

## Civil Aviation Directorate

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**File Reference No:** \_\_\_\_\_  
(For Office Use)

To: Chief Medical Assessor

<b>Name of applicant:</b>	
<b>Medical Certificate No:</b>	
<b>Date of Examination:</b>	
<b>Medical Certificate Class:</b>	<input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> LAPL <input type="checkbox"/> Cabin Crew

Please indicate by ticking in box Column A which medical forms or actions have been completed, and in Box B when action by the AMS is required:

	A	B
a) Application Form for a Medical Certificate (TM/CAD/332/333/421)	<input type="checkbox"/>	<input type="checkbox"/>
b) Medical Report Form (TM/CAD/332/333/421)	<input type="checkbox"/>	<input type="checkbox"/>
c) Ophthalmic Form (TM/CAD/0133)	<input type="checkbox"/>	<input type="checkbox"/>
d) Otorhinolaryngology Form (TM/CAD/0132)	<input type="checkbox"/>	<input type="checkbox"/>
e) Copy of Certificate Class1/2/LAPL (EASA Form147)	<input type="checkbox"/>	<input type="checkbox"/>
f) Copy of Certificate Class 3	<input type="checkbox"/>	<input type="checkbox"/>
g) Copy of Cabin Crew Medical Certificate	<input type="checkbox"/>	<input type="checkbox"/>

**Other requirements as applicable:**

Copy of ID Card/Passport	<input type="checkbox"/>	<input type="checkbox"/>
ECG	<input type="checkbox"/>	<input type="checkbox"/>
Audiogram	<input type="checkbox"/>	<input type="checkbox"/>
X-Ray Chest	<input type="checkbox"/>	<input type="checkbox"/>
Lipid Profiles (Cholesterol at age 40)	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular risk factor assessment (at age 40)	<input type="checkbox"/>	<input type="checkbox"/>
HEMS Pilot requirements	<input type="checkbox"/>	<input type="checkbox"/>
Spirometry	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric Report	<input type="checkbox"/>	<input type="checkbox"/>
Psychological Report	<input type="checkbox"/>	<input type="checkbox"/>
Drug & Alcohol Testing	<input type="checkbox"/>	<input type="checkbox"/>
Other Medical reports (please specify below)	<input type="checkbox"/>	<input type="checkbox"/>
Health Promotion medical elements discussed with applicant	<input type="checkbox"/>	

Signature of AME: \_\_\_\_\_

AME Number: \_\_\_\_\_