**Part 67 electrocardiograph request**

To:

Date:

....... /......... /.........

Dear Doctor,

The person identified overleaf needs an ECG report for assessment of fitness for an aviation activity. Would you please do this, and attach the original tracing as well as a written report of your interpretation, returning the whole to **me** urgently at the address noted at item 7 below.

1.

ADDRESS FOR FEE: Your account for the fee

should be sent as noted here (but if NIL is entered here, please bill the applicant)

The following information is given to assist you *(DME copies RELEVANT detail from recent form using the current version of the applicable CAA form for blood pressure examination report, or equivalent here):*

|  |  |  |
| --- | --- | --- |
| 2. RELEVANT MEDICATION | | 3. RELEVANT MEDICAL CONDITIONS OR OTHER FINDINGS RELEVANT TO AN ECG: |
|  | |  |
| 4. BLOOD PRESSURE: |  |

5. SIGNED

6.

CAA STAMP

7.PRINT DME’S (Practice NAME AND stamp

ADDRESS preferred)

**MEDICAL-IN-CONFIDENCE**

# Medical Unit

Civil Aviation Authority PO Box 3555

Wellington 6140 New Zealand

FINAL STEP: (NOTE FOR DME) — When the

report on the reverse side has been completed, the form MUST be enclosed with all other due forms (e.g. application for medical certificate and blood pressure examination CAA forms) and sent to the Assessor who is being asked to certify (that Assessor sends copies to the CAA).



***— MEDICAL IN CONFIDENCE —***

***ELECTROCARDIOGRAPH REPORT***

Items 1 - 7 to be completed by applicant This report is not valid unless initiated by a (Use block letters) Designated Medical Examiner of the CAA (overleaf)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Surname: | |  | | | | | 2. CAA Client Number: (if issued) | | | |  | |  |  | |  |  | 3. Rank or Title | Mr,Mrs, Miss, Ms |
| 4. Given Names | |  | | | | | | | | 5. Age | |  | | | 6. Date of Birth .............../ ......... / ....... | | | | |
| 7. Postal Address | | |  | | | | | | | | | | | | | | | | |
| **1** | | | | **AVR** | | | | **V1** | | | | | | | | | **V4** | | |
| **2** | | | | **AVL** | | | | **V2** | | | | | | | | | **V5** | | |
| **3** | | | | **AVF** | | | | **V3** | | | | | | | | | **V6** | | |
| **RHYTHM-STRIP**  NOTES:   1. DME please ensure that single channel tracings are properly mounted and multi-channel tracings are securely attached. 2. Always record traces at full voltage (i.e. 10 mm equivalent to 1 millivolt). 3. Pilots who may be due for an ECG while overseas should obtain a copy of this and other forms to take to an overseas doctor for recertification. See CAA’s website at <http://www.caa.govt.nz,> or ask any DME or AMA appointed by CAA | | | | | | | | | | | | | | | | | | | |
| Report Summary  NORMAL  MAY BE ABNORMAL ABNORMAL | | | | | Diagnostic comment: (Reporting doctor write and sign here, or attach  report on own letterhead) | | | |  | | | | | | | | | | |
| Applicants Signature |  | | | | | Date of ECG | | | | | Name and Address of examiner or CAA Stamp (if held by examiner) | | | | | | | | |
| Witnessed by examiner |  | | | | | ........ / ........... / ............. | | | | |  | | | | | | | | |