

**ME:** \_\_\_\_\_ **Client Name:** \_\_\_\_\_ **Client ID:** \_\_\_\_\_

## DOCUMENT CHECKLIST

**CAA Docs (in this order):**

- Medical Certificate
  - Medical Assessment Report
  - Letter to pilot;
  - Application for a Medical Certificate;
  - Medical Examination Report;
- plus **Medical Documents**

**Supporting docs in this order please:**

	Class 1 / 3	Class 2
ECG	<input type="checkbox"/>	<input type="checkbox"/>
Audiometry	<input type="checkbox"/>	<input type="checkbox"/>
Eye Report	<input type="checkbox"/>	<input type="checkbox"/>
Spirometry	<input type="checkbox"/>	<input type="checkbox"/>
Lipids / CVD Risk	<input type="checkbox"/>	<input type="checkbox"/>
MSU	<input type="checkbox"/>	<input type="checkbox"/>

**Other investigations, results, reports, or consultations.**

- Respiratory Examination Report
- Blood Pressure Examination Report
- Migraine Investigation Report
- Aging Pilot Report
- Special Report – Diabetes
- LTSA / Police Report
- AUDIT Screen for Alcohol Abuse

**Any other investigations, results, reports:**

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**Paperwork Check:**

Name:	Application <input type="checkbox"/>	Assessment <input type="checkbox"/>	Med Cert <input type="checkbox"/>
Address:	Application <input type="checkbox"/>	Assessment <input type="checkbox"/>	Med Cert <input type="checkbox"/>
Dates:	Application <input type="checkbox"/>	Assessment <input type="checkbox"/>	Med Cert <input type="checkbox"/>
Conditions:		Assessment <input type="checkbox"/>	Med Cert <input type="checkbox"/>

**Central Medical Unit:**  
**Tel: Ž\* 4 ( 560 9466**  
**Fax: Ž\* ( 4 560 9470**  
**C]j ]`Aj ]U]cb`Ai R cf]hm**  
**PO Box 3))**  
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**BYk `NYUUbX**

**Signature** \_\_\_\_\_ **Date Despatched** \_\_\_\_\_