**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 |  |