

FINLAND

**Applicant's details**

**MEDICAL IN CONFIDENCE**

|   |   |  |  |
|---|---|--|--|
| (1) State applied to:   | (2) Class of medical certificate applied for: | Class 1 <input type="checkbox"/>         | Class 3 <input type="checkbox"/>                   |
| (3) Surname:  | (4) Previous surnames:                        | Class 2 <input type="checkbox"/>         | Other <input type="checkbox"/>                     |
| (5) Forenames:  | (6) Date of birth:                            | (7) Sex<br>Male <input type="checkbox"/> | (12) Application: Initial <input type="checkbox"/> |
|   |   | Female <input type="checkbox"/>          | Renewal/Revalidation <input type="checkbox"/>      |
| (13) Reference number:  |   |  |  |
| <p>(401) <b>Consent to release of medical information:</b> I hereby authorise the release of all information contained in this report and any or all attachments to the Aeromedical Examiner of the Authority and where necessary the Aeromedical Section, AMS of another state, recognising that these documents or any other electronically stored data are to be used for completion of a medical assessment and will become and remain the property of the Authority, providing that I or my physician may have access to them according to national law. Medical Confidentiality will be respected at all times.</p> |   |  |  |
| Date:   | Signature of applicant:                       | Signature of medical examiner (witness)  |  |

|   |                                    |
|---|------------------------------------|
| (402) Examination category<br>Initial <input type="checkbox"/><br>Special referral <input type="checkbox"/> | (403) Otorhinolaryngology history: |
|---|------------------------------------|

**Clinical examination**

| Check each item   | Normal | Abnormal |
|---|--------|----------|
| (404) Head, face, neck, scalp   |        |          |
| (405) Buccal cavity, teeth  |        |          |
| (406) Pharynx   |        |          |
| (407) Nasal passages and naso-pharynx<br>(incl. anterior rhinoscopy)        |        |          |
| (408) Vestibular system incl. Romberg test                                  |        |          |
| (409) Speech  |        |          |
| (410) Sinuses   |        |          |
| (411) Ext acoustic meati, tympanic membranes                                |        |          |
| (412) Pneumatic otoscopy  |        |          |
| (413) Impedance tympanometry including<br>Valsalva manoeuvre (initial only) |        |          |

(419) Pure tone audiometry

| Hz   | dB(HL) (hearing level) |          |
|------|------------------------|----------|
|      | Right ear              | Left ear |
| 250  |                        |          |
| 500  |                        |          |
| 1000 |                        |          |
| 2000 |                        |          |
| 3000 |                        |          |
| 4000 |                        |          |
| 6000 |                        |          |
| 8000 |                        |          |

| Additional testing (if indicated)                                  | Not performed | Normal | Abnormal |
|--|---------------|--------|----------|
| (414) Speech audiometry  |               |        |          |
| (415) Posterior rhinoscopy   |               |        |          |
| (416) EOG; spontaneous and positional<br>nystagmus                 |               |        |          |
| (417) Differential caloric test or vestibular<br>autorotation test |               |        |          |
| (418) Mirror or fibre laryngoscopy                                 |               |        |          |

(420) Audiogram

| Db(HL) | o = Right |     | - - - = Air  |      |      |      |      |      |
|--------|-----------|-----|--------------|------|------|------|------|------|
|        | x = Left  |     | ..... = Bone |      |      |      |      |      |
| -10    |           |     |              |      |      |      |      |      |
| 0      |           |     |              |      |      |      |      |      |
| 10     |           |     |              |      |      |      |      |      |
| 20     |           |     |              |      |      |      |      |      |
| 30     |           |     |              |      |      |      |      |      |
| 40     |           |     |              |      |      |      |      |      |
| 50     |           |     |              |      |      |      |      |      |
| 60     |           |     |              |      |      |      |      |      |
| 70     |           |     |              |      |      |      |      |      |
| 80     |           |     |              |      |      |      |      |      |
| 90     |           |     |              |      |      |      |      |      |
| 100    |           |     |              |      |      |      |      |      |
| 110    |           |     |              |      |      |      |      |      |
| 120    |           |     |              |      |      |      |      |      |
| Hz     | 250       | 500 | 1000         | 2000 | 3000 | 4000 | 6000 | 8000 |

(421) Otorhinolaryngology remarks and recommendation:

(422) Examiner's declaration:

I hereby certify that I/my AME group have personally examined the applicant named on this medical examination report and that this report with any attachment embodies my findings completely and correctly.

|  |   |                                  |
|--|---|----------------------------------|
| (423) Place and date:                    | ORL Examiner's Name and Address: (Block Capitals) | AME or Specialist Stamp with No: |
| Authorised Medical Examiner's Signature: | Telephone:  |                                  |