



International  
Civil Aviation  
Organization

Organisation  
de l'aviation civile  
internationale

Organización  
de Aviación Civil  
Internacional

Международная  
организация  
гражданской  
авиации

منظمة الطيران  
المدني الدولي

国际民用  
航空组织

When replying please quote:

Ref.: NT-N1-8.7.3 — **EMX0166**

5 March 2014

To: States, Territories and International Organizations

Subject: **Invitation – Safety Oversight Air Navigation Services (ANS) Seminar  
(ICAO NACC Regional Office, Mexico City, Mexico, 12 to 16 May 2014)**

Action

- Required:
- 1) Register participation by **21 April 2014**
  - 2) Return Fellowship Nomination Form by **21 April 2014**

Sir/Madam:

The first edition of ICAO Annex 19 became effective as of 14 November 2013, and requires States to establish a Safety Oversight System. In order to assist States with meeting this requirement, I have the honour to invite your Administration/Organization to participate in the Safety Oversight Air Navigation Services (ANS) Seminar to be convened at the ICAO NACC Regional Office, Mexico City, Mexico, from 12 to 16 May 2014.

The purpose of this activity is to provide participants with an understanding of the fundamental principles underlying effective ANS audits and inspections in order to properly conduct ANS safety oversight activities in accordance with ICAO Annex 19 provisions.

Specialized personnel from States, civil aviation authorities, and regional organizations responsible for safety oversight and ANS inspection programmes are expected to attend. The working languages of the meeting will be English and Spanish, and simultaneous interpretation will be provided if sufficient participants of both languages provide timely registration.

The Provisional Agenda of the event is at **Attachment A**. You are kindly requested to complete and return the Registration Form at **Attachment B** by e-mail for each participant by **21 April 2014**.

The list of suggested hotels, ICAO NACC Regional Office location, hotel sector maps, as well as other useful information are available on the “*Visiting Our Office?*” Section of the ICAO NACC Regional Office website ([http://www.icao.int/NACC/Pages/visitors\\_info.aspx](http://www.icao.int/NACC/Pages/visitors_info.aspx)). Participants are encouraged to make reservations directly with the hotel(s) in a timely manner.

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All seminar documentation/presentations will be placed in the Meetings Section of the following web page: <http://www.icao.int/NACC/Pages/meetings-by-year.aspx?year=2014> as it becomes available. Taking into consideration the availability of documentation in electronic format, no hard copies will be distributed during the event.

Furthermore, in accordance with the 2013-2016 Activities Plan of the Regional Technical Cooperation Project for the Caribbean Region – *Implementation of Performance-Based Air Navigation Systems for the CAR Region (RLA/09/801)*, I am pleased to inform you that this event is offering one fellowship to each Project Member<sup>1</sup>.

The fellowship includes daily subsistence allowance (DSA) to cover lodging and expenses; your Administration shall provide the candidate with the air ticket to/from Mexico City, and ensure that the candidate has the necessary travel documents, vaccinations, and visa prior to departure.

Regarding fellowships offered to the Eastern Caribbean States through ECCAA, please note that the candidate appointment decision should be made between your Administration and ECCAA. Once coordination has been completed, the nomination form of the candidate representing the Eastern Caribbean States **should be sent to this Regional Office by ECCAA**.

A Fellowship Nomination Form must be completed for each nominee. All pages must be completed, including your Administration's signature and seal (page 2), as well as the doctor's signature who performs the medical examination on the medical portion of the form (page 6). Submit the Fellowship Nomination Form to the e-mail addresses provided below:

**ICAO NACC Regional Office**

Mr. Julio Garriga

Regional Officer, Technical Cooperation

Ms. Claudia López

Technical Cooperation Associate

[icaonacc@icao.int](mailto:icaonacc@icao.int); [jgarriga@icao.int](mailto:jgarriga@icao.int); [clopez@icao.int](mailto:clopez@icao.int);

Please provide confirmation as to whether your Administration is interested in proposing a fellowship candidate to attend the Safety Oversight Air Navigation Services (ANS) Seminar **as soon as possible**. Return the duly completed Fellowship Nomination Form (**Attachment C**) to this Regional Office no later than **21 April 2014**.

If you require any further information regarding the event, please contact Mr. Victor Hernandez, Regional Officer, Air Traffic Management and Search and Rescue ([vhernandez@icao.int](mailto:vhernandez@icao.int)), and/or his Assistant, Ms. Ana Valencia ([avalencia@icao.int](mailto:avalencia@icao.int)).

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<sup>1</sup> *RLA/09/801 Project Member States are: Bahamas, Barbados, Cuba, Curaçao, Dominican Republic, Haiti, Jamaica, Mexico, OECS States through ECCAA (Antigua and Barbuda, Grenada, Saint Kitts and Nevis, Saint Lucia and Saint Vincent and the Grenadines), Trinidad and Tobago and Central American States through COCESNA (Belize, Costa Rica, El Salvador, Guatemala, Honduras and Nicaragua).*

Accept, Sir/Madam, the assurances of my highest consideration.

A digital signature in black ink, appearing as a stylized cursive script, is overlaid on a circular blue stamp. The stamp contains the text "ICAO" and "NACC" and is surrounded by the words "Firma Digital" and "Digital Signature" in a circular arrangement.

Loretta Martin  
Regional Director  
North American, Central American and  
Caribbean (NACC) Regional Office

**Enclosure:**

*A – Provisional Agenda*

*B – Registration Form*

*C – Fellowship Nomination Form*

*N:\N - ICAO Regions\N 1- 8.7.3 - ANS Inspection Events\1405-NACC-SafetyOversightANS\Correspondence\EMX0166ATM-States-InvitationLetterRev.docx*



*International Civil Aviation Organization*

*Organización de Aviación Civil Internacional*

North American, Central American and Caribbean Office (NACC)

Oficina para Norteamérica, Centroamérica y Caribe (NACC)

**Safety Oversight Air Navigation Services (ANS) Seminar /**

**Seminario sobre supervisión de la seguridad operacional de los Servicios de Navegación Aérea (ANS)**

Mexico City, Mexico, 12 to 16 May 2014 /

Ciudad de México, México, 12-16 de mayo de 2014

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## **DRAFT AGENDA/AGENDA PROVISIONAL**

### **Module/Módulo 1**

- Safety Management Framework/Marco sobre la Gestión de la seguridad operacional
- State Safety Oversight System/Sistema de supervisión de la seguridad operacional del Estado
- 8 Critical Elements (CEs)/8 Elementos Críticos (CE)

### **Module/Módulo 2**

- The Chicago Convention and ICAO Standards and Recommended Practices (SARPs)/La Convención de Chicago y Normas y métodos recomendados (SARPS) de la OACI
- State Safety Legislative Framework/Marco legal de seguridad operacional del Estado
- Bilateral Agreements under Article 83 *Bis*/Acuerdos bilaterales bajo el Artículo 83 *Bis*
- Electronic Filing of Differences System (EFOD)/Sistema de notificación electrónica de diferencias (EFOD)
- ICAO USOAP-CMA On-Line Framework (OLF)/Marco en línea del UOSAP-CMA de la OACI

### **Module/Módulo 3**

- Safety Oversight Organization/Organización de supervisión de la seguridad operacional
- Responsibilities and Empowerment/Responsabilidades y empoderamiento
- Safety Auditor Profile, Skills and Competencies/Perfil del auditor de seguridad operacional, habilidades y competencias
- Safety Training Programme/Programa de instrucción sobre la seguridad operacional
- Safety Oversight Audit Programme/Programa de auditorías de supervisión de la seguridad operacional
- Audit Scope, Procedures and Forms/Alcance, procedimientos y formularios de las auditorías
- Joint Audit Evaluations/Evaluaciones conjuntas de auditorías

#### **Module/Módulo 4**

- State Safety Programme (SSP) and Safety Management Systems (SMS) Frameworks/Marcos del Programa de seguridad operacional del Estado (SSP) y del Sistema de gestión de la seguridad operacional (SMS)
- Gap Analysis and Implementation Plan/Análisis de brechas y plan de implementación
- Quality Management Systems/Sistemas de gestión de calidad
- Notification System/Sistema de notificación
- Threat and Error Management (TEM) and Normal Operations Safety Survey (NOSS) Programmes/Programas Gestión de la amenaza y el error (TEM) y Estudio de la seguridad de las operaciones normales (NOSS)
- Safety Risk Management/Gestión del riesgo de la seguridad operacional
- Safety Performance Indicators and Targets/Indicadores y metas del desempeño de la seguridad operacional

#### **Module/Módulo 5**

- Safety Concerns and Mitigation Actions/Problemas de seguridad operacional y acciones de mitigación
  - Enforcement Policy/Política de cumplimiento
  - Accident and Incident Investigation and Follow-up/Investigación y seguimiento de accidentes e incidentes
  - Safety Data Management and Protection of Information/Gestión de datos de la seguridad operacional y protección de la información
  - Regional Safety Oversight Organizations (RSOOs) and Regional Accident and Incident Investigation Organizations (RAIIOs)/Organizaciones regionales de vigilancia de la seguridad operacional (RSOO) y Organizaciones regionales de investigación de accidentes e incidentes (RAIIO)
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ATTACHMENT/ADJUNTO B



*International Civil Aviation Organization*  
*Organización de Aviación Civil Internacional*  
North American, Central American and Caribbean Office (NACC)  
Oficina para Norteamérica, Centroamérica y Caribe (NACC)  
**Safety Oversight Air Navigation Services (ANS) Audit Course /**  
**Curso sobre Auditorías de supervisión de la seguridad operacional de los**  
**Servicios de Navegación Aérea (ANS)**  
**Mexico City, Mexico, 12 to 16 May 2014 /**  
**Ciudad de México, México, 12-16 de mayo de 2014**

**REGISTRATION FORM / FORMULARIO DE REGISTRO**

1.	<b>NAME</b> <b>NOMBRE</b>	
2.	<b>POSITION</b> <b>CARGO</b>	
3.	<b>ORGANIZATION</b> <b>ORGANIZACIÓN</b>	
4.	<b>COUNTRY</b> <b>PAÍS</b>	
5.	<b>TELEPHONE</b> <b>TELÉFONO</b>	
6.	<b>E-MAIL</b> <b>CORREO-E</b>	

*Please send this form to: / Por favor envíe este formulario a:*

*E-mail:*            icaonacc@icao.int



INTERNATIONAL CIVIL AVIATION ORGANIZATION  
TECHNICAL COOPERATION BUREAU

GUIDE FOR THE COMPLETION OF ICAO FELLOWSHIP NOMINATION FORM

*(This sheet should be detached by the originator prior to submitting the attached Fellowship Nomination Form to the local or regional UNDP Office for transmission to ICAO)*

It is in the interests of Governments to ensure that the attached Nomination Form is fully completed for each nominee in *original and two copies*. All Nomination Forms should be submitted to the local UNDP Resident Representative who will then forward three copies to the appropriate ICAO Regional Representative. Nomination Forms should be received at the ICAO Regional Office at least *two months prior* to the starting date of the proposed courses.

PART I – NOMINATION BY GOVERNMENT

Please note the following:

*Paragraph 1* should indicate the *main* field of training as specified in SECTION I – LIST OF TRAINING COURSES of the AVIATION TRAINING DIRECTORY OF ICAO.

*Paragraph 2* should provide *specific* details as regards Host Countries, Training Institutes and Courses. For example: Air Traffic Control – Aerodrome and Approach Control, Procedural; Aircraft Maintenance – Boeing 737 Air Frame and Powerplant Systems should be shown instead of general phrases such as ATC, Aircraft Maintenance, etc.

*Paragraph 4.* The objectives of the Fellowship should be stated concisely and accurately.

PART II – NOMINEE'S PERSONAL HISTORY

The technical and/or specialized training data is indispensable in the formulation of the Fellow's programme to indicate what prerequisite/basic or advanced course may have to be added/eliminated to achieve the optimum result. The employment data is also an essential ingredient in the formulation of the programme, as it helps to define the type and level of the requested training.

PART III – LANGUAGE TEST

Unless a Fellow has had his/her academic education, especially High School and/or College, in the language of instruction to be used by the Host Countries proposed for the Fellowship, it is essential that a Language Test be administered at a certified Language School or at the local Embassy/Consulate of the Host Country to ascertain that the Fellow understands, reads, writes and speaks the instructional language sufficiently well to receive instruction in it.

#### PART IV-A and PART IV-B – MEDICAL REPORTS

It is essential that a nominee be healthy and free of any sickness which may require further examination and/or treatment during the tenure of the Fellowship. ICAO/UNDP will not pay any medical expenses incurred by a Fellow for sicknesses existing prior to the starting date of his/her Fellowship. Such expenses must be borne by the Fellow and/or his/her Government. A prospective Fellow must be examined by a medical doctor recommended by the local UNDP Office. Flight Crew Members and Air Traffic Controllers should take a thorough medical examination (Part IV-B) as specified in ICAO Annex 1, Chapter 6, paragraph 6.6, if they are pursuing a course leading to the award of a license. All others should take a general physical examination including a chest X-ray (Part IV-A).





## INTERNATIONAL CIVIL AVIATION ORGANIZATION FELLOWSHIP NOMINATION FORM

**NOTE:** Each item must be completed in full and all entries should be typewritten or written in block letters. The completed form should be forwarded in triplicate to ICAO through the Office of the UNDP Resident Representative for the country concerned at least two months prior to the starting date of the proposed programme. The UNDP Resident Representative will in turn forward the completed Form in triplicate to the appropriate ICAO Regional Representative.

### PART I – NOMINATION BY GOVERNMENT

The Government of \_\_\_\_\_ hereby:

1. Nominates: Mr./Mrs./Ms.\* \_\_\_\_\_  
(family name) (first name) (middle name)

for an ICAO fellowship in the field of \_\_\_\_\_  
(Please identify main Field of Training in accordance with the Aviation Training Directory of ICAO, Section I – List of Training Courses)

2. Requests the following programmes of training under this fellowship:

(List in chronological sequence the various stages of training or study envisaged and identify the level as *ab initio*, advanced, refresher, further specialization, familiarization tour, on-the-job training (OJT), etc. If space is insufficient, please attach additional sheet using the same format.)

Host Country(ies)	Training Institute(s) (firms/organizations)	Specific Courses	Period		Duration (weeks)
			from	to	

Total duration

**NOTE:** The final fellowship study programme will be prepared by ICAO in consultation with the host countries and/or institutions, as the case may be. It may differ in detail, particularly regarding the duration of training and choice of host countries, from that requested. However, the objectives of the requested training programme will be respected by ICAO whenever possible.

\_\_\_\_\_  
\*Delete that which is not applicable.

**INTERNATIONAL CIVIL AVIATION ORGANIZATION  
FELLOWSHIP NOMINATION FORM**

**PART I – cont'd**

3. Requests that this fellowship be financed under the following technical co-operation programme:  
(Check as appropriate and insert project number)

- |                          |                                 |              |       |           |       |
|--------------------------|---------------------------------|--------------|-------|-----------|-------|
| <input type="checkbox"/> | UNDP Country Programme          | Project No.: | _____ | Post No.: | _____ |
| <input type="checkbox"/> | UNDP Regional Programme         | Project No.: | _____ |           |       |
| <input type="checkbox"/> | UNDP Interregional Programme    | Project No.: | _____ |           |       |
| <input type="checkbox"/> | Trust Funds agreement with ICAO | Project No.: | _____ |           |       |

4. Declares that the objectives of this fellowship are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. With respect to the nominee's transportation to and from host country(ies), agrees that:

- Will assume costs  
 Will not assume costs

6. Certifies that:

- a) The nominee is obligated to return to his/her country, on completion of the fellowship programme for duty assignment in civil aviation for a minimum period of \_\_\_\_ years.
- b) The absence of the candidate by the granting of the fellowship will not adversely affect the rank, rights, salary or seniority corresponding to his job.
- c) All sections of this Nomination Form have been duly completed and the nominee is suitable for the proposed Training Programme.
- d) Nominee is/will be in possession of a valid passport which does not expire before the termination date of the Fellowship.

\_\_\_\_\_  
Signature of Civil Aviation Authority

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(type or print)

Title: \_\_\_\_\_  
AFFIX OFFICIAL SEAL OR STAMP

**OBSERVATIONS BY ICAO PROJECT MANAGER / MISSION CHIEF**

I certify that all sections of this Nomination Form have been duly completed and the nominee is suitable for the proposed Training Programme.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

**INTERNATIONAL CIVIL AVIATION ORGANIZATION  
FELLOWSHIP NOMINATION FORM**

PART II – NOMINEE’S PERSONAL HISTORY

1. Name:	2. Marital Status:	3. Date of birth:
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4. Private address (for mailing purposes):

\_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

5. Name and address of person to be notified in case of emergency (other than the government authorities):

\_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

6. Language ability:

a) Mother tongue \_\_\_\_\_

b) Language/s used in Primary and Secondary school \_\_\_\_\_

c) Other language/s of which nominee has a working knowledge \_\_\_\_\_

d) Language/s to be used in proposed fellowship programme \_\_\_\_\_

7. School education record:

Name, Town, Country of School/s	Period		Grade completed and certificate acquired
	from	to	

8. College/university education record:

(If you have graduated with a diploma or degree indicate under “subject/s studied” only the major subject/s studies. Otherwise indicate all the subjects studied)

Name of college/university	Subject/s studied	Period		Degree /Diploma acquired
		from	to	

9. Technical and/or specialized training record:

(Proceed as with paragraph 8. Please list and specify all previous training received through ICAO fellowships for further education)

Name and place of Training Institute	Subject/s studied	Period		Duration (weeks)	Diploma/Certificate acquired
		from	to		

**INTERNATIONAL CIVIL AVIATION ORGANIZATION  
 FELLOWSHIP NOMINATION FORM**

**PART II – cont’d**

10. Employment record:  
 (Indicate last five years and/or two positions)

Employer (name of firm/organization)	Position last held	Period		Duties and responsibilities
		from	to	

11. Nominee’s statement:

- i) I understand that the ICAO fellowship will not become effective and no travel can be undertaken until I receive written notification and instructions of the award from ICAO.
- ii) Should I be awarded this fellowship I hereby undertake to:
  - a) Conduct myself, at all times, in a manner compatible with my status as holder of an ICAO fellowship;
  - b) Devote all my time during the fellowship programme to the successful pursuit of my studies as directed by ICAO and by the designated institution in the country of study;
  - c) Refrain from engaging in political, commercial, or any activities detrimental to the host country;
  - d) Submit reports, as required by ICAO and comply with all ICAO instructions; and
  - e) Return to my country, on termination of my fellowship programme, and to apply my newly acquired knowledge to further the development of civil aviation in my country.

I certify to the best of my knowledge that all the information given above is true in all respects.

Date: \_\_\_\_\_

\_\_\_\_\_  
 Nominee’s Signature

**INTERNATIONAL CIVIL AVIATION ORGANIZATION  
FELLOWSHIP NOMINATION FORM**

**PART III – LANGUAGE TEST**

Note: This test is only required if the language to be used during the proposed fellowship programme is different from the mother tongue of the nominee or from the language used in the Primary and Secondary schools where he/she acquired his/her basic education (see PART II – Item 6). The test should be conducted by a school of language or university unless otherwise designated by ICAO to meet the requirements of the host country. The office of the UNDP Resident Representative or ICAO Technical Cooperation Mission should be consulted in this regard.

Name of institution conducting the examination: \_\_\_\_\_

Nominee's name: Mr./Mrs./Ms.\*: \_\_\_\_\_

Language for which test was set: \_\_\_\_\_

**RESULTS**

(Check as appropriate)

1. Understanding:

- a) Understands without difficulty when addressed at normal speed.
- b) Understands nearly everything at normal speed although occasional repetition may be necessary.
- c) Understands almost everything if addressed slowly and carefully.
- d) Requires frequent repetition and/or translation of words and phrases.
- e) Does not understand even the simplest conversation.

2. Speaking:

- a) Speaks fluently, accurately and is easily intelligible.
- b) Occasionally makes errors which do not, however, obscure meaning.
- c) Makes frequent errors which occasionally obscure meaning.
- d) Speaks with so much difficulty that comprehension is difficult.
- e) Errors in speech so severe as to make comprehension virtually impossible.

3. Reading:

- a) Reads fluently with full comprehension.
- b) Reads slowly but understands almost everything he/she reads.
- c) Reads with difficulty; often consults the dictionary.
- d) Cannot understand what he/she reads.

4. Writing:

- a) Writes with ease and accuracy.
- b) Writes with few mistakes; can be understood.
- c) Writes with difficulty and makes frequent mistakes.
- d) Cannot write.

**CONCLUDING REMARKS**

Would this person be able to follow a technical course in this language?  Yes  No

Date: \_\_\_\_\_

\_\_\_\_\_

Signature of examiner

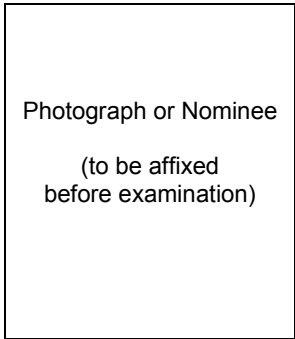
Name: \_\_\_\_\_

(type or print)

\_\_\_\_\_

AFFIX OFFICIAL SEAL OR STAMP

\*Delete that which is not applicable



**INTERNATIONAL CIVIL AVIATION ORGANIZATION  
 FELLOWSHIP NOMINATION FORM**

**PART IV - A – MEDICAL REPORT**

Notes:

1. Flight Crew Members and Air Traffic Controllers who are to undergo training for the purpose of obtaining a license in accordance with ICAO Annex 1 shall use the form in Part IV-B.
2. Every nominee must undergo a complete medical examination conducted by a registered medical practitioner, including thorough clinical and laboratory examinations and X-ray of the chest. Medical papers (examination, laboratory, X-ray results, etc.) should not be forwarded unless requested.

The undersigned, Dr. \_\_\_\_\_ having completed the medical examination of nominee Mr./Mrs./Ms.\* \_\_\_\_\_ whose photograph appears above, certifies the following:

(Check as appropriate)

The Nominee:

1. Is physically able to travel abroad? \_\_\_\_\_
2. Is mentally and physically able to carry out intensive studies? \_\_\_\_\_
3. Is free from infectious diseases? \_\_\_\_\_
4. Has good hearing? \_\_\_\_\_
5. Has good eyesight? \_\_\_\_\_
6. Is free from diseases that require treatment, or periodic medical examination during the proposed duration of the fellowship programme? \_\_\_\_\_

Yes	No

Additional comments by Medical Practitioner:

Date: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Medical Practitioner

\_\_\_\_\_  
 \*Delete that which is not applicable

AFFIX OFFICIAL SEAL OR STAMP  
 (to be affixed across photograph also)



**INTERNATIONAL CIVIL AVIATION ORGANIZATION  
FELLOWSHIP NOMINATION FORM**

**PART IV - B - cont'd**

(Every nominee must undergo a complete medical examination, conducted by a designated medical examiner, including thorough clinical and laboratory examinations and X-ray of the chest. Medical papers (examination, laboratory, X-ray results, etc.) should not be forwarded unless requested. THIS PAGE TO BE COMPLETED BY MEDICAL EXAMINER.)

Height	Weight	Build - Slender <input type="checkbox"/>	Medium <input type="checkbox"/>	Heavy <input type="checkbox"/>	Obese <input type="checkbox"/>	
		Normal	Abnormal		Normal	Abnormal
Head, face, neck and scalp				Vascular system		
Nose				Abdomen and viscera (including hernia)		
Sinuses				Anus and rectum (hemorrhoids, fistula, prostate)		
Mouth and throat				Endocrine system		
Ears, general (int. & ext. canals)				G-U system		
Drums (perforation)				Upper and lower extremities (strength, range of motion)		
Eyes, general				Spine, other musculoskeletal		
Ophthalmoscopic				Identifying body marks, scars, tattoos		
Pupils (equality and reaction)				Skin and lymphatics		
Ocular mobility (associated parallel movement, nystagmus)				Neurologic (tendon reflexes, equilibrium, sense, co-ordination, etc.)		
Lungs and chest (including breasts)				Psychiatric (specify any personality deviation)		
Heart (thrust, size, rhythm, sounds)				General systemic		

Blood pressure	Systolic	} sitting				Distant vision:		
	Diastolic						Right eye:	20/
Pulse: sitting	Systolic	} recumbent				Left eye:	20/	Corrected to 20/
	Diastolic					Both eyes:	20/	Corrected to 20/
						Near vision		N Chart value:
						Intermediate vision		N Chart value:

Hearing		Audiometry				Normal	Abnormal
cv	wv	500	1000	2000	3000		
Right ear	ft	ft	dB loss <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Colour vision
Left ear	ft	ft	dB loss <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**LABORATORY EXAMINATIONS**

Urinalysis Microscopic:	Sugar	Albumin	Blood analysis:	Hb	
ECG	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Sedimentation rate	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal

Summary (Abnormal findings, remarks and recommendations)

Nominee is/is not\* medically fit for flight crew/air traffic control\* duties

**MEDICAL EXAMINER'S DECLARATION**

I hereby certify that I personally examined the applicant named on this medical examination report, and that this report with any attachment embodies my findings completely and correctly.

Date and place of examination	Aviation medical examiner's signature
-------------------------------	---------------------------------------

NOTE: The above test has been conducted in accordance with the provisions detailed in Chapter VI of ICAO Annex 1 – *Personnel Licensing*.

\_\_\_\_\_

\*Delete that which is not applicable