



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

LN 3/20.1 –SA5176

Lima, 12 April 2016

To: Mr. Claude Miquel, Directeur de la sécurité de l'aviation civile, Antilles-Guyane, French Antilles  
Mr. Jerome Journet, Regional Director, West Indies and French Guiana  
Mr. Jean-Michel Pubellier, Deputy Regional Director, West Indies and French Guiana  
Mr. Michel Arenó, Head of French Guiana Air Control Centre Cayenne-Félix Eboué Airport, Head of the Aircraft Search and Rescue RCC  
Lt. Col. Egbert Field, Guyana Civil Aviation Authority  
Mr. Jerry Miranda, Ministry of Public Works, Suriname

Subject: **RLA/03/901 REDDIG – Sixth Meeting on the Technical-Operational Implementation of the New REDDIG II Digital Network (RTO/6) and Advance course on REDDIG operations** (Manaus, Brazil, 12 to 16 June 2017)

**Action required:** Confirm attendance by 26 May 2017

Sir/Madam:

I have the honor to refer to RLA/03/901 Regional Project - *REDDIG Management System and Administration of the Satellite Segment*, to invite your Administration to the Sixth Meeting on the Technical-Operational Implementation of the New REDDIG II Digital Network (RTO/6) and Advance course on REDDIG operations (Manaus, Brazil, 12 to 16 June 2017).

In these events participants, who must be represented by the technicians in charge of the maintenance of the nodes of the new network REDDIG II, will revise procedures for the operation and maintenance of the II REDDIG, coordination required for adjustments, repairs, sending and receiving of parts damaged and repaired, the revision of the manual on maintenance and operation of the REDDIG II, you will receive detailed information about the programming and operation of the system of monitoring and control of REDDIG II and will emphasize the operation and supervision of the modem Skywan 1070/7000.

Attached please find the provisional Agendas (**Appendixes A and B**), of the matters to be discussed at RTO/6 meeting and the content of the advance course on REDDIG operations. The information paper containing general information on the events such as venue, list of recommended hotels, etc., will be uploaded in the ICAO website, as soon as it is available.

I will appreciate receiving a confirmation on participation of your delegates at the indicated events, by sending to this Office the attached Registration Form (**Appendix C**) duly completed for each delegate, no later than **26 May 2017**. These events have assigned one fellowship per RLA/03/901 project member State (Fellowship non-form is enclosed as **Appendix D**).

The information paper containing general information on the events such as venue, list of recommended hotels, etc., will be uploaded in the ICAO website, as soon as it is available.

The documentation will be issued in due course on the website of this Office, [www.icao.int/sam](http://www.icao.int/sam) and will not be printed nor be distributed during the meeting, being desirable that the delegates take them physically or by electronic means.

Were you to require further information, please contact Mr. Onofrio Smarrelli, CNS Officer, ICAO SAM Regional Office.

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



Franklin Hoyer  
Regional Director  
ICAO South American Office  
Lima

**Enclosures**

*As indicated*

cc: Dr. Joyce Blokland-Wijnstein, Permanent Secretary, Directorate of Transport and Communication, Suriname  
Mr. Faizel Baarn, Head of Civil Aviation Department, Suriname  
Mr. Brian De Souza, Director, CASAS, Suriname  
Mr. Marcus Doller, Air Safety Support Intl. (ASSI), United Kingdom  
Mr. Bruce D'Ancey, Policy Specialist, Flight Ops, Air Safety Support International (ASSI), United Kingdom

## **APPENDIX A**

### **RLA/03/901 Regional Project REDDIG Management System and Administration of the Satellite Segment**

#### **SIXTH MEETING ON THE TECHNICAL-OPERATIONAL IMPLEMENTATION OF THE NEW REDDIG II DIGITAL NETWORK (RTO/6)**

(Manaus, Brazil, 12 to 16 June 2017)

#### **PROVISIONAL AGENDA**

- |                |  |
|----------------|--|
| Agenda Item 1: | Performance of the REDDIG II to date   |
| Agenda Item 2: | Review and updating of procedures for the maintenance and operation of the REDDIG II |
| Agenda Item 3: | Analysis REDDIG II security and its recommendations                                  |
| Agenda Item 4: | Other business   |

## **EXPLANATORY NOTES**

### **Agenda Item 1: Performance of the new REDDIG II since its commissioning**

Under this agenda item the meeting will make a follow-up to the REDDIG II operations since the Fifth technical-operational implementation meeting, in the topics:

- Skywan Satelite network
- Level 3 ground network

### **Agenda Item 2: Review of procedures for the maintenance and operation of the REDDIG II**

Under this item, the following matters will be reviewed: REDDIG Telephone list, “back-up” of network data, report on damage in the Level 3 circuits, standardization of REDDIG connections, review of cable/connectors of ODU equipment and some aspects of GBB router.

### **Agenda Item 3: Analysis REDDIG II security and its recommendations**

Under this agenda item the meeting will make a follow-up to the activities performed for REDDIG II security, such as updating of antivirus software for servers, classification and analysis of “threats” and recommendations will be made under this issue.

### **Agenda Item 4: Other business**

Under this Item, the Meeting might analyse any other topics it may deem convenient.

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## **APPENDIX B**

### **RLA/03/901 Regional Project REDDIG Management System and Administration of the Satellite Segment**

#### **Advance course on REDDIG operations**

(Manaus, Brazil, 12 to 16 2017)

#### **Contents**

##### **1. Architecture**

- Satellite network
- Support ground network
- Plan for Addressing IP (Global and domestic)

##### **2. RF Equipment**

- IBUC + LNB
- Redundancy
- Supervision/Configuration via HHT, TCP/IP (Web) and Telnet

##### **3. Modem Skywan**

- Model 7000
- Model 1070
- Access via “LineUp Manager”
  - Software Upload
  - Set Parameters
  - Tests
  - Operations
  - Monitoring Screens
  - Log Files
- Performance, analysis of parameters

##### **4. Ethernet Switch Netgear**

##### **5. Router Cisco**

- Interfaces
- VRRP redundancy protocol
- OSPF routing protocol
- VLANs
- Commands on line
- Interfaces monitoring
- Settings

##### **6. Baseband Commuter (RSS) and “Patch Panel”**

**7. NMS – WhatsUp Gold**

- NMS Central Server
- NMS Remote Server (Local)
- Web access
- Modules and displays
- Monitors
  - Active Monitor
  - Performance Monitor
- Alarms



## APÉNDICE C / APPENDIX C

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

**RLA/03/901 REDDIG - Sexta Reunión Técnica-Operacional de la REDDIG II (RTO/6) y curso avanzado de operaciones de la REDDIG**

**RLA/03/901 REDDIG – Sixth Meeting on the Technical-Operational Implementation of the New REDDIG II Digital Network (RTO/6) and Advance course on REDDIG operations**

Manaos, Brasil, 12 al 16 de junio de 2017 / Manaus, Brazil, 12 to 16 June 2017

#### FORMULARIO DE REGISTRO / REGISTRATION FORM

**Participaré en RTO/6**  
**Will participate in RTO/6**

☐

**Participaré en el curso avanzado de operaciones REDDIG**  
**Will participate in REDDIG Operations advance course**

☐

1. Estado/*State:*

Organismo/*Organization:*

2. Nombre/*Name:*

3. Cargo/*Position:*

4. Participa como / *Participates as:*

Delegado/  
*Delegate*

☐

Asesor/  
*Adviser*

☐

Observador/  
*Observer*

☐

5. Dirección oficial /  
*Business address:*

6. Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_ 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: [icaosam@icao.int](mailto:icaosam@icao.int)**

## APPENDIX D



### 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.

*Please see reverse side for additional information*



## APPENDIX D

### 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).



**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.

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

- 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)

- (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:				
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		

## APPENDIX D

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### 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

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)

## INTERNATIONAL CIVIL AVIATION ORGANIZATION FELLOWSHIP NOMINATION FORM

<b>PART IV - B – MEDICAL REPORT</b> FOR FLIGHT CREW MEMBERS AND AIR TRAFFIC CONTROLLERS WHO ARE TO UNDERGO TRAINING FOR A LICENSE AS SPECIFIED IN ICAO ANNEX 1. THIS PAGE TO BE COMPLETED BY NOMINEE					
Place and date of examination					
Full name		Nationality		Sex	M <input type="checkbox"/> F <input type="checkbox"/>
Date of birth			Marital status		
Type of license to be trained for: Initial <input type="checkbox"/> PP <input type="checkbox"/> Other: _____ ATCO <input type="checkbox"/> CP <input type="checkbox"/>					
Have you previously been examined for flight crew or air traffic control duties?		Yes <input type="checkbox"/> If yes, when and where? No <input type="checkbox"/>		Were you declared: Fit <input type="checkbox"/> Unfit <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		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"/> ?	
<b>REMARKS</b>					
<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: _____		



## APPENDIX D

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# 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/ 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	dB loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left ear	ft	ft	dB loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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							