



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

LT 2/6B.20  
LN 3/24.1-SA507

19 August 2011

To: Mr. Pierre du Bois/DIRAC, French Guiana  
Mr. Zulficar Mahomed/CAD a.i., Guyana  
Mr. Stanley Betterson/CAD a.i., Suriname  
Ms. Carole Couchman, IFALPA

Subject: **Seminar on Flight and Ground Testing of Navigation and Surveillance Systems** (Sao Jose dos Campos, Brazil, 21 to 23 November 2011)

Actions required:

- a) **Nominate participants before 25 October 2011**
- b) **Confirm intention of delivering a presentation before 25 October 2011**
- c) **Send presentations before 4 November 2011**

Sir,

I have the honour to inform you that, for the regional planning of navigation systems in support of PBN, the *Seminar on Flight and Ground Testing of Navigation and Surveillance Systems* has been planned to be held in Sao Jose dos Campos, Brazil, from 21 to 23 November 2011. In **Attachment A** please find the tentative Agenda of the event, to be conducted in Spanish and English with simultaneous interpretation.

The seminar will be conducted with the support of a Special Implementation Project (SIP) approved by the ICAO Secretary General on 8 December 2010, and by the Regional Project RLA/06/901 - *Assistance in the implementation of an ATM regional system according to the ATM operational concept and the corresponding CNS technological support*, approved by the fourth meeting of the Project's Coordination Committee, held in Lima from 1 to 3 December 2010.

In the SAM Region, the implementation of PBN and new surveillance systems represent important initiatives for the near- and mid-term, in order to support the improvement foreseen in the en-route, approach and terminal area air navigation services operations.

In this respect, an implementation programme for RNAV5, RNAV 10, RNP APCH and RNP AR APCH navigation applications was carried out for PBN, and, for the new surveillance systems, guidance material was elaborated and ADS-B trials were carried out.

Within the PBN implementation programmes, the drafting of action plans, guidance documentation (AIC models and advisory circulars), and the training programmes for air traffic controllers, aviation safety inspectors for RNAV/RNP, RNP AR APCH and APV Baro VNAV applications, should be highlighted upon.

One of the weaknesses identified in the PBN and new surveillance systems implementation has been the necessity to improve the flight inspection units and to train the personnel in charge of ground and flight inspections. In this respect, it has been deemed convenient to conduct an event to disseminate the new trends for the carrying out of flight and ground trials for radioaid and surveillance systems, the validation of instrument flight procedures and the identification of future flight inspection unit requirements.

The objective of the seminar is to establish a forum among air navigation service providers, flight inspection units and the industry, with the aim of becoming aware of the technological progress of the systems used for flight testing, as well as validating the conventional and satellite (GNSS) nav aids systems instrument flight procedures, the current and future ICAO activities with regard to flight testing and instrument flight procedure validation, the planning of the regional navigation systems and the current and future situation of the flight inspection units in the South American Region and in other ICAO Regions. The Agenda for the Seminar is shown in **Attachment A** to this letter.

This important event will count with the participation of representatives from the industry in the manufacturing of flight inspection consoles and of navigation systems and flight inspection personnel experts from other ICAO Regions, such as United States (FAA), China and other possible States.

I am, therefore, pleased to invite your administration to participate in this seminar, communicating me the list of your candidates not later than **25 October 2011**, by sending the registration form included as **Attachment B**, duly completed in respect of each delegate and, if the case, the ICAO nomination form in **Attachment C**, taking into consideration that vacancy reservations will be made in strict order of arrival to this Regional Office, until completing the places available.

Were you to participate in the seminar, I would like to invite your Administration to prepare a presentation on the current and future situation of the conventional and satellite navigation systems in support of PBN, the design and implementation of PBN procedures, as well as on the activities for the carrying out of flight inspections and instrument flight procedures validation. We would appreciate counting with the collaboration of your Administration through an exposition on that subject. In this respect, please confirm your support to the seminar with a presentation, informing us the name of the speaker, the title of the presentation, its duration, and a brief summary of its content, if possible no later than **25 October 2011**. The presentations for the seminar should be sent to this Regional Office no later than **4 November 2011** in order to have sufficient time for their translation and edition. The documentation received after this date, should be prepared in both languages by their presenters.

General information on the site of the event and other useful data will be sent in due time. In order to attend this event, you should consider the following financing alternatives:

- a) Fellowships from a national ICAO Technical Cooperation Project approved by your State;
- b) Fellowships sponsored by Regional Project RLA/06/901, providing one fellowship for each State participating in this project that does not count on the previous alternative, having the interested administration to provide the air tickets to and from the host country;
- c) Own resources of your administration, in the lack of any of the previous alternatives.

I will be grateful you inform me as soon as possible whether your Administration will propose participants who require a fellowship, by sending the ICAO fellowship nomination form duly completed with respect to each candidate, so as to be received at this Office as soon as practicable, but no later than **25 October 2010**.

The documentation of the seminar as well as working and information papers will be published in the ICAO SAM Office website: **<http://www.lima.icao.int>**. No documentation is foreseen for distribution during the event; therefore, it is recommended that participants bring a lap-top, or print the related documentation.

If you require any further information regarding the meeting, please contact the Coordinator of this event, Mr. Onofrio Smarrelli, CNS Regional Officer, e-mail [osmarrelli@lima.icao.int](mailto:osmarrelli@lima.icao.int).

Accept, Sir, the assurances of my highest consideration.



Franklin Hoyer  
Regional Director  
ICAO South American Office  
Lima

**Enclosures**

cc.: Mr. Daniel Madiot/DSNA a.i., French Guiana  
C/FOS



## **ATTACHMENT A**

### **INTERNATIONAL CIVIL AVIATION ORGANIZATION SOUTH AMERICAN REGIONAL OFFICE**

#### **SEMINAR ON FLIGHT AND GROUND TESTING OF NAVIGATION AND SURVEILLANCE SYSTEMS**

(Sao Jose Dos Campos, Brazil, 21 to 23 November 2011)

#### **DRAFT AGENDA**

- |                |   |
|----------------|---|
| Agenda Item 1: | Regional radio aids navigation plan                               |
| Agenda Item 2: | Testing of radio navigation aids and instrument flight procedures |
| Agenda Item 3: | Regional flight inspection unit                                   |
| Agenda Item 4: | Evolution of ground and flight testing                            |
| Agenda Item 5: | Training requirements   |
| Agenda Item 6: | Final recommendations   |

## **EXPLANATORY NOTES**

### **Agenda Item 1: Regional radio aids navigation plan**

Under this Agenda Item, the current regional air navigation plan on radio aids navigation systems and the performance based navigation (PBN) requirements for the short- and medium-terms will be presented, according to the ICAO CAR/SAM Air Navigation Plan (Doc 8733), the Air Navigation System Performance-Based Implementation Plan for the SAM Region and the CAR/SAM Strategy for the Evolution of Air Navigation Systems approved by GREPECAS/16 meeting.

### **Agenda Item 2: Testing of radio navigation aids and instrument flight procedures**

Updated information regarding the ICAO Manual on Testing of Radio Navigation Aids (Doc 8071) and the ICAO Quality Assurance Manual for Flight Procedure Design (Doc 9906) will be presented under this Agenda Item. Additionally, other documentation drafted by States to evaluate radio navigation aids and flight instrument procedure validation (database design, flight data recording and data sharing for PBN procedures) will be presented.

### **Agenda Item 3: Regional Flight Inspection Unit**

Participants will become aware of the current situation in the provision of radio navigation aid flight testing and instrumental flight procedures in the Region. SAM States are expected to present material on the infrastructure available to carry out flight testing, flight inspection of instrument flight procedures, status of radio navigation aids and PBN procedures implemented. Also, an analysis will be made in order to support States of the Region that do not have their own Flight Inspection Units and are interested in making use of units having the capability to conduct their radio navigation aids and instrumental procedures flight tests.

### **Agenda Item 4: Evolution of ground and flight testing**

Both the industry and some flight inspection units will present updated information on ground and flight testing techniques, data recording and maintenance for ADS, GNSS, Multilateration, Nav aids, SSR, performance monitoring and commissioning, and flight inspection of instrumental flight procedures.

### **Agenda Item 5: Training requirements**

The specialized training necessary for the personnel in charge of ground and flight inspection units will be identified under this Agenda Item, on the basis of the new PBN application, surveillance, validation of flight procedures, database integrity and other necessary activities. The training offered by the Civil Aviation Training Centres (CATCs) in the SAM (Argentina, Brazil, etc.) and in other Regions of the world (United States), in reference to the new flight testing and instrumental flight procedures validation requirements will be presented.

### **Agenda Item 6: Final recommendations**

Recommendations will be developed to improve the current flight inspection units in support of the new PBN application and surveillance systems.

**ATTACHMENT B / ADJUNTO B**

**ORGANIZACIÓN DE AVIACIÓN CIVIL INTERNACIONAL  
INTERNATIONAL CIVIL AVIATION ORGANIZATION**

**SEMINARIO SOBRE ENSAYO EN VUELO Y EN TIERRA DE SISTEMAS DE NAVEGACIÓN  
Y VIGILANCIA  
SEMINAR ON FLIGHT AND GROUND TESTING OF NAVIGATION AND SURVEILLANCE  
SYSTEMS**

(Sao Jose Dos Campos, Brazil, 21 to 23 November 2011)  
(Sao Jose Dos Campos, Brasil, 21 al 23 de noviembre de 2011)

**FORMULARIO DE REGISTRO / REGISTRATION FORM**

1. Estado/*State*:

Organismo/*Organization*:

2. Nombre/

*Name*:

Pasaporte/Passport

3. Cargo/*Position*:

4. Participa como / *Participates as*:

Delegado/

*Delegate*

☐

Observador

*Observer /*

☐

Ponente/

*Lecturer*

☐

Instructor/

*Instructor*

☐

Alumno/

*Student*

☐

5. Dirección oficial /

*Business address*:

6. Tel.: \_\_\_\_\_

E-mail: \_\_\_\_\_

7. Hotel o dirección en la ciudad/

*Hotel or local address*:

8. Información de vuelo/

*Flight information*:

Vuelo de llegada/ fecha/ hora/

*Arrival flight/ date/ hour*:

Vuelo de salida/ fecha/ hora/

*Departure flight/ date/ hour*:

Firma / *Signature*:

Fecha / *Date*:

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

**[mail@lima.icao.int](mailto:mail@lima.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:

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5. With respect to the nominees'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:														
4. Private address (for mailing purposes):  <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <span>Telephone _____</span> <span>E-mail _____</span> </div>																
5. Name and address of person to be notified in case of emergency (other than the government authorities):  <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <span>Telephone _____</span> <span>E-mail _____</span> </div>																
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:																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 55%;">Name, Town, Country of School/s</th> <th colspan="2" style="width: 15%;">Period</th> <th rowspan="2" style="width: 30%;">Grade completed and certificate acquired</th> </tr> <tr> <th style="width: 10%;">from</th> <th style="width: 5%;">to</th> </tr> </thead> <tbody> <tr> <td style="height: 80px;"></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Name, Town, Country of School/s	Period		Grade completed and certificate acquired	from	to								
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)																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 30%;">Name of college/university</th> <th rowspan="2" style="width: 25%;">Subject/s studied</th> <th colspan="2" style="width: 15%;">Period</th> <th rowspan="2" style="width: 30%;">Degree /Diploma acquired</th> </tr> <tr> <th style="width: 10%;">from</th> <th style="width: 5%;">to</th> </tr> </thead> <tbody> <tr> <td style="height: 80px;"></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Name of college/university	Subject/s studied	Period		Degree /Diploma acquired	from	to							
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)																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 25%;">Name and place of Training Institute</th> <th rowspan="2" style="width: 25%;">Subject/s studied</th> <th colspan="2" style="width: 15%;">Period</th> <th rowspan="2" style="width: 15%;">Duration (weeks)</th> <th rowspan="2" style="width: 20%;">Diploma/Certificate acquired</th> </tr> <tr> <th style="width: 10%;">from</th> <th style="width: 5%;">to</th> </tr> </thead> <tbody> <tr> <td style="height: 80px;"></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Name and place of Training Institute	Subject/s studied	Period		Duration (weeks)	Diploma/Certificate acquired	from	to						
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.                                 | <input type="checkbox"/> |
| b) Understands nearly everything at normal speed although occasional repetition may be necessary. | <input type="checkbox"/> |
| c) Understands almost everything if addressed slowly and carefully.                               | <input type="checkbox"/> |
| d) Requires frequent repetition and/or translation of words and phrases.                          | <input type="checkbox"/> |
| e) Does not understand even the simplest conversation.  | <input type="checkbox"/> |

2. Speaking:

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

3. Reading:

- |   |                          |
|---|--------------------------|
| a) Reads fluently with full comprehension.                      | <input type="checkbox"/> |
| b) Reads slowly but understands almost everything he/she reads. | <input type="checkbox"/> |
| c) Reads with difficulty; often consults the dictionary.        | <input type="checkbox"/> |
| d) Cannot understand what he/she reads.                         | <input type="checkbox"/> |

4. Writing:

- |  |                          |
|--|--------------------------|
| a) Writes with ease and accuracy.                      | <input type="checkbox"/> |
| b) Writes with few mistakes; can be understood.        | <input type="checkbox"/> |
| c) Writes with difficulty and makes frequent mistakes. | <input type="checkbox"/> |
| d) Cannot write.                                       | <input type="checkbox"/> |

**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

Photograph or Nominee  
  
(to be affixed  
before examination)

**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)

<b>PART IV - B – MEDICAL REPORT</b> <b>FOR FLIGHT CREW MEMBERS AND AIR TRAFFIC CONTROLLERS WHO ARE TO UNDERGO</b> <b>TRAINING FOR A LICENSE AS SPECIFIED IN ICAO ANNEX 1.</b> <b>THIS PAGE TO BE COMPLETED BY NOMINEE</b>					
Place and date of examination					
Full name		Nationality		Sex    M <input type="checkbox"/> F <input type="checkbox"/>	
Date of birth			Marital status		
Initial <input type="checkbox"/>		PP <input type="checkbox"/>		Other:	
Type of license to be trained for:		ATCO <input type="checkbox"/>		CP <input type="checkbox"/>	
Have you previously been examined for flight crew or air traffic control duties?				Were you declared:	
Yes <input type="checkbox"/> If yes, when and where?				Fit <input type="checkbox"/> Unfit <input type="checkbox"/>	
No <input type="checkbox"/>					
Has a "medical waiver" ever been issued to you?		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Flight time:		Total		Last six months:	
Type of aircraft presently flown		Jet <input type="checkbox"/>		Prop <input type="checkbox"/>	
				Helicopter <input type="checkbox"/>	
Have you had any aviation accidents?		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
				If yes, elaborate under Remarks	
<b>MEDICAL HISTORY</b> Have you ever had or have you now any of the following: (elaborate yes answers under Remarks)					
		Yes	No		
Frequent or severe headaches				Nervous trouble of any kind	
Dizziness or fainting spells				Any drug or narcotic habit	
Unconsciousness for any reason				Excessive drinking habit	
Eye trouble except glasses				Attempted suicide	
Hay fever				Motion sickness requiring drugs	
Asthma				Rejection for life insurance	
Heart trouble				Admission to hospital in the last two years	
High or low blood pressure				Record of traffic convictions	
Stomach trouble				Record of other convictions	
Kidney stone or blood in urine				Gynecological / Obstetrical conditions	
Sugar or albumin in urine				Other illnesses	
Epilepsy or fits				Are you in good physical and mental health as far as you know and believe?	
Is there any family history of:		Diabetes <input type="checkbox"/>		Cardiovascular disease <input type="checkbox"/>	
				Tuberculosis <input type="checkbox"/> ?	
REMARKS					
<b>NOMINEE'S DECLARATION:</b> I hereby certify that all statements and answers provided by me in this examination form are complete and true to the best of my knowledge.					
Signature of Nominee: _____			Date: _____		

(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/ Corrected to 20/	
	Systolic	} recumbent				Left eye: 20/ Corrected to 20/	
	Diastolic					Both eyes: 20/ Corrected to 20/	
Pulse: sitting						Near vision N Chart value:	
						Intermediate vision N Chart value:	
Hearing	Audiometry					Normal	Abnormal
cv	500 1000 2000 3000						
Right ear	ft ft						
Left ear	ft ft						
LABORATORY EXAMINATIONS							
Urinalysis	Sugar	Albumin	Blood analysis:	Hb			
Microscopic:			Sedimentation rate				
ECG	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Chest X-ray	<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							