

## Civil Aviation Directorate

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

To: 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 are attached, and in Box B when action by the AMS is required:

	A	B
a) Application Form for a Medical Certificate <i>(TM/CAD/332/333/421)</i>	<input type="checkbox"/>	<input type="checkbox"/>
b) Medical Report Form <i>(TM/CAD/332/333/421)</i>	<input type="checkbox"/>	<input type="checkbox"/>
c) Ophthalmic Form <i>(TM/CAD/0133)</i>	<input type="checkbox"/>	<input type="checkbox"/>
d) Otorhinolaryngology Form <i>(TM/CAD/0132)</i>	<input type="checkbox"/>	<input type="checkbox"/>
e) Copy of Certificate Class1/2/LAPL <i>(EASA Form147)</i>	<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 Enclosures:**

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"/>
<b>Lipid Profiles</b> <i>(Cholesterol at age 40)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Covering letter	<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 <i>(please specify below)</i>	<input type="checkbox"/>	<input type="checkbox"/>

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

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