



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.: N1-8.1.9, N1-15.4 — **EMX0589**

22 July 2013

To: States, Territories and International Organizations

Subject: **Regional Workshop on GREPECAS Project F1 - Aerodrome Certification Improvements (ICAO NACC Regional Office, Mexico City, Mexico, 14 to 18 October 2013)**

Action

Required: a) **Register participation by 16 September 2013**  
b) **Return Fellowship Nomination Form by 27 September 2013**

Sir/Madam:

I have the honour to invite your Administration/Organization to participate in the regional workshop on GREPECAS Project F1 - Aerodrome Certification Improvements to be held at the ICAO NACC Regional Office, Mexico City, Mexico, from 14 to 18 October 2013. This event has been planned as part of the CAR Region GREPECAS Aerodromes Programme to address aerodrome certification process related activities.

The main objectives of the workshop, as a follow-up to the aerodrome inspector training events of last year, are provide participants greater orientation and best practices on the contents of the Airport Operator's Aerodrome Manual as a fundamental requirement in the airport certification process. The workshop will include the following topics:

- a) Progress achieved through the Aerodrome Certification Improvements Project
- b) Development and content of the airport Aerodrome Manual
- c) Particulars of the aerodrome operational procedures and safety measures
- d) Airport movement area inspection
- e) Obstacle control
- f) Surface Movement and Guidance Central Systems (SMGCS)
- g) Particulars of the Aerodrome Administration and Safety Management System (SMS)
- h) The use of aeronautical studies to justify deviation from Standards and Recommended Practices
- i) Identify training needs in specific areas
- j) Future activities of the F1 Project

... / 2

The event is aimed at personnel in charge of aerodrome certification and aerodrome inspectors from civil aviation authorities and aerodrome operators of States and Territories from the CAR Region, and representatives and members of invited international organizations are expected to attend. The workshop will provide an opportunity for States/Territories to exchange knowledge, experience and best practices related to ICAO Doc 9774 – *Manual on Certification of Aerodromes* basic content and how to conduct appropriate follow-up.

The preliminary workshop programme is attached (**Attachment A**) to this letter.

I would appreciate receiving confirmation of the name(s) of the delegate(s) representing your Administration/Organization as soon as possible and no later than **16 September 2013**, by sending the completed Registration Form (**Attachment B**) to this Regional Office.

The working languages of the workshop will be English and Spanish, and simultaneous interpretation will be provided if sufficient participants of both languages provide timely registration.

The list of suggested hotels, ICAO NACC Regional Office location, hotel sector maps, as well as other useful information is available on the “Visiting Our Office?” section of the ICAO NACC Regional Office website (<http://www.mexico.icao.int/VisitorsInfo.html>). Participants are encouraged to make reservations directly with the hotel(s) in a timely manner.

Furthermore, in accordance with the 2013-2016 Activities Plan of the Regional Technical Cooperation Project for the Caribbean Region – *Implementation of the Performance Based Air Navigation Systems for the CAR Region (RLA/09/801)*, I am pleased to inform you that this event is offering one fellowship to each Project Member<sup>1</sup>.

Considering the above, your Administration is invited to propose a candidate for receipt of a ***fellowship as soon as possible***. The fellowship includes daily subsistence allowance (DSA) to cover lodging and expenses; your Administration should provide the candidate with the air ticket to/from Mexico City, Mexico, and ensure that the candidate has the necessary travel documents, vaccinations and visa prior to departure.

Regarding fellowships offered to the Eastern Caribbean States through ECCAA, please note that the candidate appointment decision should be made between your Administration and ECCAA. Once the decision has been made, **ECCAA should send this Regional Office the nomination form** of the candidate representing the Eastern Caribbean States.

Please provide confirmation as to whether your Administration is interested in proposing a fellowship candidate to attend the Regional Workshop on GREPECAS Project F1 - Aerodrome Certification Improvements as soon as possible. You should return the Fellowship Nomination Form duly completed (**Attachment C**) to this Regional Office by **27 September 2013**.

A nomination form must be completed for each nominee, all pages must be filled-out including your Administration’s signature and seal (page 2), as well as the doctor’s signature who performs the medical examination in the medical portion of the form (page 6). The address to send the Fellowship Nomination Form is:

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<sup>1</sup> *RLA/09/801 Project Member States are: Bahamas, Barbados, Cuba, Curaçao, Dominican Republic, Haiti, Jamaica, Mexico, OECS States through ECCAA (Antigua and Barbuda, Grenada, Saint Kitts and Nevis, Saint Lucia and Saint Vincent and the Grenadines), Trinidad and Tobago and Central American States through COCESNA (Belize, Costa Rica, El Salvador, Guatemala, Honduras and Nicaragua).*

**ICAO NACC Regional Office**

Mr. Julio Garriga

Regional Officer, Technical Cooperation

Ms. Claudia López

Technical Cooperation Associate

[icaonacc@icao.int](mailto:icaonacc@icao.int); [jgarriga@icao.int](mailto:jgarriga@icao.int); [clopez@icao.int](mailto:clopez@icao.int);

If you require further information regarding the workshop, please contact Mr. Jaime Calderon, Regional Officer, Aerodromes and Ground Aids ([jcalderon@icao.int](mailto:jcalderon@icao.int)), and/or Ms. Ana Valencia, Assistant ([avalencia@icao.int](mailto:avalencia@icao.int)).

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

A digital signature in blue ink, overlaid on a circular ICAO logo. The signature is cursive and reads "Loretta Martin". The words "Firma Digital" and "Digital Signature" are written in blue around the signature.

Loretta Martin

Regional Director

North American, Central American and  
Caribbean (NACC) Regional Office

**Enclosure:**

*As indicated*

*N:\N - ICAO Regions\N 1- 8.1.9 - CAR-SAM Aerodrome Certification Sem-Whsps\1310-TallerRegionalFI\EMX0589AGA-States-InvitationLetter.docx*

## ATTACHMENT A/ADJUNTO A



*International Civil Aviation Organization*

*Organización de Aviación Civil Internacional*

North American, Central American and Caribbean Office (NACC)

Oficina para Norteamérica, Centroamérica y Caribe (NACC)

**Regional Workshop on GREPECAS Project F1 - Aerodrome certification improvements**

**Taller Regional sobre el Proyecto F1 del GREPECAS - Mejoras a la Certificación de Aeródromos**

Mexico City, Mexico, 14 - 18 October 2013

Ciudad de México, México, 14 - 18 de octubre de 2013

### PRELIMINARY PROGRAMME / PROGRAMA PRELIMINAR

#### DAY ONE / DÍA UNO

*Monday 14 October 2013 / Lunes 14 de octubre de 2013*

08:30 – 09:00	<i>Registration / Registro</i>
09:00 – 09:30	<i>Opening Ceremony / Ceremonia de Inauguración</i>
	<b><i>Group Picture / Fotografía de Grupo</i></b>
09:30 – 10:15	Progress achieved by the Project “Aerodrome certification improvements” / Avances del proyecto “Mejoras a la certificación de aeródromos” Norberto Cabrera – Coordinador de Proyecto, Cuba
10:15 – 11:00	Current status of the aerodrome certification in the Region / Estado actual de la certificación de aeródromos en la Región Jaime Calderón – RO/AGA
<b>11:00 – 11:30</b>	<b><i>Coffee break / Pausa para el café</i></b>
11:30 – 12:15	The aerodrome certification process / El proceso de certificación de aeródromos Norberto Cabrera – Coordinador de Proyecto, Cuba
12:15 – 13:00	Development and content of the Aerodrome Manual / Elaboración y contenido del Manual de aeródromo Jaime Calderón – RO/AGA
13:00 – 13:45	Content of the aerodrome manual. Particulars of the aerodrome site / Contenido del Manual de aeródromo. Detalles del emplazamiento de aeródromo Norberto Cabrera – Coordinador de Proyecto, Cuba
<b>13:45 – 14:15</b>	<b><i>Coffee break / Pausa para el café</i></b>
14:15 – 15:00	Particulars of the aerodrome required to be reported to the aeronautical information service (AIS) / Detalles del aeródromo que deben notificarse al Servicio de Información Aeronáutica (AIS) Margarita Moll – IACC de Cuba

## ATTACHMENT A/ADJUNTO A

**DAY TWO / DÍA DOS**  
***Tuesday 15 October 2013 / Martes 15 de octubre de 2013***

08:30 - 09:15	Particulars of the aerodrome operating procedures and safety measures / Detalles de los procedimientos operacionales de aeródromo y medidas de seguridad Jorge Puquirre –El Salvador
09:15 – 10:00	Airport emergency plan / Plan de emergencia del aeropuerto Norberto Cabrera – Coordinador de Proyecto, Cuba
<b>10:00 – 10:30</b>	<b><i>Coffee break / Pausa para el café</i></b>
10:30 – 11:15	Aerodrome movement area inspection / Inspección del área de movimiento del aeródromo Jaime Calderón – RO/AGA
11:15 – 12:00	Obstacle control / Control de obstáculos Julio Garriga – RO/TC
12:00 – 12:45	Wildlife hazard management / Gestión del peligro que representa la fauna TBD/Por definir
<b>12:45 – 13:15</b>	<b><i>Coffee break / Pausa para el café</i></b>
13:15 – 14:00	Surface movement and guidance control system / Sistema de guía y movimiento en superficie TBD/Por definir
14:00 – 14:45	Aerodrome movement area works / Trabajos en el área de movimiento Julio Garriga – RO/TC

**DAY THREE / DÍA TRES**  
***Wednesday 16 October 2013 / Miércoles 16 de octubre de 2013***

08:30 - 09:15	Aerodrome administration and safety management system / Detalles de la Administración del Aeródromo y del Sistema de Gestión de la Seguridad Operacional Margarita Moll – IACC de Cuba
09:15 - 10:00	Aeronautical studies. Exemptions to the airport operator / Estudios aeronáuticos. Exenciones al explotador de aeródromo Claudia Espinosa –México
<b>10:00 – 10:30</b>	<b><i>Coffee break / Pausa para el café</i></b>
10:30 – 11:15	States experience on aerodrome certification / Experiencia de Estado en la certificación de aeródromos TBD/Por definir
11:15 – 12:00	States experience on the use of aeronautical studies / Experiencia de Estado en el uso de estudios aeronáuticos TBD/Por definir

12:00 – 12:45	Experiencia de Estado en exenciones otorgadas al explotador del aeródromo / States experience on exemptions issued to the airport operator TBD/Por definir
<b>12:45 – 13:15</b>	<b><i>Coffee break / Pausa para el café</i></b>
13:15 – 14:00	States experience on obstacle control / Experiencia de Estado en control de obstáculos TBD/Por definir

<b>DAY FOUR / DIA CUATRO</b> <b><i>Thursday 17 October 2013 / Jueves 17 de octubre de 2013</i></b>
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08:30 – 10:00	Working groups to establish the challenges of the aerodrome certification facing by States / Grupos de trabajo para establecer los problemas que confrontan los Estados en la certificación de aeródromos Norberto Cabrera, Jaime Calderón
<b>10:00 – 10:30</b>	<b><i>Coffee break / Pausa para el café</i></b>
10:30 – 11:30	Working groups to establish the challenges of the aerodrome certification facing by States / Grupos de trabajo para establecer problemas que confrontan los Estados en la certificación de aeródromos
11:30 – 12:30	General discussion / Discusión general Norberto Cabrera, Jaime Calderón
<b>12:30 – 13:00</b>	<b><i>Coffee break / Pausa para el café</i></b>
13:00 – 14:00	Identify common problems in the region / Identificar problemas comunes en la región Norberto Cabrera, Jaime Calderón, responsables
14:00 – 14:45	Identify training needs in specific areas / Identificar la necesidad de capacitación en áreas específicas Norberto Cabrera, Jaime Calderón

<b>DAY FIVE / DIA CINCO</b> <b><i>Friday 18 October 2013 / Viernes 18 de octubre de 2013</i></b>
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08:30 – 10:00	Lessons learned / Lecciones aprendidas Norberto Cabrera, Jaime Calderón
<b>10:00 – 10:30</b>	<b><i>Coffee break / Pausa para el café</i></b>
10:30 – 11:30	Future activities of Project F1 “Aerodrome certification improvements” / Futuras actividades del Proyecto F1 “Mejoras en la certificación de aeródromos” Norberto Cabrera – Coordinador de proyecto
11:30 – 12:15	Closing ceremony / Clausura del Taller

## ATTACHMENT B/ADJUNTO B



*International Civil Aviation Organization*

*Organización de Aviación Civil Internacional*

North American, Central American and Caribbean Office (NACC)

Oficina para Norteamérica, Centroamérica y Caribe (NACC)

**Regional Workshop on GREPECAS Project F1 - Aerodrome Certification Improvements**

**Taller Regional sobre el Proyecto F1 del GREPECAS - Mejoras a la Certificación de Aeródromos**

Mexico City, Mexico, 14 - 18 October 2013

Ciudad de México, México, 14 - 18 de octubre de 2013

### REGISTRATION FORM / FORMULARIO DE REGISTRO

1.	NAME NOMBRE	
2.	POSITION CARGO	
3.	ORGANIZATION ORGANIZACIÓN	
4.	COUNTRY PAÍS	
5.	TELEPHONE TELÉFONO	
6.	E-MAIL CORREO-E	

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

*E-mail:*            [icaonacc@icao.int](mailto:icaonacc@icao.int)



INTERNATIONAL CIVIL AVIATION ORGANIZATION  
TECHNICAL COOPERATION BUREAU

GUIDE FOR THE COMPLETION OF ICAO FELLOWSHIP NOMINATION FORM

*(This sheet should be detached by the originator prior to submitting the attached Fellowship Nomination Form to the local or regional UNDP Office for transmission to ICAO)*

It is in the interests of Governments to ensure that the attached Nomination Form is fully completed for each nominee in *original and two copies*. All Nomination Forms should be submitted to the local UNDP Resident Representative who will then forward three copies to the appropriate ICAO Regional Representative. Nomination Forms should be received at the ICAO Regional Office at least *two months prior* to the starting date of the proposed courses.

PART I – NOMINATION BY GOVERNMENT

Please note the following:

*Paragraph 1* should indicate the *main* field of training as specified in SECTION I – LIST OF TRAINING COURSES of the AVIATION TRAINING DIRECTORY OF ICAO.

*Paragraph 2* should provide *specific* details as regards Host Countries, Training Institutes and Courses. For example: Air Traffic Control – Aerodrome and Approach Control, Procedural; Aircraft Maintenance – Boeing 737 Air Frame and Powerplant Systems should be shown instead of general phrases such as ATC, Aircraft Maintenance, etc.

*Paragraph 4.* The objectives of the Fellowship should be stated concisely and accurately.

PART II – NOMINEE'S PERSONAL HISTORY

The technical and/or specialized training data is indispensable in the formulation of the Fellow's programme to indicate what prerequisite/basic or advanced course may have to be added/eliminated to achieve the optimum result. The employment data is also an essential ingredient in the formulation of the programme, as it helps to define the type and level of the requested training.

PART III – LANGUAGE TEST

Unless a Fellow has had his/her academic education, especially High School and/or College, in the language of instruction to be used by the Host Countries proposed for the Fellowship, it is essential that a Language Test be administered at a certified Language School or at the local Embassy/Consulate of the Host Country to ascertain that the Fellow understands, reads, writes and speaks the instructional language sufficiently well to receive instruction in it.



#### PART IV-A and PART IV-B – MEDICAL REPORTS

It is essential that a nominee be healthy and free of any sickness which may require further examination and/or treatment during the tenure of the Fellowship. ICAO/UNDP will not pay any medical expenses incurred by a Fellow for sicknesses existing prior to the starting date of his/her Fellowship. Such expenses must be borne by the Fellow and/or his/her Government. A prospective Fellow must be examined by a medical doctor recommended by the local UNDP Office. Flight Crew Members and Air Traffic Controllers should take a thorough medical examination (Part IV-B) as specified in ICAO Annex 1, Chapter 6, paragraph 6.6, if they are pursuing a course leading to the award of a license. All others should take a general physical examination including a chest X-ray (Part IV-A).



## INTERNATIONAL CIVIL AVIATION ORGANIZATION FELLOWSHIP NOMINATION FORM

**NOTE:** Each item must be completed in full and all entries should be typewritten or written in block letters. The completed form should be forwarded in triplicate to ICAO through the Office of the UNDP Resident Representative for the country concerned at least two months prior to the starting date of the proposed programme. The UNDP Resident Representative will in turn forward the completed Form in triplicate to the appropriate ICAO Regional Representative.

### PART I – NOMINATION BY GOVERNMENT

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

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

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

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

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

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

Total duration

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

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

**INTERNATIONAL CIVIL AVIATION ORGANIZATION  
FELLOWSHIP NOMINATION FORM**

**PART I – cont'd**

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

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

4. Declares that the objectives of this fellowship are:

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

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		

**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: \_\_\_\_\_

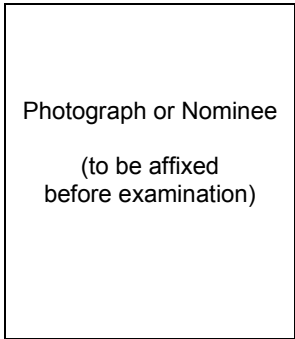
\_\_\_\_\_  
Signature of examiner

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

<b>PART IV - B – MEDICAL REPORT</b> FOR FLIGHT CREW MEMBERS AND AIR TRAFFIC CONTROLLERS WHO ARE TO UNDERGO TRAINING FOR A LICENSE AS SPECIFIED IN ICAO ANNEX 1. THIS PAGE TO BE COMPLETED BY NOMINEE					
Place and date of examination					
Full name		Nationality		Sex	M <input type="checkbox"/> F <input type="checkbox"/>
Date of birth			Marital status		
Type of license to be trained for:					
Initial <input type="checkbox"/>		PP <input type="checkbox"/>		Other:	
ATCO <input type="checkbox"/>		CP <input type="checkbox"/>			
Have you previously been examined for flight crew or air traffic control duties?			Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when and where?	
			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					
<b>NOMINEE'S DECLARATION:</b> I hereby certify that all statements and answers provided by me in this examination form are complete and true to the best of my knowledge.					
Signature of Nominee: _____			Date: _____		



## 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		
Head, face, neck and scalp				Vascular system	Normal
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	Diastolic		Distant vision:	
		} sitting		Right eye:	20/      Corrected to 20/
				Left eye:	20/      Corrected to 20/
		} recumbent		Both eyes:	20/      Corrected to 20/
				Near vision	N Chart value:
				Intermediate vision	N Chart value:

	Hearing		Audiometry		
	cv	wv	500 1000 2000 3000		Normal      Abnormal
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: Sedimentation rate	Hb
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
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NOTE: The above test has been conducted in accordance with the provisions detailed in Chapter VI of ICAO Annex 1 – *Personnel Licensing*.

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\*Delete that which is not applicable