHT Kg.		
F. HAIR	G. EYES	H SEX	I. NATIONALITY									
PLACE OF BIRTH												
ADDRESS WHERE EXAMINATION WILL BE PERFORMED					MEDICAL SPECIALTY							
NUMBER AND STREET					1. GENERAL PRACTICE							
					2. OPHTHALMOLOGIST							
CITY			COUNTRY		3. SURGEON							
					4. INTERNIST							
STATE OR AREA		POSTAL CODE		TELEPHONE NO.			5. PSYCHIATRIST AND/ OR NEUROLOGIST					
LICENSED AS					7. INDUSTRIAL PRACTICE							
	MEDICAL DOCTOR				8. AVIATION MEDICINE							
	DOCTOR OF OSTEOPATHY				9. OTHER (Specify)							
WILL YOU PARTICIPATE IN THE DGCA AIRCRAFT ACCIDENT INVESTIGATION PROGRAMME? YES <input type="checkbox"/> NO <input type="checkbox"/>												
ARE YOU EMPLOYED BY ANY NONGOVERNMENTAL CIVIL AVIATION ENTERPRISE? NO <input type="checkbox"/> YES <input type="checkbox"/> (Explain)												
SECTION 11 • EDUCATION												
MILITARY	NAME OF SCHOOL			LOCALITY		DEGREE RECEIVED		YEAR GRADUATED				
INTERNSHIP AND RESIDENCY	NAME OF HOSPITAL OR OTHER INSTITUTION			LOCALITY		INCLUSIVE DATES		SPECIALTY OR ROTATING				
POST GRADUATE STUDY	NAME OF INSTITUTION			LOCALITY		INCLUSIVE DATES		DEGREE OR CERTIFICATE				
SECTION 111 – EXPERIENCE												
MEDICAL PRACTICE	TYPE OF PRACTICE							LENGTH OF TIME				
AVIATION	PILOT OR OBSERVER		RATING(S) HELD 		STUDENT	INSTRUMENT		TOTAL HRS. AS PILOT				
					PRIVATE	OTHER (Specify)						
					COMMERCIAL							
					AL.TP							
MILITARY	BRANCH OF SERVICE		FLIGHT SURGEON		HIGHEST RANK	ENTERED		IF RELEASED GIVE DATE				
			YES									
			NO									

**SECTION IV - MEMBERSHIP IN MEDICAL AND PROFESSIONAL SOCIETIES**

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**SECTION V - Facilities AND EQUIPMENT AVAILABLE AT PLACE EXAMINATIONS WILL BE GIVEN**

1. STANDARD TEST TYPFS FOR VISUAL ACUITY (Both near and distant)
2. EYE MUSCYE TEST (May be a spot of light cm in diameter. a regular muscle test light. or an **ophthalmoscope** head)
3. MADDOX ROD (Rd) (May be hand
4. HORIZONTAL PRISM BAR (Risky. Hughes. or hand prisms are acceptable)
5. OPHTHALMOSCOPE
6. COLOUR VISION TEST APPARATUS • PSEUDOISCHROMATIC PLATES (Dvorine. 2nd edition: AOC, revised edition, AOC.HRR Ishihara. 16-24 or 38. editions). ACCEPTABLE SUBSEITUTES: FARNSWORTH LANI ERN: SAMCTT (School' of Aviation Medicine colour Threshold Tester): EDRIDGE. GREEN COLOUR PERCEPTION LANTERN. TITMWS OPTICAL VISION TESTER; OR KEYSTONE ORTHO-SCOPE.
7. A WALL TARGET CX)NSISTING OF A SO-INCH SQUARP SURFACE WITH A MATTE FINISH (May be black felt or dull finish AND A 2MM. WHITE TEST Object (May be a pin) IN A ABLE HANDLE OF THE SAME COLOUR AT THE BACKGROUND

**SECTION VI – REMARKS** (List, by making reference item any pertinent information you desire to submit)

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**SECTION VII - APPLICANT'S CERTIFICATION**

I CERTIFY THAT THE INFORMATION PROVIDED HEREON AND IN ATTACHMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. AND I AGREE TO THE CONDITIONS OF ACCEPTANCE WHICH ACCOMPANIED THIS APPLICATION.

DATE (Day/Ma/Yr)	SIGNATURE	PROFESSIONAL DEGREE
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**SECTION VIII - FOR DGAR OSF. ONLY**

THIS APPLICATION HAS BEEN REVIEWED; REFERENCES HAVE BEEN INVESIGATED AND/OR IT HAS OTHERWISE BEEN DETERMINED THAT THE APPLICANT MEETS  - DOES NOT MEET  THE PROFESSIONAL STANDARDS REQUIRED FOR APPOINTMENT AS AN AVIATION MEDICAL EXAMINER

**APPOINTMENT NOT MADE FOR THE FOLLOWING REASONS:**

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APPOINTMENT MADE AS:

CLASS I MEDICAL EXAMINER       CLASS II AND III MEDICAL EXAMINER      NUMBER:

DATES: APPOINTMENT ACTION COMPLETED _____ <small>(Day/Mo./Yr.)</small>	APPLICANT APPLICANTS ACCEPTANCE RECEIVED _____ <small>(Day/Mo./Yr.)</small>	SUPPLIES AND INSTRUCTIONSISSUED ISSUED _____ <small>(Day/Mo./Yr.)</small>
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Inspector's SIGNATURE:	DATE ACTIONED:
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