Functional hearing assessment (FHA)

Please complete all sections in full.
Sections 1 and 3 to be completed by candidate. Section 4 to be completed by examiner or instructor.

1. Applicants' Details

(1) Surname:	(2) Forename (s):	(3) Date of Birth:
(4) Address:	(5) Email: (6) Contact Number:	(7) Medical Certificate No:

2. Purpose of the test

Hearing loss that exceeds the specified limits may still be considered acceptable, provided the applicant demonstrates normal hearing performance in the presence of background noise that replicates or simulates the masking characteristics of flight deck noise, particularly in relation to speech and auditory signals (ICAO Annex 1, para. 6.3.4.1.1).

This assessment should typically be conducted during an operator proficiency check or a licence skill test, covering various phases of flight. The background noise used must reflect the cockpit noise environment of the aircraft type for which the pilot holds valid licences and ratings. The speech material used for testing should include both aviation-specific phrases and phonetically balanced word lists to assess speech discrimination.

During the test, the candidate should use the same headphones or hearing aids normally worn in the flight deck environment.

The examiner must ensure that any hearing impairment does not adversely affect the safe conduct of flight operations.

Kindly note that separate reports may be required for each aircraft class and type.

3. Declaration

I, the candidate, confirm that I understand the purpose of the medical flight test (Section 2) and hereby consent to the use and disclosure of the medical information contained in this document.

Signature of applicant

Date

4. Medical flight test report

I, the examiner/instructor, confirm that I have explained the purpose of the medical flight test as outlined in Section 2.

- Aircraft/Simulator Type and Registration: _____
- Modifications: _____
  (e.g. hearing aids, noise-cancelling headphones, including brand; or state "none")
- Date of Test: _____
- Place of Test: _____

Please complete and report on all of the following items, as any omissions may result in the assessment being rejected.

1. Can the subject demonstrate adequate hearing performance throughout all phases of flight?

   Yes ☐ **No** ☐

2. Is the subject able to communicate effectively, using standard phraseology, with air traffic control, other flight crew members, and/or ground personnel during all phases of flight?

   Yes ☐ **No** ☐

3. Can the subject accurately recognise non-routine or non-standard radiotelephony (RT) communications?

   Yes ☐ **No** ☐

4. Can the subject accurately recognise the Morse code identification signals of navigation beacons?

   Yes ☐ **No** ☐

5. In your opinion, is the subject capable of operating within the bounds of normal flight safety?

   Yes ☐ **No** ☐

Supporting comments (mandatory): Where any response above indicates a negative outcome, or where there are concerns regarding the subject's performance, detailed justification must be provided below. Additional pages may be attached if required.

_____

_____

_____

_____

Name of examiner or instructor: _____

Position: _____

Signature:_____ Date: _____

Form to be sent to EASA AME assessing applicant or AMS Section TM CAD on email address ams.tm@transport.gov.mt