

# Part 67 in flight hearing assessment report

To be completed by a Category A or B Flight Instructor or Airline Flight Examiner

<b>1. Name</b>		<b>2. CAA Client No.</b>	
<b>3. Postal Address</b>		<b>4. Date of Birth</b>	
<b>5. Licence Held</b>		<b>6. Experience (hours)</b>	
<b>7. Medical Certificate(s) applied for:</b> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 2-No IFR <input type="checkbox"/>		<b>8. Applicant's Signature:</b> To be signed in front of the instructor / examiner  Date / /	

<b>9. AIRCRAFT OR SIMULATOR TYPE:</b> a. Aircraft Type? <input type="text"/> b. Registration <input type="text"/> c. Simulator Type? <input type="text"/> <small>Simulator to be Category D, set at maximum noise level.</small>	<b>10. HEADSET TYPE USED:</b> a. Active Noise Reduction (ANR) Yes <input type="checkbox"/> No <input type="checkbox"/> b. Make <input type="text"/> c. Model <input type="text"/>
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<b>11. HEARING AID USE:</b> on the ground Yes No Yes No Left ear <input type="checkbox"/> <input type="checkbox"/> Right ear <input type="checkbox"/> <input type="checkbox"/>	<b>12. HEARING AID USE:</b> in flight Yes No Yes No Left ear <input type="checkbox"/> <input type="checkbox"/> Right ear <input type="checkbox"/> <input type="checkbox"/>
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<b>13. TEST FLIGHT DETAILS:</b>	
a. Airport of Departure <input type="text"/>	b. Route <input type="text"/>
c. Duration of flight <input type="text"/>	
d. Controlled Airspace: Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>14. SATISFACTORY / SAFE PERFORMANCE?</b>	<b>15. Comments:</b> Must include interaction with an ATS provider, or a simulated interaction in the case of flight simulator.
a. Communication within cockpit with intercom	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
b. Communication within cockpit without Intercom	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
c. Automatic info transmissions (ATIS / AWIB etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
d. NAVAIDS (if applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
e. ATS Communication – Standard Phraseology	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
f. ATS Communication – Non Standard Phraseology	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
g. Cockpit Auditory Warnings	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
h. Traffic Awareness	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
i. Overall impression on hearing performance	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

<b>16. CONTEMPORARY ADDITIONAL INFORMATION:</b> Please attach if any: (ie, PPL / CPL / BFR / IFR flight test report).

<b>17. Instructor / Examiner's Flying Organisation and Address</b> <i>(Stamp if any)</i>	<b>18. Instructor / Examiner's CAA ID, license and rating</b>
	<b>19. Instructor / Examiner Declaration:</b> I hereby certify that I personally identified and assessed the applicant named on this report and that this report, with any attached notes, embodies my examination correctly.
Tel:	Signature: _____ Date: _____

Please forward this form to the Aviation Medicine Team, CAA, PO Box 3555, Wellington 6140, with a copy to the ME, if known.