

Medical Assessment Report (MAR)



Name		Client ID:	
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Report Dates	GME:	Audio:	ECG:	Spiro:
Documents Seen	Pilots Licence: <input type="checkbox"/>	Previous Med Cert: <input type="checkbox"/>	Previous MAR: <input type="checkbox"/>	

Medical Conditions Considered (use extra sheets if required)

Condition	Read Code	Year Identified	GD Used	Comments/Certification implication/ Risk reduction by restrictions
CVD Risk (if required)				% per 5 years

Surveillance and other requirements (How often? For how long? When next due?)

Mandatory Requirements (as referred to in certificate & 059/020 letter)	Periodicity	Duration	Next Due
Advisory for Next Assessment (recommendations <u>only</u>)			

Duration of Certificate and Restrictions

	CLASS 1 – Single pilot air ops carrying passengers	CLASS 1	CLASS 2	CLASS 3
Expiry Date				
Restrictions/Endorsements			IFR Yes / No	
Assessment	Eligible Ineligible Deferred	Eligible Ineligible Deferred	Eligible Ineligible Deferred	Eligible Ineligible Deferred

Additional Information: Certified under S 27 B(1) Certified under S 27 B(2) (ie via AMC process)

Signature of Director/ _____
or Delegate:

ME Name/Practice stamp: _____

Medical Examiner Date Completed: _____

ID Stamp: Total number of pages supplied

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