



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.: N1-15.4, NS2-35 — **EMX0983**

13 January 2014

To: States, Territories and International Organizations

Subject: **Aerodrome Safety Management System (SMS) Implementation Workshop – Activity of GREPECAS Project F1 (ICAO NACC Regional Office, Mexico City, Mexico, from 18 to 21 March 2014)**

Action

Required: a) **Register participation by 7 February 2014**
b) **Return Fellowship Nomination Form by 28 February 2014**

Sir/Madam:

I have the honor to invite your Administration/Organization to participate in the “Aerodrome Safety Management System (SMS) Implementation Workshop”, as part of the GREPECAS Project F1 - *Improvements to aerodrome certification* activities, to be held at the ICAO NACC Regional Office, Mexico City, Mexico, from 18 to 21 March 2014.

The workshop is aimed to personnel of Civil Aviation Authority (CAA) who has the responsibility to provide the framework for the development of the SMS and the airport Operator responsible for the implementation of the system. It is important to mention, that as part of the State Safety Programme (SSP), the State should require that operators of certified aerodromes implement an SMS, therefore both parties are involved in such a process.

Regarding the main objectives, the event will allow to determine the SMS implementation status in the CAR Region, provide participants with the necessary tools for recognizing hazards and analyze their related consequences; and to take back at the end of the event a preliminary work to be submitted to its respective CAA for approval/acceptance. Likewise, the workshop will enable the exchange of experiences among participants in matters such as the SMS development and implementation, contributing to safety of the airports in the CAR Region.

The preliminary workshop programme is attached (**Attachment A**) to this letter, which includes sufficient time for participants to work on a preliminary SMS elaboration.

... / 2

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 **7 February 2014**, 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.icao.int/NACC/Pages/visitors_info.aspx). 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 Member¹.

Considering the above, your Administration is invited to propose a candidate for award 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 this coordination has been made, the nomination form of the candidate representing the Eastern Caribbean States, **should be sent to this Regional Office by ECCAA**.

Please provide confirmation as to whether your Administration is interested in proposing a fellowship candidate to attend the Regional Workshop on GREPECAS Project F1 - SMS Aerodromes Inspectors as soon as possible. You should return the Fellowship Nomination Form duly completed (**Attachment C**) to this Regional Office by **28 February 2014**.

A fellowship 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). The address to send the Fellowship Nomination Form is:

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;

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

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

A digital signature in black ink, appearing as a stylized, overlapping scribble, is placed over a circular blue logo. The logo contains the text 'ICAO-OACI-UKAO' at the top and 'الإتحاد الدولي للطيران المدني' at the bottom. The words 'Firma Digital' are written in blue on the left side of the signature, and 'Digital Signature' is written in blue on the right side.

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

Enclosure:
As indicated

N:\N - ICAO Regions\N 1- 15.4 - GREPECAS AGA\1403-TallerSMS-NACC\EMX0983AGA-States-SMSWorkshop-Invitation.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)

Aerodrome Safety Management System (SMS) Implementation Workshop – Activity of GREPECAS Project F1 / Taller sobre Implantación del Sistema de gestión de la seguridad operacional (SMS) en Aeródromos – Actividad del Proyecto F1 del GREPECAS

ICAO NACC Regional Office, Mexico City, Mexico, 18 to 21 March 2014

Oficina Regional NACC de la OACI, Ciudad de México, México, 18 al 21 de marzo de 2014

PRELIMINARY PROGRAMME / PROGRAMA PRELIMINAR

DAY ONE / DÍA UNO
Tuesday 18 March 2014 / Martes 18 de marzo de 2014

08:30 – 09:00	<i>Registration / Registro</i>
09:00 – 09:45	<i>Opening Ceremony / Ceremonia de Inauguración</i>
Group Picture / Fotografía de Grupo	
09:45 – 10:10	Introduction to State Safety Programme (SSP) / Introducción al Programa de Seguridad del Estado. Eduardo Chacín – RO/FS
10:10 – 11:00	Module 1: SMS Introduction to the Aerodrome’s Environment / Módulo 1: Introducción al SMS en el ambiente de Aeródromos Norberto Cabrera – Coordinador de Proyecto, Cuba
11:00 – 11:30 Coffee break / Pausa para el café	
11:30 – 12:30	Module 2: Safety Management System basic concepts applied to Aerodromes / Módulo 2: Conceptos Básicos del Sistema de gestión de la seguridad operacional aplicados a los aeródromos Jaime Calderón – RO/AGA
12:30 – 13:30	Module 3: Introduction to Aerodromes Safety Management System / Módulo 3: Introducción al Sistema de Gestión de la Seguridad Operacional de aeródromos Norberto Cabrera – Coordinador de Proyecto, Cuba
13:30 – 14:30 Lunch / Almuerzo	
14:15 – 15:00	Exchange of best practices – Creation of working groups / Intercambio de mejores prácticas - Conformación de equipos de trabajos Norberto Cabrera and Jaime Calderón.

DAY TWO / DÍA DOS Wednesday 19 March 2014 / Miércoles 19 de marzo de 2014
--

08:30 - 09:15	Module 4: Hazard identification / Módulo 4: Identificación de Peligros Norberto Cabrera – Coordinador de Proyecto, Cuba
09:15 – 10:00	Module 5: Risk Analysis / Módulo 5: Análisis de Riesgos Jaime Calderón – RO/AGA
10:00 – 10:30	<i>Coffee break / Pausa para el café</i>
10:30 – 11:15	Module 6: SMS implementation in a Certified Aerodrome, evaluation criteria, hazard identification and risk management / Módulo 6: Implantación de SMS en un aeródromo certificado, criterios de evaluación, identificación de peligros y gestión de riesgos Norberto Cabrera – Coordinador de Proyecto, Cuba
11:15 – 12:00	Module 7: SMS Introduction. System characteristics and description / Módulo 7: Introducción al SMS. Características del Sistema y descripción Jaime Calderón – RO/AGA
12:00 – 12:45	Module 8: SMS Planning. Implementation plan / Módulo 8: Planificación del SMS. Plan de implementación Norberto Cabrera – Coordinador de Proyecto, Cuba
12:45 – 14:00	<i>Lunch / Almuerzo</i>
14:00 – 15:00	Assigned tasks to working groups based on aerodrome common hazards, analysis and preparation for final presentation through theoretical-practical excersises / Asignación de tareas a los grupos de trabajo basados en peligros comunes en los aeródromos, análisis y preparación para la presentación final mediante ejercicios teóricos - prácticos Norberto Cabrera – Coordinador de Proyecto, Cuba

DAY THREE / DÍA TRES Thursday 20 March 2014 / Jueves 20 de marzo de 2014

08:30 - 09:20	Module 9: SMS operation in the aerodromes environment, risk management and safety assurance / Módulo 9: Operación del SMS en el ambiente de los aeródromos, gestión del riesgo y aseguramiento de la Seguridad Operacional Norberto Cabrera – Coordinador de Proyecto, Cuba
09:20 - 10:00	Module 9: SMS Operation. Safety promotion / Módulo 9: Operación del SMS. Promoción de la Seguridad Operacional Norberto Cabrera – Coordinador de Proyecto, Cuba
10:00 – 10:30	<i>Coffee break / Pausa para el café</i>
10:30 – 12:10	Module 10: Implementation by phases / Módulo 10: Implementación por fases Jaime Calderón – RO/AGA
12:10 – 13:00	General debate / Debate general Jaime Calderón and Norberto Cabrera

13:00 – 14:00	<i>Lunch / Almuerzo</i>
14:00 – 15:50	Final tasks assigned to working groups / Tareas finales asignadas a los equipos de trabajo Norberto Cabrera and Jaime Calderón.
DAY FOUR / DIA CUATRO <i>Friday 21 March 2014 / Viernes 21 de marzo de 2014</i>	
08:30 – 10:00	Work to be performed by groups / Trabajo a desarrollar por los equipos Norberto Cabrera and Jaime Calderón.
10:00 – 10:30	<i>Coffee break / Pausa para el café</i>
10:30 – 13:00	Working groups presentations / Presentaciones de los trabajos por equipos
13:00 – 14:00	<i>Lunch / Almuerzo</i>
14:30 – 15:50	Exchange of experiences aimed at the progress on SMS implementation in the international aerodromes in the Region / Experiencias compartidas que permitan avanzar en la implantación de los SMS en los aeródromos internacionales de la Región Workshop conclusions / Conclusiones del Taller Certificates Delivery / Entrega de certificados Closing ceremony / Clausura del Taller

ATTACHMENT B

SMS Ws



International Civil Aviation Organization
North American, Central American and Caribbean Office (NACC)
**Aerodrome Safety Management System (SMS) Implementation Workshop –
Activity of GREPECAS Project F1**
(SMS Ws)
ICAO NACC Regional Office, Mexico City, Mexico, 18 to 21 March 2014

REGISTRATION FORM

1.	NAME	
2.	POSITION	
3.	ORGANIZATION	
4.	COUNTRY	
5.	TELEPHONE	
6.	E-MAIL	

Please send this form to:

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:
----------	--------------------	-------------------

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

Photograph of Nominee
 (to be affixed
 before examination)

**INTERNATIONAL CIVIL AVIATION ORGANIZATION
 FELLOWSHIP NOMINATION FORM**

PART IV - A – MEDICAL REPORT

Notes:

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

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

(Check as appropriate)

The Nominee:

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

	Yes	No

Additional comments by Medical Practitioner:

Date: _____

 Signature of Medical Practitioner

 *Delete that which is not applicable

AFFIX OFFICIAL SEAL OR STAMP
 (to be affixed across photograph also)

INTERNATIONAL CIVIL AVIATION ORGANIZATION FELLOWSHIP NOMINATION FORM

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/	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			
	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:	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