



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

Ref.: LN 3/24.1-SA5615

Lima, 14 August 2014

To: Mr. Jean-Michel Boivin, Regional Director of Civil Aviation, West Indies and French Guiana  
Mr. Zulficar Mohamed, Director General, Civil Aviation Authority, Guyana  
Mr. Falisie Jozef Pinas, Minister of Transport, Communication and Tourism, Suriname

Subject: **RLA/06/901 - Theoretical/practical course on ATFM procedures, given by CGNA of Brazil**  
(Rio de Janeiro, Brazil, 17 to 28 November 2014)

Action required: **Note and confirm participation by 3 October 2014**

Sir/Madame,

I have the honour to address you this letter with reference to the activities of RLA/06/901 Regional Project - “*Assistance in the implementation of an ATM regional system according to the ATM operational concept and the corresponding technological CNS support*”, and the actions approved by its Coordinating Committee, leading to the achievement of the expected results corresponding to the immediate objectives set out in the Project Document.

In such sense, SAM/IG/13 Meeting (Lima, Peru, 21 to 25 April 2014), noted the convenience to carry out a ***theoretical/practical course on ATFM procedures***, to be performed by CGNA (Centro de Gerenciamento da Navegação Aérea) qualified personnel, in Rio de Janeiro, Brazil, with a duration of 10 days, from 17 to 28 November 2014. This activity refers to Output 3.1, which corresponds to the “*Operational implementation of new ATM automated systems and integration of existing*”, which is related to the ASBU B0-NOPS Module.

With the aim to support training of specialists of the Region in traffic analysis procedures, implementation of measures, civil/military coordination processes and exemption procedures, the course to be carried out will cover, among others, following aspects:

- a) Airspace monitoring process;
- b) Analysis process of air traffic demand;
- c) Standards and procedures for the ATFM of a FMU/FMP dependence;
- d) Implementation of ATFM preliminary measures;
- e) TM1 implementation;
- f) ATFM messaging;
- g) Development of international teleconferences;
- h) Coordination of special events;
- i) Civil/military coordination; and
- j) ATFM exemption procedures.

This course is addressed to air traffic controllers, supervisors and/or personnel carrying out ATFM tasks, trained in ATFM, CDM airport capacity and ATC sectors, and/or involved in the processes of implementation and development of ATFM in their States, especially those related to the fulfilment of the goal of the Bogota Declaration, established by RAAC/13 Meeting (December 2013): “*100% of area control centres (ACCs) providing air traffic flow management (ATFM) service*”. **Attachment A** describes the scope of the course.

In order to optimise training it is deemed advisable for the participating experts to have plans to remain in the Administration for at least 5 years after training is completed, in order to ensure the transfer of knowledge to other experts and achieve an optimal management of ATFM processes.

Please note that this course will be conducted in Portuguese and the pertinent documentation will be issued in said language. General information of the event and accommodation alternatives will be sent shortly. Corresponding material will be published as soon as available at the ICAO South American Regional Office’s website ([http://www.icao.int/SAM/Pages/ES/meetings\\_ES.aspx](http://www.icao.int/SAM/Pages/ES/meetings_ES.aspx) - *Theoretical/practical course on ATFM procedures*).

States who wish to send experts to attend this event could make use of the following financing alternatives:

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

For participants who require a fellowship, the ICAO fellowship nomination form is attached (**Attachment B**), and must be completed and submitted to this Office no later than **3 October 2014**.

In this regard, it is important to mention that the event has been covered thanks to the contribution of your State to Regional Project RLA/06/901, taking into account that part of the annual fee sent to the International Civil Aviation Organization (ICAO) has an issue established for this purpose. Cabe indicar que los certificados del curso serán emitidos por el CGNA de Brasil. Kindly note that the course certificates will be issued by CGNA of Brazil.

According to the aforesaid, I am pleased to invite your Administration to design experts from your State to attend this event, by submitting the attached registration form (**Attachment C**), duly filled out for each participant, by e-mail ([icaosam@icao.int](mailto:icaosam@icao.int)) or fax (+511 611 8689), to be received at this Regional Office no later than **3 October 2014**. Mr. Julio de Souza Pereira, Regional Officer ATM/SAR ([jpereira@icao.int](mailto:jpereira@icao.int)) and Mr. Roberto Arca Jaurena, Regional Officer ATM/SAR/AIM ([rarca@icao.int](mailto:rarca@icao.int)), of the ICAO South American Office, are at your disposal should you require any additional information on this course.

Accept, Sir, the assurances of my highest consideration.




Franklin Hoyer  
Regional Director  
ICAO South American Office  
Lima

**Enclosure**

*As indicated*

cc: Mr. Olivier Jouans, Regional Director of ATM services, West Indies and French Guiana  
Mrs. Thelma Douglas Pinas, Permanent Secretary, Ministry of Transport, Communication and Tourism, Suriname  
Mr. Robby Venlo, acting Director of Civil Aviation Department, Suriname  
Mr. Brian De Souza, acting Director, CASAS, Suriname

## ATTACHMENT A

| Project  | Title of the event   |                   |  |   | ICAO Nomenclature                              |
|--|--|-------------------|--|---|--|
| <b>RLA/06/901</b><br>At the request of:<br> | <b>Theoretical/practical course on ATFM procedures, given by CGNA of Brazil</b>  |                   |  |   | <b>056 ATC PLN</b>                             |
| Duration (calendar days)   | Starting date  | Ending date       | Closing date for nominations   | Language(s)   | Fees USD                                       |
| 10 days  | 17 Nov. 2014   | 28 Nov. 2014      | 03 Oct. 2014   | Portuguese (without simultaneous interpretation)                                  | Without cost for members of project RLA/06/901 |
| Timetable  | Minimum vacancies  | Maximum vacancies |  |   |  |
| 09:00 to 17:00 hrs.  | 06   | 20                |  |   |  |
| Objective  | Training of specialists of the Region in the application of ATFM procedures, including processes of traffic analysis, implementation of ATFM measures, civil/military coordination processes, and exemption procedures.  |                   |  |   |  |
| Who should attend  | <ul style="list-style-type: none"> <li>- ATFM experts</li> <li>- Air Traffic controllers</li> <li>- ATC supervisors</li> <li>- Personnel involved in ATFM tasks</li> </ul>   |                   |  |   |  |
| Contents   | <ul style="list-style-type: none"> <li>- The training contemplates to develop the following:                             <ul style="list-style-type: none"> <li>a) Airspace monitoring process;</li> <li>b) Analysis process of air traffic demand;</li> <li>c) Standards and procedures for the ATFM of a FMU/FMP dependence;</li> <li>d) Implementation of ATFM preliminary measures;</li> <li>e) TMI implementation;</li> <li>f) ATFM messaging;</li> <li>g) Development of international teleconferences;</li> <li>h) Coordination of special events;</li> <li>i) Civil/military coordination processes; and</li> <li>j) ATFM exemption procedures.</li> </ul> </li> </ul> |                   |  |   |  |
| Candidate profile  | Air traffic controllers trained in ATFM, CDM Airport Capacity and ATC Sectors, or involved in the processes of implementation and development of ATFM in their States.   |                   |  |   |  |
| Presentation of participants   | Date   | Hour              | Place  | Contact persons   |  |
|  | 17 Nov. 2014   | 08:15 hrs.        | Centro de Gestão de la Navegación Aérea (CGNA) del Departamento de Control del Espacio Aéreo (DECEA)<br>Av. General Justo, 160, Centro, Anexo 1, Castelo, Rio de Janeiro, RJ, Brasil | Mr. Julio Pereira, ATM/SAR ICAO Regional Officer<br>Tel. (511) 611 8686, ext. 104 |  |



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)<br>(firms/organizations) | Specific Courses | Period |    | Duration<br>(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:                        |                  |                              |
| 4. Private address (for mailing purposes):<br>_____   |                    |  |                  |                              |
| Telephone _____ E-mail _____  |                    |  |                  |                              |
| 5. Name and address of person to be notified in case of emergency (other than the government authorities):<br>_____   |                    |  |                  |                              |
| 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                                   |                  |                              |
|   |                    | from to                                  |                  |                              |
|   |                    | Degree /Diploma acquired                 |                  |                              |
| 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<br>(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

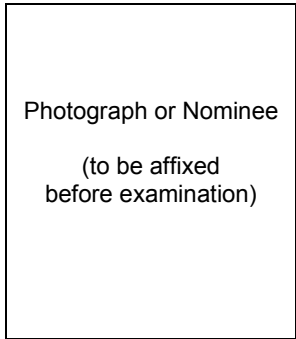
Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of examiner

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

AFFIX OFFICIAL SEAL OR STAMP

\*Delete that which is not applicable



**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><br>FOR FLIGHT CREW MEMBERS AND AIR TRAFFIC CONTROLLERS WHO ARE TO UNDERGO<br>TRAINING FOR A LICENSE AS SPECIFIED IN ICAO ANNEX 1.<br>THIS PAGE TO BE COMPLETED BY NOMINEE |     |   |  |   |  |
|---|-----|---|--|---|--|
| Place and date of examination   |     |   |  |   |  |
| Full name   |     | Nationality   |  | Sex   | M <input type="checkbox"/><br>F <input type="checkbox"/> |
| Date of birth   |     |   | Marital status   |   |  |
| Type of license to be trained for:  |     | Other:  |  |   |  |
| Initial <input type="checkbox"/>  |     | PP <input type="checkbox"/>   |  |   |  |
| 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?<br>No <input type="checkbox"/> |  | Were you declared:<br>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><br>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"/> |  |
| REMARKS   |     |   |  |   |  |
| NOMINEE'S DECLARATION:<br>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: _____  |   |  |

**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:   |
|                |           |             |  |  |  |                     | Normal     | Abnormal         |
|                |           |             |  |  |  | Colour vision       |            |                  |

**LABORATORY EXAMINATIONS**

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



ADJUNTO C / ATTACHMENT C

ORGANIZACIÓN DE AVIACIÓN CIVIL INTERNACIONAL  
INTERNATIONAL CIVIL AVIATION ORGANIZATION

Proyecto Regional RLA/06/901 / RLA/06/901 Regional Project

CURSO TEÓRICO/PRÁCTICO DE PROCEDIMIENTOS ATFM  
THEORETICAL/PRACTICAL COURSE ON ATFM PROCEDURES

(Rio de Janeiro, Brasil, 17 al 28 de noviembre de 2014 /  
Rio de Janeiro, Brazil, 17 to 28 November 2014)

**FORMULARIO DE REGISTRO / REGISTRATION FORM**

1. Estado/*State*:  
Organismo/*Organization*: \_\_\_\_\_

2. Nombre/*Name*: \_\_\_\_\_

3. Cargo/*Position*: \_\_\_\_\_

4. Participa como / *Participates as*:

Miembro/  Alternó/  Delegado/  Observador  Ponente/  Instructor/  Alumno/   
*Member Deputy Delegate Observer / Lecturer Instructor 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/ *Vuelo llegada/ fecha/ hora/*  
*Flight information: Arrival flight/ date/ hour:* \_\_\_\_\_  
*Vuelo salida/ fecha/ hora/*  
*Departure flight/ date/ hour:* \_\_\_\_\_

Firma/  
*Signature*: \_\_\_\_\_ Fecha/  
*Date*: \_\_\_\_\_