



THE NETHERLANDS CIVIL AVIATION AUTHORITY

MEDICAL FLIGHT TEST REPORT

1) Candidate's personal details

Full name:

License no.:

Date of birth: / / (dd/mm/yyyy)

2) Purpose of test

To assess safe handling and fitness to operate all aircraft controls

a) In normal flight conditions (pre-flight checks, preparation for flight, taxi, take off, landing, normal flight manoeuvres and operation of all switches, levers and other operational procedures in the cockpit)

b) In the event of an emergency (such as but not limited to: engine failures, brake faults requiring full manual braking, rejected take off following engine failure)

c) In demonstrating safe evacuation of the aircraft

(NOTE: Separate reports may be required for different classes and types)

3) Declaration

Declaration: *I understand the purpose of the medical flight test (see section 2)*

Signature of candidate: Date: / /

4) AME/TRE assessment Class 1 / 2 / LAPL * * delete as appropriate

Acceptable / Unacceptable *

Limitations:

Signature: Date: / /

CAA ref no.:

5) Candidate's medical condition (including artificial aids)

History:

Symptoms (if applicable):

6) Medical flight test report (to be completed by nominated examiner)

Physical limitations or body mass should not interfere with the safe exercise of license privileges. There should be no impediment of access to, and full and free movement of all aircraft controls, ancillary controls, switches or levers. Please have particular regard to the freedom of range of movement, strength, dexterity and agility as required for ingress, egress and control inputs when completing the test as well as the strength required for any hand/foot inputs to control pitch, roll and yaw in both emergency and routine operations when completing the test.

Aircraft type & registration:

Modifications if any:

Artificial aids used by the candidate if any:

Date of test: / / Place of test:

Please comment on the candidate's ability to compensate for his disability:

Examiner's name:

Examiner's CAA license no.:

Signature: Date: / /