**Medical Assessment Report (MAR)**

To be completed by a Medical Examiner (ME)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First name(s) |       | Surname |       | Participant ID |       |
| Phone |       | Date of birth |       | NHI no. |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Report dates | GME:       | ECG:       | Audio:       | SER:       |
| Documents sighted | Previous medical certificate [ ]  | Previous MAR | [ ]  |

|  |  |
| --- | --- |
| **Medical conditions considered** *(use extra sheets if required)* | CVD Risk *(if required)*     % per 5 years |
| Year identified | Condition | Tick if of aeromedical significance | Comments (certification implication / how restrictions reduce risk) |
|       |       | [ ]  |       |
|       |       | [ ]  |       |
|       |       | [ ]  |       |
|       |       | [ ]  |       |
|       |       | [ ]  |       |

 Surveillance and other requirements

|  |  |  |  |
| --- | --- | --- | --- |
| Mandatory requirements *(as referred to on medical certificate and accompanying letter)* | Periodicity*(how often)* | Duration*(for how long)* | Next due*(date)* |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| Advisory for next assessment *(recommendations* ***only****)* |  |  |  |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

 Duration of certificate and restrictions

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **CLASS 1** – Single pilot air operations carrying passengers | **CLASS 1** | **CLASS 2** | **CLASS 3** |
| Expiry date |       |       |       |       |
| Restrictions / Endorsements |       |       |       Not valid for IFR [ ]  |       |
| Assessment | Eligible | [ ]  | Eligible | [ ]  | Eligible | [ ]  | Eligible | [ ]  |
| Ineligible | [ ]  | Ineligible | [ ]  | Ineligible | [ ]  | Ineligible | [ ]  |
| Deferred | [ ]  | Deferred | [ ]  | Deferred | [ ]  | Deferred | [ ]  |

 Decision

|  |
| --- |
| *On the basis of this assessment, I consider a medical certificate for the individual named above to be:*  |
| [ ]  | processed under schedule 2 clause 5(2) of the Civil Aviation Act 2023 |
| [ ]  | considered by flexibility under schedule 2 clause 5(3) of the Civil Aviation Act 2023 |
| Signature of Director / ME |  | Date completed |       |
| ME Name |       | ME ID number |       |