



APPLICATION FORM FOR AN AVIATION MEDICAL ASSESSMENT



PELO/111.1 (10-11)

(TO BE COMPLETED BY THE APPLICANT)

MEDICAL IN CONFIDENCE

1. Type of Medical Application: Renewal		2. Class of Medical Certificate: Cabin Crew		
3. Date of Application: 20/09/2023		4. AME Name DR. WALEED AL SHUKAILI		
5. First Name ABDUL WAHAB	6. Middle Name QALANDAR BAKHSH ISSA	7. Last Name AL BALUSHI	8. Gender Male	
9. Date of Birth 20/09/1971	10. Age 52	11. Nationality Oman	12. Place/Country of Birth United Arab Emirates (UAE)	
13. Passport Issue Date 12/10/2022	14. Passport Expiry Date 11/10/2032	15. Employer Royal Flight	16. Staff Number 106410	
17. License Number FCA-6766	18. Occupation/Rank CABIN CREW	19. Aircraft Flown B748- B744-A320-A319-G550	20. Last Medical Expiry Date 18/09/2023	
21. Hours flown last 6 months	22. Permanent Address AL AMERAT-	23. Telephone Number 99459916	24. Email awqrfo@gmail.com	
25. Type of License Applying Cabin Crew				
26. Foreign license details (if applicable)				
Type of License	License Number	State of Issue	Class	Any Limitation
27. Statement of Demonstrated Ability (SODA):		No		
Date	Serial Number			
28. Authorisation for Special Issuance		No		
29. Have you ever had an aviation Medical Assessment denied, suspended or revoked by any licensing authority? No				
Date	Place			
Details				
30. Any aircraft accident or reported incident since last medical			No	
Date	Place	Details		
31. Do you drink Alcoholic beverages?		32. Do you smoke tobacco products?		
No		No		
If yes, weekly intake in units		If yes, No. of cigarettes/days		
		Name		
		Dose		
		Purpose		
33. Mention any medication you are currently using, including non-prescribed medications, if any?				

Remarks for items (1) to (33):

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34. General and medical history: Do you have, or have you ever had, any of the following?			
History	Yes / No	History	Yes / No
Eye disorders/eye surgery	No	Heart or vascular disease	No
Spectacles and/or contact lenses ever worn	No	High or low blood pressure	No
Spectacle/contact lens prescriptions/change since last medical exam	No	Kidney stone or blood in urine	No
Hay fever, or another allergy	No	Diabetes, hormone disorder	Yes
Asthma, lung disease	No	Stomach, liver or intestinal trouble	No
Deafness, ear disease	No	Family history of heart disease/high blood pressure/high lipids	No
Nose or throat disease or speech disorder	No	Family history of Inherited disorders	No
Head injury or concussion	No	Are you pregnant	No
Family history of Tuberculosis	No	Sexually transmitted disease	No
Family history of Epilepsy	No	Admission to hospital	No
Unconsciousness for any reason	No	Visit to medical practitioner since last medical examination	No
Neurological disorders;	No	Any other illness or injury	No
Psychological/ psychiatric trouble of any sort	No	Dizziness or fainting spells	No
Alcohol/drug/substance abuse	No	A positive HIV test	No
Attempted suicide	No	Frequent or severe headaches	No
Motion sickness requiring medication	No	Family history of Diabetes	No
Anaemia/Sickle cell trait/other blood disorders	No	Family history of allergies/ asthma/ eczema	No
Malaria or other tropical disease	No	Gynaecological, menstrual problems	No
Remarks for any significant history:			
Not on any medication			

Applicant Signature	ELECTRONIC COPY WAS SENT TO APPLICANT AND DR. AT 9/20/2023 8:46:24	Date	20/09/2023
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Declaration Form Aeromedical Certificate

CANDIDATE DETAILS TO BE COMPLETED BY THE APPLICANT				
First Name	Middle Name	Last Name	Crew Position	Staff Number
ABDUL WAHAB	QALANDAR BAKHSH ISSA	AL BALUSHI	CABIN CREW	106410

OMANI LICENSE DETAILS				
Type of license	Class	License No.	License Expiry Date	Medical Expiry Date
Cabin Crew	Cabin Crew	FCA-6766	30/11/2024	18/09/2023
FOREIGN LICENSE DETAILS (if applicable)				
Type of license	Class	License No.	License Expiry Date	State of Issue

CANDIDATE IDENTIFICATION TO BE COMPLETED APPLICANT APPLYING FOR CERTIFICATE					
Gender	Nationality	Passport Number	Place of Issue	Issue Date	Expiry Date
Male	Oman	VG5334627	12/10/2022	12/10/2022	11/10/2032
Contact No.	Email Address	Personal Address		Operator Address	
99459916	awqrfo@gmail.com	AL AMERAT-		Royal Flight of Oman Airport, Al Seeb	

Declaration
<p>I hereby declare that I have carefully considered the statements made above and that to the best of my belief they are complete and correct and that I have not withheld any relevant information or made any misleading statement. I understand that if I have made any false or misleading statements in connection with this application, or fail to release the supporting medical information, the Licensing Authority may refuse to grant me a medical certificate or may withdraw any medical certificate granted, without prejudice to any other action applicable under Sultanate Oman law. I hereby authorize the release of all information contained in this report and any or all its attachments and all information which I have provided to the CAA and that relates to me to my AME and, where necessary, to:</p> <ul style="list-style-type: none"> - The Medical Assessor /or ALSI of my licensing authority; and - The Medical Assessor /or ALSI of the competent authority of my AME; and - Other health professionals and administration staff as part of the medical assessment process. <p>I recognize that these documents or electronically stored data are to be used for completion of a medical assessment and for oversight purposes, providing that I or my physician may have access to them according to Sultanate Oman law. The medical record will become and remain the property of the Licensing Authority. Medical confidentiality will be respected at all times. NOTIFICATION OF DISCLOSURE OF PERSONAL DATA: I hereby declare that I have been informed and I understand that the data contained in my medical certificate application according to CAA.MED Form. for Aircrew and ATCO may be electronically stored and made available to my AME in order to provide historical data required and to the Aeromedical licensing senior inspector (ALSI).</p>

Witness Name	Witness Phone Number	Date	Applicant Signature
Abdul Wahab Al Balushi	99459916	20/09/2023	ELECTRONIC COPY WAS SENT TO APPLICANT AND DR. AT 9/20/2023 8:46:24

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(TO BE COMPLETED BY THE AEROMEDICAL EXAMINER)

MEDICAL IN CONFIDENCE

Applicant Name				Applicant License Number :				
1. Height (m)	2. Weight (kg)	3. BMI	4. Chest Dimension Inspiration Expiration		5. Waist	6. Colour Hair Eyes		7. Pulse (resting) Rate (bpm) Rhythm
8. Blood pressure Systolic Diastolic		9. Physical Impression		10. Dental Records		11. Identifying marks, scars, tattoos or deformity		
12. ECG Previous Date Next Date		13. CXR Previous Date Next Date		14. AUDIO Previous Date Next Date		15. Other Comments		

16. Clinical Examination					
Examined System	Normal	Abnormal	Examined System	Normal	Abnormal
Head, Face, Neck, Scalp			Anus, Rectum		
Mouth, Throat, Teeth			Genito-Urinary System		
Nose, Sinuses			Endocrine System		
Ears, Drums, Eardrum Motility			Upper & Lower Limbs, Joints		
Eyes – Orbit & Adnexa; Visual Fields			Spine		
Eyes – Pupils and Optic Fundi			Musculoskeletal		
Varicose Veins			Neurologic - Reflexes, Etc		
Lungs, Chest, Breasts			Psychiatric		
Heart			Skin		
Abdomen, Hernia			Lymphatics		
Liver, Spleen ,Glands			General Systemic		
Describe every abnormal finding (attach additional sheets if necessary).					

17. Laboratory and Clinical tests								
Tests	Normal	Abnormal	Tests	Normal	Abnormal	Tests	Normal	Abnormal
A- Urinalysis			E- ECG			I- ENT		
B- Peak Expiratory Flow (L/min)			F- Audiogram			J- Blood Lipids		
C- Haemoglobin			G- Ophthalmology			K- Pulmonary Function		
D- Tympanic			H- Name of Other Tests (if applicable)					
Comments on Abnormal Findings								

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Visual Acuity	18. If The Candidate Possesses Glasses	Distant	Right	S	C	A	Left	S	C	A	
		Near									
				Uncorrected	Corrected to with glasses	Corrected to with Contact lenses					
Visual Acuity	19. Distant Vision At 5m/6m		Right								
			Left								
	20. Near Vision At N5 To 50 Cm		Right	Uncorrected	Corrected to with glasses	Corrected to with Contact lenses					
			Left								
	21. Colour Perception	Normal		Abnormal							
	22. Pseudoisochromatic Plates	Type: Ishihara		/24							
	23. Advanced Colour Test										
	24. Corrective Eye Surgery		Type		Date	Any Complications					
Auditory acuity	25. Conversational voice test at 2m back turned to examiner	Right									
		Left									
	26. Audiometry	Frequency	500	1000	2000	3000	4000				
		Right									
		Left									
Max Permitted Loss		35			50	60					
Other Comments											

AME Recommendations				
	Limitations	Class of License issue	Next Medical Examination	

AME Declaration: I hereby declare that I have carefully considered the statement above, and to the best of my belief, they are complete and correct, and I have not withheld any relevant information or made any misleading statements.

AME Name and NUM		AME Email		Date	
Expiry DATE		AME's address		AME Stamp	
AME Signature <i>Draw your signature</i>		AME Contact No.			

For CAA use only

CAA Medical Assessor	
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