



International  
Civil Aviation  
Organization

Organisation  
de l'aviation civile  
internationale

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Международная  
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гражданской  
авиации

منظمة الطيران  
المدني الدولي

国际民用  
航空组织

LN 3/24.1-SA5460  
LT 2/6B.68

Lima, 17 June 2015

To: Mr. Philippe Guivarch, Regional Director of Civil Aviation, West Indies and French Guiana  
Ms. Chaitrani Heeralall, Director General, Civil Aviation Authority (ag), Guyana  
Mr. Falisie Jozef Pinas, Minister of Transport, Communication and Tourism, Suriname

Subject: **RLA/06/901 – Fourth Workshop on PBN Airspace Design in the SAM Region**  
(Lima, Peru, 07 to 11 September 2015)

Action  
required:

Take note and:

- a) submit requested material by **03 August 2015**
- b) nominate participants

Sir/Madame,

I have the honour to refer to SAM/IG/14 Conclusion SAM/IG/14-2 “*Meetings and resources required for the conduction of activities under the South American Airspace Optimisation Action Plan*” agreeing to continue with the training programme of ATM experts in the South American States, and to the follow-up of SAM/IG/15 meeting (May 2015), where Conclusion SAM/IG/15-2 (*PBN Implementation in South American TMA*s) was adopted.

On this regard, the development of the **Fourth Workshop on PBN Airspace Design**, which objectives and requirements are detailed under **Attachment A**, has been foreseen to be held at this Regional Office from **07 to 11 September 2015**. Nevertheless, the conduction of this workshop is subject to the development by States of the activities adopted by Conclusion SAM/IG/15-2, as described under **Attachment B**, and the submission of the resulting material to this Regional Office ([icaosam@icao.int](mailto:icaosam@icao.int)), no later than **03 August 2015**.

Please be aware that confirmation on the conduction of PBN/4 Workshop next September 2015 will be sent based on the progress achieved in the development of activities by 03 August 2015. In such sense, your efforts towards the development of the activities mentioned in Conclusion SAM/IG/15-2 and the submission of the resulting material to this Regional Office by the indicated date would be highly appreciated. Please note that the information herein contained is sent in advance, in order to allow your Direction to comply with the administrative procedures required for the participation of your experts in this event.

I would like to reiterate the importance of the profile and the continued participation of experts in the various events of this nature, in order to ensure the achievement of the expected objectives (**Attachment B**). Under **Attachment C** you will find additional information on administrative details and financing alternatives for the participation of your experts.

It is worth to mention that this event will be possible 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.

Finally, it is also important to highlight that the implementation of Version 03 of the route network depends on a consistent and harmonised implementation in SAM TMAs and that any delay in one or more States could affect the other States, and the Regional PBN implementation Project as a whole. In such sense, I would like to thank again your Administration for all efforts being developed towards the achievement of the established objectives.

According to the aforesaid, I am pleased to invite your Administration to design experts to participate in this workshop, by submitting, if applicable, the attached registration form (**Attachment D**) duly filled out for each participant, by e-mail ([icaosam@icao.int](mailto:icaosam@icao.int)) or by fax (+511 611 8689).

Messrs. Roberto Arca ([arca@icao.int](mailto:arca@icao.int)), Regional Officer ANS & SFTY and Jorge Fernandez ([jfernandezd@icao.int](mailto:jfernandezd@icao.int)), ATM/SAR consultant of the ICAO South American Regional Office, remain at your disposal for any consultation or advice experts involved in these projects may have.

Accept, Sir, the assurances of my highest consideration.



Franklin Hoyer  
Regional Director  
ICAO South American Office  
Lima

**Enclosure**  
*As indicated*

cc: Mr. Claude Miquel, Deputy Director of Civil Aviation, West Indies and French Guiana  
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

### OBJECTIVES AND REQUIREMENTS

#### FOURTH WORKSHOP ON PBN AIRSPACE DESIGN IN THE SAM REGION

The conducted and planned PBN Airspace Design workshops are targeted to train participants on the application of PBN in both Terminal Areas (TMA) and en-route, including ATM/COM/NAV/SUR capabilities of States, as well as traffic volume, fleets mix, equipment and traffic flows to solve real operational problems in a selected airspace. The philosophy will be to apply an end-to-end approach along a significant traffic flow.

During the development of workshops conducted, although none complete validation of the PBN designs proposed could be attained by States, some progress in PBN project could be noted in all present Administrations, as a result of the continuity in participation of same experts and the support from involved Directions. In order to continue with the established training strategy it is necessary that States complete the validation phase of PBN design proposed.

In such sense, the PBN/4 workshop will focus on the discussion of the following aspects of the implementation stage:

- a) Implementation decision.
- b) Pre-implementation review:
  - ATC system update.
  - Training programme.
  - Approach, arrival and departure charts.
  - Area and route charts.
  - Contingency and backup procedures.
  - Letters of Operational Agreement.
  - ATC unit procedures.
  - Preparation of users.

With a view to ensuring the success of the PBN/4 workshop, and according to Conclusion SAM/IG/15-2 “*PBN Implementation in South American TMAs*” States must carry out the following activities, by sending the resulting material to this Regional Office ([icaosam@icao.int](mailto:icaosam@icao.int)) no later than **03 August 2015**:

- a) Deliver to the SAM Office a consistent and feasible action plan for its inclusion in, and harmonisation with, the SAM PBN Implementation Plan.
- b) Complete the validation of the TMA PBN design (SMS, IFSET, ground validation of procedures).
- c) Prepare a training programme for ATCOs.
- d) Complete the aeronautical charts (IAC, SID, STAR, ARC, ERC).

- e) Prepare a Letter of Operational Agreement model.
- f) Complete the “operational model”.
- g) Participate in project follow-up teleconferences on the following dates:
  - 18 June
  - 17 July
  - 03 August
  - 19 August (subject to subsequent confirmation)

The objective of these PBN/4 Workshop preparation teleconferences is to resolve any doubts, as well as to seek a preliminary harmonization between the validated designs and action plans, to be submitted to this Regional Office.

- h) Deadline for submission of material: **03 August 2015**.
- i) Participation in the PBN/4 Workshop: **07 to 11 September 2015** (subject to timely submission of the material requested in the previous paragraph).

*Note: The conduction of PBN/4 Workshop is subject to the submission on date (03 August 2015) of the requested material by sufficient States.*

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## **ATTACHMENT B**

### **PROFILE OF PARTICIPANTS**

Regarding the optimal profile of participants, it is recommended that States send at least one expert on airspace planning, with experience in terminal area and/or route design, and one qualified expert in instrument procedure design, with experience in the use of Auto-Cad software or other computer design tools, to attend the workshop. Participants are expected to work directly on the design and implementation of the selected terminal area, defining clear dates and milestones for the incorporation of the new airspace structure and will be responsible to submit their basic preliminary design in the upcoming workshops, for its harmonization and improvement, along with an implementation action plan.

Additionally to the required specific profile, it is considered that procedure designers and airline pilots/technicians/operation engineers would be of special assistance in the workshops for the assessment of procedures and to illustrate participants on the performance of different types of aircraft.

Considering the scope and importance of this event, 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 implementation of PBN. Moreover, in order to achieve the proposed objective, it is desirable that the participants of these workshops should be the same.

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## ATTACHMENT C

### GENERAL INFORMATION

#### **Language and documentation:**

Please note that training will be conducted in Spanish, with simultaneous English interpretation if sufficient English speaking participants provide registration no later than **14 August 2015**. General information and pertinent documentation 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) -  
*Fourth Workshop on PBN Airspace Design in the SAM Region*

#### **Financing alternatives:**

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

- a) Fellowships from a national ICAO Technical Cooperation Project approved for your State;
- b) TWO fellowships 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, to be completed and submitted to this Regional Office no later than **14 August 2015**.

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ADJUNTO D / ATTACHMENT D

ORGANIZACIÓN DE AVIACIÓN CIVIL INTERNACIONAL  
INTERNATIONAL CIVIL AVIATION ORGANIZATION

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

CUARTO TALLER SOBRE DISEÑO PBN DEL ESPACIO AÉREO EN LA REGIÓN SAM  
FOURTH WORKSHOP ON PBN AIRSPACE DESIGN IN THE SAM REGION

Lima, Perú, 07 al 11 de septiembre de 2015 / Lima, Peru, 07 to 11 September 2015

**FORMULARIO DE REGISTRO / REGISTRATION FORM**

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

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

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

4. Participa como / *Participates as*:

Miembro/  Alternativo/  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*: \_\_\_\_\_



## 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 *six 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*

#### **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 six months prior to the starting date of the proposed programme. The UNDP Resident Representative will in turn forward the completed Form in triplicate to the appropriate ICAO Regional Representative.

### PART I – NOMINATION BY GOVERNMENT

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

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

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

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

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

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

Total duration

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

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

**INTERNATIONAL CIVIL AVIATION ORGANIZATION  
FELLOWSHIP NOMINATION FORM**

**PART I – cont'd**

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

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

4. Declares that the objectives of this fellowship are:

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

5. Agrees that with regard to round trip transportation for the nominee to and from host country(ies):

- will assume the transportation costs.  
 will not assume the transportation 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 nominee's employment status, rights, salary and seniority will not be adversely affected, during the period of this/her absence, under the fellowship.
- c) All sections of this Nomination Form have been duly completed and the Nominee is suitable for the proposed Training Programme.
- d) Nominee is/will be in possession of a valid passport which does not expire before the termination date of the Fellowship.

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

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

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

Title: \_\_\_\_\_  
Affix official seal or stamp

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

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

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

\_\_\_\_\_  
Signature

**INTERNATIONAL CIVIL AVIATION ORGANIZATION  
FELLOWSHIP NOMINATION FORM**

PART II – NOMINEE’S PERSONAL HISTORY

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

\_\_\_\_\_

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

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

\_\_\_\_\_

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

6. Language ability:

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

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

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

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

7. School education record:

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

8. College/university education record:

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

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

9. Technical and/or specialized training record:

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

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

**INTERNATIONAL CIVIL AVIATION ORGANIZATION  
 FELLOWSHIP NOMINATION FORM**

**PART II – cont’d**

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

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

11. Nominee’s statement:

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

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

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

\_\_\_\_\_

Nominee’s Signature

**INTERNATIONAL CIVIL AVIATION ORGANIZATION  
FELLOWSHIP NOMINATION FORM**

**PART III – LANGUAGE TEST**

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

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

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

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

**RESULTS**

(Check as appropriate)

1. Understanding:

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

2. Speaking:

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

3. Reading:

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

4. Writing:

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

**CONCLUDING REMARKS**

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

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

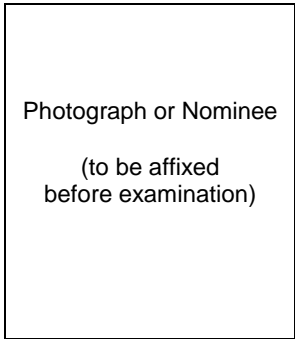
\_\_\_\_\_  
Signature of examiner

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

\_\_\_\_\_

Affix official seal or stamp

\*Delete that which is not applicable



**INTERNATIONAL CIVIL AVIATION ORGANIZATION  
 FELLOWSHIP NOMINATION FORM**

**PART IV - A – MEDICAL REPORT**

Notes:

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

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

(Check as appropriate)

The Nominee:

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

Yes	No

Additional comments by Medical Practitioner:

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

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

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

Affix official seal or stamp  
 (to be affixed across photograph also)



**INTERNATIONAL CIVIL AVIATION ORGANIZATION  
FELLOWSHIP NOMINATION FORM**

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

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

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

Blood pressure	Systolic	} sitting			Distant vision:			
	Diastolic					Right eye:	20/	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	wv	500	1000	2000	3000		
Right ear	ft ft	dB loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Colour vision
Left ear	ft ft	dB loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**LABORATORY EXAMINATIONS**

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