



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

When replying please quote:

Ref.: NT- NT4-4.43, NT-NS2-35 — **EMX0098**

5 March 2014

To: States, Territories and International Organizations

Subject: **Invitation – ICAO NAM/CAR/SAM Search and Rescue (SAR) and Civil/Military Coordination Seminar (ICAO NACC Regional Office, Mexico City, Mexico, from 26 to 30 May 2014)**

Action

- Required:
- 1) Register participation by **25 April 2014**
 - 2) Return Fellowship Nomination Form by **5 May 2014**

Sir/Madam:

As follow-up to the ICAO Twelfth Air Navigation Conference (AN-Conf/12) Recommendation 4/5 – *Civil/military coordination/cooperation and sharing of airspace*, I have the honour to invite your Administration/Organization to participate in the ICAO NAM/CAR/SAM Search and Rescue (SAR) and Civil/Military Coordination Seminar to be convened at the ICAO NACC Regional Office, Mexico City, Mexico, from 26 to 30 May 2014.

SAR specialists and Air Traffic Management (ATM) personnel from States/Territories/International Organizations involved in civil-military coordination from the ICAO NAM/CAR/SAM Regions are expected to attend. The working language of the event will be Spanish; simultaneous English interpretation will be provided if sufficient English speaking participants provide timely registration.

The audience will be open to a wide mixture of civil/military authorities, Air Navigation Service Providers (ANSPs), civil-military high-level authorities, ATM civil-military airspace managers, airline operators and general aviation users. Civil Aviation Authorities (CAA) should coordinate military official participation as part of the State's delegation.

This seminar will consist of theoretical and practical presentations using an interactive format, high-level discussions, ICAO guidance material applied to civil-military cooperation activities with practical exercises adapted to regional situations, examples on effective communication, airspace usage optimization with fictional scenarios, and CO₂ gas reduction initiatives through improved civil-military coordination.

... / 2

The Provisional Syllabus of the event is at **Attachment A**. You are kindly requested to complete and return the Registration Form at **Attachment B** by e-mail for each participant by **25 April 2014**.

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

All event presentations will be placed in the Meetings Section of the following web page: <http://www.icao.int/NACC/Pages/default.aspx> as it becomes available. Taking into consideration the availability of presentations in electronic format, no hard copies will be distributed during the event.

Furthermore, in accordance with the 2013-2016 Activities Plan of the Regional Technical Cooperation Project for the Caribbean Region – *Implementation of 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 Member¹.

The fellowship includes daily subsistence allowance (DSA) to cover lodging and expenses; your Administration shall provide the candidate with the air ticket to/from 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 coordination has been completed, the nomination form of the candidate representing the Eastern Caribbean States **should be sent to this Regional Office by ECCAA**.

A Fellowship Nomination Form must be completed for each nominee. All pages must be completed, including your Administration’s signature and seal (page 2), as well as the doctor’s signature who performs the medical examination on the medical portion of the form (page 6). Submit the Fellowship Nomination Form to the e-mail addresses provided below:

ICAO NACC Regional Office

Mr. Julio Garriga

Regional Officer, Technical Cooperation

Ms. Claudia López

Technical Cooperation Associate

icaonacc@icao.int; jgarriga@icao.int; clopez@icao.int;

Please provide confirmation as to whether your Administration is interested in proposing a fellowship candidate to attend the ICAO NAM/CAR/SAM Search and Rescue (SAR) and Civil/Military Coordination Seminar *as soon as possible*. The duly completed Fellowship Nomination Form (**Attachment C**) must be received in this Regional Office no later than **5 May 2014**.

... / 3

¹ *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).*

If you require any further information regarding the event, please contact Mr. Victor Hernandez, Regional Officer Air Traffic Management/Search and Rescue (vhernandez@icao.int) or his Assistant, Ms. Ana Valencia (avalencia@icao.int).

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

A digital signature in black ink, appearing as a stylized cursive script, is overlaid on a blue circular watermark. The watermark contains the text 'Firma Digital' on the left and 'Digital Signature' on the right, with a central emblem.

Loretta Martin
Regional Director
North American, Central American and
Caribbean (NACC) Regional Office

Enclosure:

A – Provisional Syllabus

B – Registration Form

C – Fellowship Nomination Form

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ATTACHMENT A

SAR



International Civil Aviation Organization

North American, Central American and Caribbean Office (NACC)

ICAO NAM/CAR/SAM Search and Rescue (SAR) and Civil/Military Coordination Seminar (SAR)

Mexico City, Mexico, 26 to 30 May 2014

PROVISIONAL SYLLABUS

1. Search and Rescue (SAR) Coordination Issues

- a) State Obligations under Relevant SAR Provisions
- b) SAR Organization and Planning
- c) SAR Agreements
- d) Regional Implementation of SAR Exercises
- e) Space System for Search of Vessels in Distress - Search and Rescue Satellite-Aided Tracking (COSPAS-SARSAT) Global and Regional Perspective
- f) SAR Coordination and Emergency Response Procedures for Natural Disasters

2. State Civil/Military Operational Coordination

- a) *Convention on International Civil Aviation* — Doc 7300 and ICAO Provisions Regarding Civil/Military Coordination
- b) Lack of Civil/Military Operational Coordination Experiences
- c) Necessity for Civil/Military Coordination (*Manual Concerning Safety Measures Relating to Military Activities Potentially Hazardous to Civil Aircraft Operations* — Doc 9554)
- d) Programmes to Reduce Aircraft Interceptions Related to the *Manual Concerning Interception of Civil Aircraft* - Doc 9433
- e) Regional Initiatives to Enhance Civil/Military Operational Coordination

3. Airspace Organization and Management (AOM)

- a) ICAO Provisions for Flexible Use Airspace (FUA)
- b) Regional Initiatives for Reduction of Permanently Segregated Special Use Airspace (SUA)
- c) Unmanned Aircraft Systems (UAS): Needs and Challenges
- d) Joint Civil/Military Operational Initiatives to Reduce Civil Aviation Fuel Burn and CO₂ Gas Emissions (Implementation of Performance-Based Navigation (PBN), Automatic Dependent Surveillance - Broadcast (ADS-B), 406 MHz Emergency Locator Transmitter (ELT), etc.)

4. Other Issues

ATTACHMENT / ADJUNTO B

SAR



International Civil Aviation Organization
Organización de Aviación Civil Internacional
North American, Central American and Caribbean Office (NACC)
Oficina para Norteamérica, Centroamérica y Caribe (NACC)
**ICAO NAM/CAR/SAM Search and Rescue (SAR) and Civil/Military
Coordination Seminar /
Seminario de Búsqueda y Salvamento (SAR) y Coordinación Civil/Militar
NAM/CAR/SAM de la OACI
(SAR)**
Mexico City, Mexico, 26 to 30 May 2014 /
Ciudad de México, México, 26 al 30 de mayo de 2014

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



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: _____

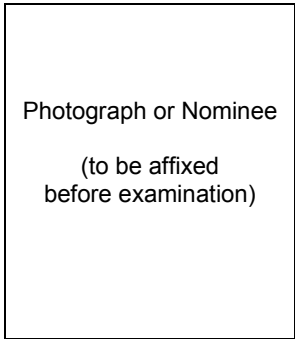
Signature of examiner

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

PART IV - B - MEDICAL REPORT																																																																																																
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																																																																																																
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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																																																																																												
<p>MEDICAL HISTORY Have you ever had or have you now any of the following: (elaborate yes answers under Remarks)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 5%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> <th style="width: 5%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Frequent or severe headaches</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td>Nervous trouble of any kind</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Dizziness or fainting spells</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td>Any drug or narcotic habit</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Unconsciousness for any reason</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td>Excessive drinking habit</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Eye trouble except glasses</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td>Attempted suicide</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Hay fever</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td>Motion sickness requiring drugs</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Asthma</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td>Rejection for life insurance</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Heart trouble</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td>Admission to hospital in the last two years</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>High or low blood pressure</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td>Record of traffic convictions</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Stomach trouble</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td>Record of other convictions</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Kidney stone or blood in urine</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td>Gynecological / Obstetrical conditions</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Sugar or albumin in urine</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td>Other illnesses</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Epilepsy or fits</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td>Are you in good physical and mental health as far as you know and believe?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>								Yes	No		Yes	No	Frequent or severe headaches	<input type="checkbox"/>			Nervous trouble of any kind	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness or fainting spells	<input type="checkbox"/>			Any drug or narcotic habit	<input type="checkbox"/>	<input type="checkbox"/>	Unconsciousness for any reason	<input type="checkbox"/>			Excessive drinking habit	<input type="checkbox"/>	<input type="checkbox"/>	Eye trouble except glasses	<input type="checkbox"/>			Attempted suicide	<input type="checkbox"/>	<input type="checkbox"/>	Hay fever	<input type="checkbox"/>			Motion sickness requiring drugs	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>			Rejection for life insurance	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>			Admission to hospital in the last two years	<input type="checkbox"/>	<input type="checkbox"/>	High or low blood pressure	<input type="checkbox"/>			Record of traffic convictions	<input type="checkbox"/>	<input type="checkbox"/>	Stomach trouble	<input type="checkbox"/>			Record of other convictions	<input type="checkbox"/>	<input type="checkbox"/>	Kidney stone or blood in urine	<input type="checkbox"/>			Gynecological / Obstetrical conditions	<input type="checkbox"/>	<input type="checkbox"/>	Sugar or albumin in urine	<input type="checkbox"/>			Other illnesses	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy or fits	<input type="checkbox"/>			Are you in good physical and mental health as far as you know and believe?	<input type="checkbox"/>	<input type="checkbox"/>
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Unconsciousness for any reason	<input type="checkbox"/>			Excessive drinking habit	<input type="checkbox"/>	<input type="checkbox"/>																																																																																										
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Kidney stone or blood in urine	<input type="checkbox"/>			Gynecological / Obstetrical conditions	<input type="checkbox"/>	<input type="checkbox"/>																																																																																										
Sugar or albumin in urine	<input type="checkbox"/>			Other illnesses	<input type="checkbox"/>	<input type="checkbox"/>																																																																																										
Epilepsy or fits	<input type="checkbox"/>			Are you in good physical and mental health as far as you know and believe?	<input type="checkbox"/>	<input type="checkbox"/>																																																																																										
Is there any family history of:		Diabetes <input type="checkbox"/>		Cardiovascular disease <input type="checkbox"/>		Tuberculosis <input type="checkbox"/>																																																																																										
REMARKS																																																																																																
<p>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.</p>																																																																																																
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	} sitting				Distant vision:		
	Diastolic						Right eye:	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					
	cv	wv	500	1000	2000	3000		Normal
Right ear	ft	ft	dB loss <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Left ear	ft	ft	dB loss <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Abnormal

LABORATORY EXAMINATIONS

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

Summary (Abnormal findings, remarks and recommendations)

Nominee is/is not* medically fit for flight crew/air traffic control* duties

MEDICAL EXAMINER'S DECLARATION

I hereby certify that I personally examined the applicant named on this medical examination report, and that this report with any attachment embodies my findings completely and correctly.

Date and place of examination	Aviation medical examiner's signature
-------------------------------	---------------------------------------

NOTE: The above test has been conducted in accordance with the provisions detailed in Chapter VI of ICAO Annex 1 – *Personnel Licensing*.

*Delete that which is not applicable

ATTACHMENT / ADJUNTO B

SAR



International Civil Aviation Organization
Organización de Aviación Civil Internacional
North American, Central American and Caribbean Office (NACC)
Oficina para Norteamérica, Centroamérica y Caribe (NACC)
**ICAO NAM/CAR/SAM Search and Rescue (SAR) and Civil/Military
Coordination Seminar /
Seminario de Búsqueda y Salvamento (SAR) y Coordinación Civil/Militar
NAM/CAR/SAM de la OACI
(SAR)**
Mexico City, Mexico, 26 to 30 May 2014 /
Ciudad de México, México, 26 al 30 de mayo de 2014

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

ATTACHMENT A

SAR



International Civil Aviation Organization

North American, Central American and Caribbean Office (NACC)

ICAO NAM/CAR/SAM Search and Rescue (SAR) and Civil/Military Coordination Seminar (SAR)

Mexico City, Mexico, 26 to 30 May 2014

PROVISIONAL SYLLABUS

1. Search and Rescue (SAR) Coordination Issues

- a) State Obligations under Relevant SAR Provisions
- b) SAR Organization and Planning
- c) SAR Agreements
- d) Regional Implementation of SAR Exercises
- e) Space System for Search of Vessels in Distress - Search and Rescue Satellite-Aided Tracking (COSPAS-SARSAT) Global and Regional Perspective
- f) SAR Coordination and Emergency Response Procedures for Natural Disasters

2. State Civil/Military Operational Coordination

- a) *Convention on International Civil Aviation* — Doc 7300 and ICAO Provisions Regarding Civil/Military Coordination
- b) Lack of Civil/Military Operational Coordination Experiences
- c) Necessity for Civil/Military Coordination (*Manual Concerning Safety Measures Relating to Military Activities Potentially Hazardous to Civil Aircraft Operations* — Doc 9554)
- d) Programmes to Reduce Aircraft Interceptions Related to the *Manual Concerning Interception of Civil Aircraft* - Doc 9433
- e) Regional Initiatives to Enhance Civil/Military Operational Coordination

3. Airspace Organization and Management (AOM)

- a) ICAO Provisions for Flexible Use Airspace (FUA)
- b) Regional Initiatives for Reduction of Permanently Segregated Special Use Airspace (SUA)
- c) Unmanned Aircraft Systems (UAS): Needs and Challenges
- d) Joint Civil/Military Operational Initiatives to Reduce Civil Aviation Fuel Burn and CO₂ Gas Emissions (Implementation of Performance-Based Navigation (PBN), Automatic Dependent Surveillance - Broadcast (ADS-B), 406 MHz Emergency Locator Transmitter (ELT), etc.)

4. Other Issues
