



International  
Civil Aviation  
Organization

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Internacional

Международная  
организация  
гражданской  
авиации

منظمة الطيران  
المدني الدولي

国际民用  
航空组织

LT 2/6B.51-SA419

28 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 – Sixth SAM Meeting on ATS Routes Network Optimisation - SAM ATSSRO/6**  
(Lima, Peru, 27 to 30 October 2014)

Action required: **Take note and nominate participants. Please confirm participation before 26 September 2014**

Sir,

I have the honour to address you this letter in order to invite your Administration to participate in the Sixth Meeting on ATS Routes Network Optimisation (SAM ATSSRO/6), to be held in Lima, Peru, from 27 to 30 October 2014, under the auspices of Regional Project RLA/06/901 – “*Assistance in the implementation of an ATM regional system according to the ATM operational concept and the corresponding technological support for communications, navigation and surveillance (CNS)*”.

The main objective of this meeting is the assessment of the study on Version 3 of the SAM Routes Network, to be developed by a group of experts hired under RLA/06/901 Regional Project and performed based on the PBN airspace concepts of the major South American TMAs as a result of PBN/1 and 2 Workshops (Bogota, Colombia, May 2014 and Lima, Peru, September 2014 respectively).

Likewise, in light of the current PBN implementation projects in States' Terminal Areas airspace, the feasibility of routes proposed in Version 2, phase 2 will be re-evaluated.

The delegates should be experts, planners and/or Air Traffic Management (ATM) specialists from Civil Aviation Administrations and/or ATS service providers directly involved in the design and optimisation of airspace in SID and STAR RNAV routes within the PBN concept.

The description of the meeting is included as **Attachment A**. **Attachment B** contains general information on the event. Draft agenda, explanatory notes and schedule of the meeting will be submitted opportunely.

According to the aforesaid, I am pleased to invite your Administration to nominate participants to attend this meeting, by submitting, if applicable, the attached registration form (**Attachment C**), duly filled out for each delegate, by e-mail ([icaosam@icao.int](mailto:icaosam@icao.int)) to be received at this Regional Office no later than **26 September 2014**.

This 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.

It should be also mentioned that States who wish 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) Fellowships sponsored by Regional Project RLA/06/901, having **one** fellowship 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 also attached (**Attachment D**), and must be completed and submitted to this Office as soon as possible, in any case no later than **26 September 2014**.

The meeting will be conducted in Spanish language, with English simultaneous interpretation services if sufficient English speaking participants are timely registered. The corresponding documentation will be published in the ICAO SAM Office website: [http://www.icao.int/SAM/Pages/ES/meetings\\_ES.aspx](http://www.icao.int/SAM/Pages/ES/meetings_ES.aspx). No documentation is foreseen for distribution during the development of the meeting.

Messrs. Julio de Souza Pereira, SAM ATM/SAR Regional Officer ([jpereira@icao.int](mailto:jpereira@icao.int)) and/or Roberto Arca, SAM ATM/SAR/AIM Regional Officer ([rarca@icao.int](mailto:rarca@icao.int)) are at your disposal should you require any additional information on this meeting.

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  
Mrs. Carole Couchman, Regional Officer, IFALPA HQ  
D/TCB, Montreal  
C/FOS/PIU, Montreal



## ATTACHMENT A

Project	Title of the event				ICAO Nomenclature
RLA/06/901	Sixth SAM Meeting on ATS Routes Network Optimisation – SAM ATSRO/6, to be held in Lima, Peru, from 27 to 30 October 2014				056 ATC PLN
Duration (calendar days)	Starting date	Ending date	Closing date for nominations	Language(s)	Fees USD
4	27 October 2014	30 October 2014	26 September 2014	Spanish / English	---
Timetable	Minimum vacancies	Maximum vacancies			
08:30 – 15:30	12	40			
Objective	To assess the study on Version 3 of the SAM Routes Network, to be developed by a group of experts hired under RLA/06/901 Regional Project and performed based on the PBN airspace concepts of the major South American TMAs as a result of PBN/1 and 2 Workshops.				
Who should attend	Addressed to experts, planners and/or Air Traffic Management (ATM) specialists from Civil Aviation Administrations and/or ATS service providers directly involved in the design and optimization of airspace in SID and STAR RNAV routes within the PBN concept. Assessment of pending routes of Version 2, phase 2.				
Contents	<p>Review the ATS Routes Network Optimisation Programme in the ICAO South American Region and continue with the implementation of Version 03 of routes network. Coordinate Version 02 pending routes network restructuring, aiming to the complete integration of ATS routes, control sectors, major TMA points of entry and departure, by using the flexible use of airspace (FUA) concept and the PBN design techniques. Likewise, participants will have the opportunity to review the action plan associated to such optimization programme and if applicable, to incorporate changes as deemed convenient.</p> <p>Matters related to the flexible use of airspace (FUA) will also be analyzed and information will be given on basic PBN techniques for airspace design. Finally, States that have not yet done so should provide major TMA points of entry and departure of their States in the SAM Region.</p>				
Presentation of participants	Date	Hour	Place	Contact persons	
	27/10/14	08:30	ICAO South American Regional Office, 4th. floor conference room, located at Av. Víctor Andrés Belaúnde 147, Centro Empresarial Real, Vía Principal N° 102, Edificio Real 4, 4th floor, San Isidro, Lima 27, Perú.	Mr. Julio de Souza Pereira, ATM/SAR Regional Officer Tel. (511) 611 8686, ext. 104  Mr. Roberto Arca, ATM/SAR/AIM Regional Officer Tel. (511) 611 8686, ext. 106	
Lodging	Refer to the list of hotel suggested in the Website <a href="http://www.icao.int/SAM">www.icao.int/SAM</a> .				

## ATTACHMENT B



*International Civil Aviation Organization*  
South American Regional Office  
**Sixth SAM Meeting on ATS Routes Network Optimisation (SAM  
ATSRO/6) – Regional Project RLA/06/901**  
(Lima, Peru, 27 to 30 October 2014)

SAM ATSRO/6-IP/01  
25/08/14

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### GENERAL INFORMATION

(Presented by the Secretariat)

1. **Venue and dates**

The Sixth SAM Meeting on ATS Routes Network Optimisation (SAM ATSRO/6) will be held at the premises of the ICAO South American (SAM) Regional Office in Lima, Peru, from 27 to 30 October 2014.

2. **ICAO South American Regional Office address**

Av. Victor Andrés Belaúnde No. 147  
Via Principal No. 102  
Centro Empresarial Real, Edificio Real 4, Piso 4  
San Isidro, Lima (see attached map)  
Tel.: +511 611-8686  
Fax: +511 611-8689  
E-mail: [icaosam@icao.int](mailto:icaosam@icao.int)

3. **Opening session**

Will take place on Monday, 27 October 2014, from 09:00 to 09:15 hrs, at the ICAO SAM Office's conference room located in the 4<sup>th</sup> floor.

4. **Languages and documentation**

This event will be held in Spanish, with English simultaneous interpretation services if sufficient English speaking participants are timely registered.

5. **Documentation Link**

The documentation will be posted in the ICAO SAM Regional Office Website: [http://www.icao.int/SAM/Pages/ES/meetings\\_ES.aspx](http://www.icao.int/SAM/Pages/ES/meetings_ES.aspx), under *Meetings*. Participants should check this website frequently to download the documentation. All participants must bring their own set of documentation to the Meeting venue (hard copy or electronically), since there will be no hard copies available for distribution.

6. **Participants Registration**

Participants are requested to first fill-in the registration form and submit it to the ICAO SAM Regional Office as soon as possible (please refer to **Attachment C** of the convening letter).

On Monday 27 October, the registration will be verified at the registration desk, from 08:30 to 09:00 hrs. Participants are requested to use the badges that will be supplied to them during registration.

7. **General information**

It can be found in the “*General Information*”, “*Weather*” and “*Hotels*” sections of the ICAO SAM Regional Office Website home page, located at <http://www.icao.int/SAM>, “*inglés*” (upper right-hand corner).

8. **Transportation from/to the airport**

There are authorized taxis services at the Jorge Chavez International Airport. The rate to Miraflores or San Isidro (hotel area) is of approximately US\$ 30.00. This rate can be confirmed in counters at the Airport’s international arrivals area.

9. **Transportations to and from the site of the event**

Participants can take a taxi or walk to the SAM Regional Office, depending on the location of the selected hotel, and vice versa.

In the city, there are independent or informal taxi drivers. In view of the fact that they do not belong to a company, they do not provide any safety or guarantee. In case of taking an informal taxi, please consider that you may be at a high risk.

10. **Information on wheather and hotels**

Information can be found in the “General Information”, “Weather” and “Hotels” sections of the ICAO SAM Regional Office Website (<http://www.icao.int/SAM>).

11. **Passport, visa and vaccination requirements**

To enter the country, an updated passport and visa are requested; however, it is recommended to contact the Peruvian Embassy or Consulate in your country, to enquire on this requirement well before your departure. Please also verify if yellow fever or any other vaccination is required. Please be aware that participants who requested a fellowship should present their passport at the bank to cash their corresponding check.

12. **Money exchange and credit cards**

The Peruvian currency is the Nuevo Sol Peruano (S/). Present exchange rate is S/ 2.80 per US \$ 1.00, approximately.

Credit cards as American Express, Master Card, VISA, Diners Club, etc, are usually welcome in hotels, shopping centres and restaurants. Traveller’s checks should be exchanged in banks.

13. **Hospitals**

In case of emergency, **Clínica Anglo Americana** is recommended, which is located in Alfredo Salazar s/n, Miraflores, Tel: +51 1 616-8900.

14. **Contacts at ICAO**

Mr. Julio de Souza Pereira, ATM/SAR Regional Officer ( <a href="mailto:jpereira@icao.int">jpereira@icao.int</a> )	611-8686 ext. 104 Cel: 95921 5797
Mr. Roberto Arca Jaurena, ATM/SAR/AIM Regional Officer ( <a href="mailto:rarca@icao.int">rarca@icao.int</a> )	611-8686 ext. 106 Cel: 98761-7888

15. **Electricity**

220 Volts/60Hz.

16. **Information on safety and protection**

Upon any emergency situation, kindly call ICAO SAM Office Security Officer Mr. Roberto Arca (ATM/SAR/AIM), Cel.: 98761 7888, or contact the Operations Centre of the United Nations Safety and Security Department (UNDSS), round the clock assistance during 365 days a year, at following cellular phones: 99757 1008 or 99757 1003.

17. **General recommendations in the event of an earthquake**

The city of Lima is within an earthquake area.

**During an earthquake**

- a) Keep calm.
- b) Stay away from windows, do not go to any balconies, do not use elevators.
- c) Locate yourself in previously identified internal safety zones.
- d) Evacuate the premises only if conditions permit it; otherwise, minimize your movements.

**After an earthquake**

- a) Proceed to leave the premises, since quakes can continue.
- b) Evacuation must be carried out calmly, quickly and safely through the indicated routes.
- c) Stay in the evacuation site until the designated security team of the building has verified whether the installations are at risk.

**ICAO Third and Fourth floor emergency exits**

- a) In front of the elevator area are two emergency staircases.
- b) Both stairs end in the first floor of the building, in the main entrance area.
- c) Proceed down the staircases. Do not push or run; keep in line, move in one direction only; keep conversation to a minimum.
- d) Exit the building to allow free flow of other evacuees exiting behind you.

- e) Once outside the building and having your back to it, turn left towards the evacuation site, located across V. A. Belaúnde Avenue.
- f) Pay attention at all moment to the indications that the security team might make.
- g) You will be informed when is it safe to return to the facilities.

**PLANO DE UBICACIÓN DE LA OFICINA REGIONAL SUDAMERICANA DE OACI EN LIMA, PERÚ/  
ICAO SOUTH AMERICAN REGIONAL OFFICE LOCATION MAP IN LIMA, PERU**

**Av. Víctor Andrés Belaúnde 147 - Edificio 4, cuarto piso, San Isidro**





ADJUNTO C / ATTACHMENT C

ORGANIZACIÓN DE AVIACIÓN CIVIL INTERNACIONAL  
INTERNATIONAL CIVIL AVIATION ORGANIZATION

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

SEXTA REUNIÓN PARA LA OPTIMIZACIÓN DE LA RED DE RUTAS ATS DE LA REGIÓN SAM /  
SIXTH MEETING ON SAM REGION ATS ROUTES NETWORK OPTIMISATION

(SAM ATSRO/6)

Lima, Perú, 27 al 30 de octubre de 2014/ Lima, Peru, 27 to 30 October 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*: \_\_\_\_\_

# ATTACHMENT 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*

## ATTACHMENT 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).



**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)

- UNDP Country Programme      Project No.: \_\_\_\_\_ Post No.: \_\_\_\_\_
- UNDP Regional Programme      Project No.: \_\_\_\_\_
- UNDP Interregional Programme      Project No.: \_\_\_\_\_
- Trust Funds agreement with ICAO      Project No.: \_\_\_\_\_

4. Declares that the objectives of this fellowship are:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

- Will assume costs
- Will not assume costs

6. Certifies that:

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

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

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

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

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

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

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

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

\_\_\_\_\_  
Signature

**INTERNATIONAL CIVIL AVIATION ORGANIZATION  
FELLOWSHIP NOMINATION FORM**

PART II – NOMINEE’S PERSONAL HISTORY

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

\_\_\_\_\_

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

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

\_\_\_\_\_

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

6. Language ability:

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

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

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

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

7. School education record:

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

8. College/university education record:

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

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

9. Technical and/or specialized training record:

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

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

**ATTACHMENT D**

Form 602  
(Rev. 8/10)  
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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"/> ATCO <input type="checkbox"/> CP <input type="checkbox"/> Other: _____					
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"/> ?					
REMARKS					
NOMINEE'S DECLARATION: 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: _____	

# ATTACHMENT 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:		
	Diastolic				Both eyes:	20/	Corrected to 20/
Pulse: sitting					Near vision		
					Intermediate vision		
					N Chart value:		
					N Chart value:		
Hearing		Audiometry				Normal	Abnormal
	cv	500	1000	2000	3000		
Right ear	ft	ft	ft	ft	ft	Colour vision	
Left ear	ft	ft	ft	ft	ft		
LABORATORY EXAMINATIONS							
Urinalysis		Sugar		Albumin		Blood analysis:	
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.							
<hr style="width: 20%; margin-left: 0;"/> <p>*Delete that which is not applicable</p>							