

**Respiratory Examination Report**  
**Medical in Confidence**



The Designated Medical Examiner should complete (or submit this form to a Consultant Physician) for completion in all cases where asthma has occurred within the past 5 years. Any previous history of asthma should have been recorded on the Routine Medical Report form CAA 24067/201.

**1. APPLICANTS DETAILS (to be completed by the applicant)**

Surname					Client No: (if issued)				Rank or Title
Given names							Place and date of birth		
								..... / ..... / .....	
Class(es) of licence applied for	ATPL	<input type="checkbox"/>	PPL	<input type="checkbox"/>	ATCO	<input type="checkbox"/>	Other (specify)		
	SCPL	<input type="checkbox"/>	SPL	<input type="checkbox"/>	CPL	<input type="checkbox"/>			

**2. MEDICAL HISTORY**

**(a) Initial Assessment Only**

**(b) Initial and Subsequent Assessments**

Features since last assessment, (or in previous 5 years) -- Have there been any specific and identifiable attacks of asthma in the last 5 years or since the last assessment?		
	YES/NO	
If YES, please answer the following		
(a) give frequency of episodes	<input type="text"/>	date of last episode <input type="text"/>
(b) how long do episodes last? (range of duration)	<input type="text"/>	
(c) has treatment at or in hospital been necessary? (please give details) YES/NO	<input type="text"/>	
(d) has there been any acute attacks requiring urgent medical advice? YES/NO	<input type="text"/>	
(e) state any periods off work due to asthma	<input type="text"/>	

### 3. MEDICATION

List drugs currently being administered: Give information on the largest daily dose and lengths of periods of treatment, where possible.

(a) Regularly on a daily basis: — by inhalation	
— orally	
— by injection	
(b) Intermittently: — by inhalation	
— orally	
— by injection	
(c) Bronchodilator inhalers. If any are being used, what number of refills are required annually?	
(d) Steroid therapy. Has any steroid therapy been needed during the last 5 years? If YES, give dose, duration and date last taken.	
(e) Side effects. Are there any side effects to current medication? If YES, please give details.	

### 4. MEDICAL EXAMINATION

Results of auscultation	
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### 5. SPECIAL INVESTIGATIONS

(a) Report of chest X-ray performed within three months. (For initial assessment and subsequently at the discretion of the medical examiner)				
(b) Lung Function Test (to be undertaken within 1 month of submitting this report).				
Date		Initial Readings	15 Minutes after Bronchodilator	Age/Height Predicted Normal
Mandatory at initial assessment	FEV1			
	FVC			
	FEV1/FVC	%	%	Normally 75% or more
or	PEFR			
(c) details of previous lung function tests.				
(d) comments on Lung Function Tests				

### OPINION

Do you consider the applicant fit for Flight Crew /ATCO duties? (a) With normal licence validity      YES/NO (b) With restricted licence validity    YES/NO State suggested period <input style="width: 50px;" type="text"/> months	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Date:</td> <td style="width: 25%;"></td> <td style="width: 50%;">Address</td> </tr> <tr> <td colspan="2">Signature of Consultant or DME</td> <td rowspan="2"></td> </tr> <tr> <td colspan="2" style="height: 30px;"></td> </tr> </table>	Date:		Address	Signature of Consultant or DME				
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