

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 <i>(as referred to on medical certificate and accompanying letter)</i>	Periodicity <i>(how often)</i>	Duration <i>(for how long)</i>	Next due <i>(date)</i>

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 Ineligible Deferred	Eligible Ineligible Deferred	Eligible Ineligible Deferred	Eligible Ineligible 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	