

PERATURAN DIREKTUR JENDERAL PERHUBUNGAN UDARA
NOMOR : KP 240 TAHUN 2018

TENTANG

PETUNJUK TEKNIS SI FORM-02 MANUAL FORMULIR
UNTUK BALAI KESEHATAN PENERBANGAN
(*STAFF INSTRUCTION FORM-02 AVIATION MEDICAL CENTER (AMC)
FORM MANUAL*)

DENGAN RAHMAT TUHAN YANG MAHA ESA

DIREKTUR JENDERAL PERHUBUNGAN UDARA,

- Menimbang :
- a. bahwa dalam rangka melaksanakan amanah Peraturan Menteri Perhubungan Republik Indonesia Nomor PM 69 Tahun 2017 tentang Peraturan Keselamatan Penerbangan Sipil Bagian 67 (*Civil Aviation Safety Regulation Part 67*) tentang Standar Kesehatan dan Sertifikasi Personel Penerbangan perlu diberikan acuan penerapan formulir-formulir yang berlaku pada Balai Kesehatan Penerbangan dan para penguji kesehatan penerbangan;
 - b. bahwa dalam rangka agar publik dapat memahami wewenang dan tanggung jawab pada Balai Kesehatan Penerbangan-Direktorat Jenderal Perhubungan Udara;
 - c. bahwa untuk melaksanakan ketentuan sebagaimana dimaksud pada huruf a dan b, perlu menetapkan Peraturan Direktur Jenderal Perhubungan Udara tentang Petunjuk Teknis SI Form-02 Manual Formulir Untuk Balai Kesehatan Penerbangan (*Staff Instruction Form-02 Aviation Medical Center (AMC) Form Manual*) ;
- Mengingat :
1. Undang-Undang Republik Indonesia Nomor 1 Tahun 2009 tentang Penerbangan (Lembaran Negara Republik Indonesia Tahun 2009 Nomor 1, Tambahan Lembaran Negara Republik Indonesia Nomor 4956);
 2. Peraturan Presiden Nomor 7 Tahun 2015 tentang Organisasi Kementerian Negara (Lembaran Negara Republik Indonesia Tahun 2015 Nomor 8);

3. Peraturan Presiden Nomor 40 Tahun 2015 tentang Kementerian Perhubungan (Lembaran Negara Republik Indonesia Tahun 2015 Nomor 75);
4. Peraturan Menteri Perhubungan Nomor PM 69 Tahun 2017 tentang Peraturan Keselamatan Penerbangan Sipil Bagian 67 (*Civil Aviation Safety Regulation Part 67*) tentang Standar Kesehatan dan Sertifikasi Personel Penerbangan;
5. Peraturan Menteri Perhubungan Nomor PM 189 Tahun 2015 tentang Organisasi dan Tata Kerja Kementerian Perhubungan sebagaimana telah diubah terakhir dengan Peraturan Menteri Perhubungan Nomor PM 44 Tahun 2017;

MEMUTUSKAN :

Menetapkan : PERATURAN DIREKTUR JENDERAL PERHUBUNGAN UDARA TENTANG PETUNJUK TEKNIS SI FORM-02 MANUAL FORMULIR UNTUK BALAI KESEHATAN PENERBANGAN (*STAFF INSTRUCTION FORM-02 AVIATION MEDICAL CENTER (AMC) FORM MANUAL*).

Pasal 1

Memberlakukan Petunjuk Teknis SI Form-02 Manual Formulir Untuk Balai Kesehatan Penerbangan (*Staff Instruction Form-02 Aviation Medical Center (AMC) Form Manual*) sebagaimana tercantum dalam Lampiran yang merupakan bagian tak terpisahkan dari Peraturan ini.

Pasal 2

Dengan berlakunya peraturan ini, Peraturan Direktur Jenderal Perhubungan Udara Nomor KP 251 Tahun 2017 Tentang Formulir Petunjuk Teknis-01 Balai Kesehatan Penerbangan (*Staff Instruction (SI) Form-01 Aviation Medical Center (AMC)*) dicabut dan dinyatakan tidak berlaku.

Pasal 3

Direktur Kelaikudaraan dan Pengoperasian Pesawat Udara mengawasi pelaksanaan Peraturan ini.

Pasal 4

Peraturan ini mulai berlaku sejak tanggal ditetapkan.

Ditetapkan di Jakarta
Pada tanggal 30 AGUSTUS 2018

DIREKTUR JENDERAL PERHUBUNGAN UDARA
Pelaksana Tugas,

TTD

Ir. M.PRAMINTOHADI SUKARNO, M.Sc

Salinan sesuai aslinya
KEPALA BAGIAN HUKUM



ENDAH PURNAMA SARI
Pembina /(IV/a)
NIP. 19680704 199503 2 001

LAMPIRAN PERATURAN DIREKTUR JENDERAL PERHUBUNGAN UDARA
NOMOR : KP 240 TAHUN 2018
TANGGAL : 30 AGUSTUS

Staff Instruction

SI FORM - 02

AVIATION MEDICAL CENTER (AMC) FORM MANUAL

Revision : 1

Date : Agustus 2018

**REPUBLIC OF INDONESIA - MINISTRY OF TRANSPORTATIONS
DIRECTORATE GENERAL OF CIVIL AVIATION
JAKARTA - INDONESIA**

FOREWORD

- 1. Purpose** : This Staff Instruction prescribes responsibilities, policies, and procedures to be used by the Aviation Medical Center (AMC)
– Directorate General of Civil Aviation (DGCA) for using certification, assessment, and surveillance forms. This Staff Instruction may be made available to the public so that they may better understand the authority and responsibility of the AMC.
- 2. References** : This Staff Instruction should be used in accordance with Aviation Act No. 1 Year 2009 and applicable CASR.
- 3. Cancellation** : Director General Regulation Number KP 251 Year 2017 on
4. AMC Form Manual, dated 25 September 2017 is cancelled.
- 5. Amendment** : The amendment of this Staff Instruction shall be approved by the Director General of Civil Aviation.

ACTING DIRECTOR GENERAL OF CIVIL AVIATION

Signed

Ir. M.PRAMINTOHADI SUKARNO, M.Sc

Salinan sesuai aslinya,
KEPALA BAGIAN HUKUM



ENDAH PURNAMA SARI
Pembina / (IV/a)
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CHAPTER I - GENERAL

1. PURPOSE

This Staff Instruction prescribes responsibilities, policies, and procedures to be used by the Aviation Medical Center (AMC) – Directorate General of Civil Aviation (DGCA) for using certification, assessment, and surveillance forms. This Staff Instruction may be made available to the public so that they may better understand the authority and responsibility of the DGCA.

2. SCOPE

This procedure is made for control, organized and documented the Forms that affected to Aviation Medical Center or aviation medical assessment clinic.

3. RESPONSIBILITY

3.1. Aviation Medical Center are responsible:

- a. Define forms and standard description, included:
 - 1) Define specific number for format.
 - 2) Define of requirement format serial to provide user responsibility and/or traceability, as required.
 - 3) Define format title and descriptif.
 - 4) Define fulfillment space, as required.
- b. Received and review all the Forms require/proposal to be revised include issued new form.
- c. To make control for standard form.

3.2. Affected aviation medical examiner or designated are responsible:

- a. To follows and use the standard of aviation medical form are defined in these staff instruction.
- b. To make clear, accurate and easy to read in fulfillment of the Form included signed and stamp, if any. This requirement is applicable for all duplicated Forms.
- c. To be used dark ink for hand writing to make easy in reproduction.
- d. Do not use initial without full signed or stamp.
- e. To be fill date, month and year conform to definition, description and fulfillments. If not defined, write as dd-mm-yyyy.

4. PROCEDURE

- 4.1. All AMC Forms must have indication number located in the bottom left hand side of page, with requirement as follow:

AMC Form No. XXX-XX (Month/Year)

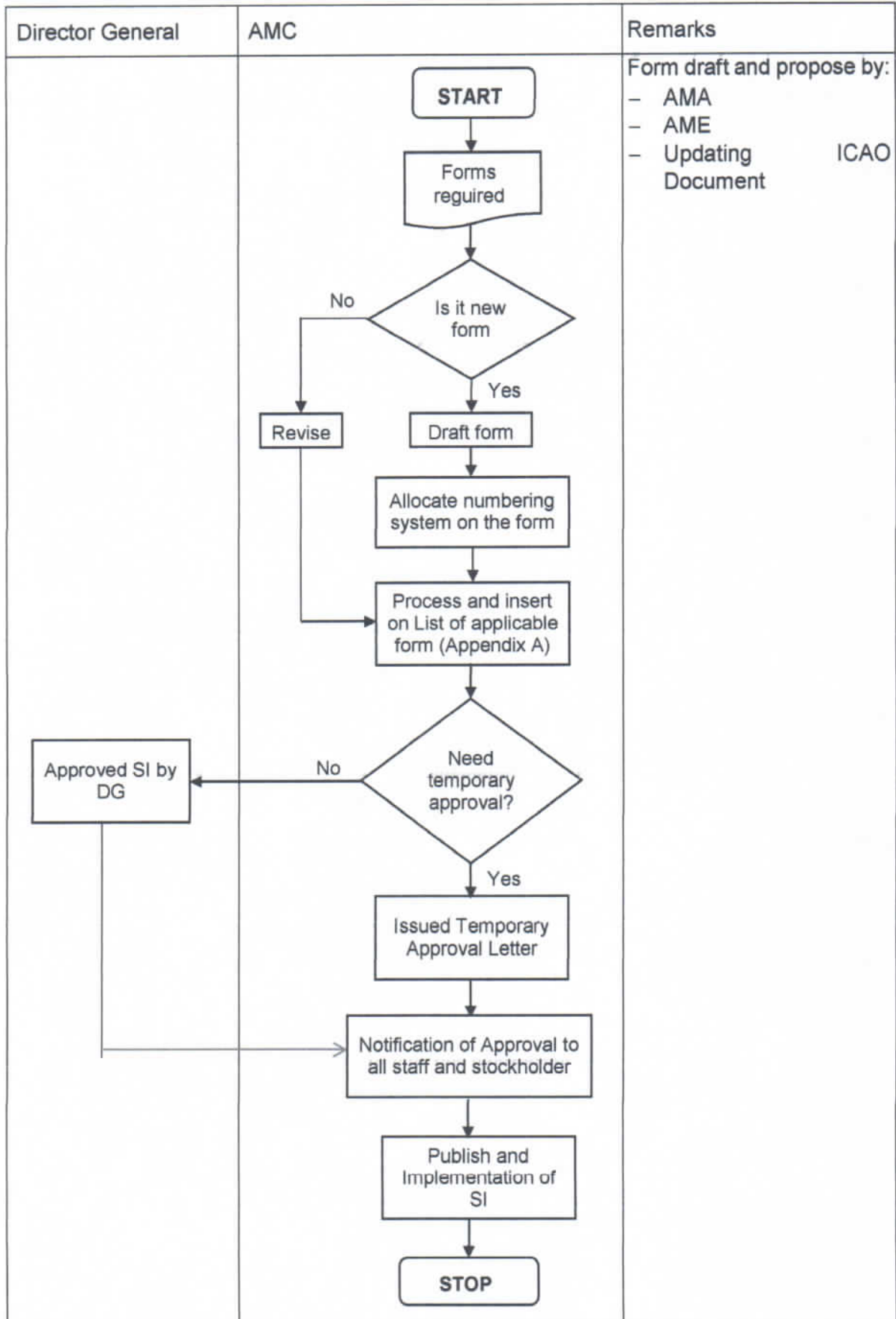
XXX-XX : Unique number

Month/Year : Revision Date

Example : AMC Form No. 67-01 (09-2017)

- 4.2. Development and revising process of the Forms will be conducted in accordance with flow chart diagram, Figure 4.1, of this Staff Instruction.
- 4.3. All the Forms which will be used must refer to the Forms that published in the Appendix A of this Staff Instruction.
- 4.4. Temporary approval letter will be issued for the Forms when it is urgently needed and at least 90 days after the used of the Forms, it must be inserted in this Staff Instruction.

Figure 4.1 Flow Chart Diagram



APPENDIX A - LIST OF APPLICABLE FORMS

No	Form No.	Title	Revision Date
1.	AMC Form No. 67-01	Application for Aviation Medical Assessment	Sept 2017
2.	AMC Form No. 67-02	Medical Assessment Report	Sept 2017
3.	AMC Form No. 67-03	Medical Certificate	Sept 2017
4.	AMC Form No. 67-04A	Special Medical Test Report (Ophtalmology Case)	Sept 2017
5.	AMC Form No. 67-04B	Special Medical Test Report (Hearing Impairment)	Sept 2017
6.	AMC Form No. 67-04C	Special Medical Test Report (Locomotor Case)	Sept 2017
7.	AMC Form No. 67-04D	Special Medical Test Report (Cardiology Case)	Sept 2017
8.	AMC Form No. 67-05	Aviation Medical Examiner Competency Test	Sept 2017
9.	AMC Form No. 67-06	Medical Board Report	Sept 2017
10.	AMC Form No. 67-07	Medical Assessment Report Audit Checklist	Oct 2017
11.	AMC Form No. 67-08	Denial Letter	Sept 2017
12.	AMC Form No. 67-09	Aviation Medical Assessor Perfomace for Specific Task	March 2018
13.	AMC Form No. 183-01	Application for Designated Aviation Medical Examiner Representatives (DAMER)	Sept 2017
14.	AMC Form No. 183-02	Certificate of Designation	Sept 2017
15.	AMC Form No. 183-03	Medical Examiner Surveillance Checklist	Sept 2017

29. **General and medical history:** Do you have, or have you ever had, any of the following? YES or NO must be ticked after each question. Elaborate YES answers in the remarks section and discuss them with the medical examiner

	Yes	No		Yes	No		Yes	No		Yes	No
101 Eye disorders/eye surgery			112 Nose or throat disease or speech disorder			123 Malaria or other tropical disease			Family history of:		
102 Spectacles and/or contact lenses ever worn			113 Head injury or concussion			124 A positive HIV test			140 Heart disease		
103 Spectacle/contact lens prescriptions/change since last medical exam			114 Frequent or severe headaches			125 Sexually transmitted disease			141 High blood pressure		
104 Hay fever, other allergy			115 Dizziness or fainting spells			126 Admission to hospital			142 High cholesterol level		
105 Asthma, lung disease			116 Unconsciousness for any reason			127 Any other illness or injury			143 Epilepsy		
106 Heart or vascular disease			117 Neurological disorders, stroke, epilepsy, seizure, paralysis, etc.			128 Visit to medical practitioner since last medical examination			144 Mental illness		
107 High or low blood pressure			118 Psychological/ psychiatric trouble of any sort			129 Refusal of life insurance			145 Diabetes		
108 Kidney stone or blood in urine			119 Alcohol/drug/substance abuse			130 Refusal of issue or revocation of aviation licence			146 Tuberculosis		
109 Diabetes, hormone disorder			120 Attempted suicide			131 Medical rejection from or for military service			147 Allergy/asthma/eczema		
110 Stomach, liver or intestinal trouble			121 Motion sickness requiring medication			132 Award of pension or compensation for injury or illness			148 Inherited disorders		
111 Deafness, ear disease			122 Anaemia/Sickle cell trait/other blood disorders						149 Glaucoma		
									Females only:		
									150 Gynaecological disorders (including menstrual)		
									151 Are you pregnant?		

152. **Remarks:** If previously reported and unchanged, so state.

30. **Declaration:** I hereby declare that I have carefully considered the statements I have made above and that to the best of my belief they are complete and correct. I further declare that I have not withheld any relevant information or made any misleading statements. I understand that if I have made any false or misleading statement in connection with this application, or if I do not consent to release the supporting medical information, the Authority may refuse to grant me a Medical Assessment or may withdraw any Medical Assessment granted, without prejudice to any other legal action applicable pursuant to Aviation Act. No. 1 Year 2009.

CONSENT TO RELEASE OF MEDICAL INFORMATION: I hereby give my consent that all relevant medical information may be released and submitted to the Medical Assessor of the Licensing Authority. Note: Medical in confidence will be respected at all times.

.....
Date

.....
Signature of applicant

.....
Signature of medical examiner

INSTRUCTION PAGE FOR COMPLETION OF THE APPLICATION FORM FOR AN AVIATION MEDICAL ASSESSMENT (AMC Form 67-01)

This Application Form AMC 67-01, all attached Report Forms and Reports are required in accordance with ICAO Annex 1 and will be transmitted to the Medical Assessor of the Licensing Authority. Medical confidentiality will be respected at all times.

The Applicant must personally complete in full all questions (boxes) on the Application Form. Writing must be in Block letters with a black ballpoint pen and must be legible. Exert sufficient pressure to make legible copies. If more space is required to answer any question, use a plain sheet of paper with the additional information, your signature and the date. The following numbered instructions apply to the numbered headings on the application form.

NOTICE.— Failure to complete the application form in full or to write legibly will result the application form not being accepted.

The making of False or Misleading statements or the Withholding of relevant information in respect of this application may result in criminal prosecution, refusal of this application and/or withdrawal of any Medical Assessment(s) previously granted.


<p>1. NAME: (First, Middle, Last) State in sequence First, Middle (if applicable) and Last/ Family name.</p>	<p>14. AVIATION LICENCE(S) HELD (TYPE). LICENCE NUMBER(S), COUNTRY(IES) OF ISSUE: Provide information concerning licences already</p>
<p>2. ID NO/PASSPORT NO: State National Identification/Driving License/Passport Number</p>	<p>15. PERMANENT ADDRESS: State main place of residence, with contact details, telephone number(s) and e-mail address.</p>
<p>3. SEX: Tick appropriate box</p>	<p>16. COMPANY ADDRESS: State main place of residence, with contact details, telephone number(s) and e-mail address.</p>
<p>4. DATE OF BIRTH: Specify in order: day (DD), month (MM), year (YYYY) in numerals, e.g. 22-08-1960.</p>	<p>17. FAMILY PHYSICIAN'S NAME AND ADDRESS (if applicable) Provide contact details of family physician.</p>
<p>5. PLACE AND COUNTRY OF BIRTH State city/town and country of birth.</p>	<p>18. ANY LIMITATIONS ON THE LICENCE/MEDICAL ASSESSMENT: Tick appropriate box and provide details of any limitations on your licence(s) and/or medical certificate(s), e.g. correcting lenses, valid day-time only. multi-pilot operations only.</p>
<p>6. NATIONALITY: State name of country of citizenship.</p>	<p>19. HAVE YOU EVER HAD AN AVIATION MEDICAL ASSESSMENT DENIED, SUSPENDED OR REVOKED BY ANY LICENSING AUTHORITY? IF YES, DISCUSS WITH THE MEDICAL EXAMINER: Tick "Yes" if you have ever had a Medical Assessment denied, suspended or revoked, even if temporarily. Provide the date, place and details for the result of the denial/suspension/revocation, and discuss with the medical examiner.</p>

<p>7. APPLICATION: Tick appropriate box. Tick "Initial" if this is your first application to this licensing authority, or tick "Other" if you hold other similar licences issued by another licensing authority and specify whether for validation or conversion requirement.</p>	<p>20. TOTAL FLIGHT TIME (HOURS): For pilots, state total number of hours flown in an operating capacity. Non-pilots state "Not applicable".</p>
<p>8. COUNTRY OF LICENCE ISSUE: State issuing country of primary licence (if not initial application).</p>	<p>21. FLIGHT TIME (HOURS) SINCE LAST MEDICAL EXAMINATION: State number of hours flown in an operating capacity since last aviation medical examination.</p>
<p>9. CLASS OF MEDICAL CERTIFICATE APPLIED FOR: Tick appropriate box.</p>	<p>22. AIRCRAFT CURRENTLY FLOWN: State the name of aircraft currently flown e.g. Boeing 737, Airbus A 330, Cessna 150.</p>
<p>10. TYPE OF LICENCE APPLIED FOR (if initial application): If applying for the first issuance of a licence to this licensing authority, please state type of licence applied for.</p>	<p>23. ANY AIRCRAFT ACCIDENT OR REPORTED INCIDENT SINCE LAST MEDICAL EXAMINATION? If "Yes" provide details.</p>
<p>11. OCCUPATION (principal): State principal occupation.</p>	<p>24. TYPE OF FLYING INTENDED (1): Provide details of intended flying e.g. commercial air transport, flying instruction, private.</p>
<p>12. EMPLOYER (principal): State principal employer.</p>	<p>25. TYPE OF FLYING INTENDED (2): Tick appropriate box(es).</p>
<p>13. LAST MEDICAL EXAMINATION: State date (day/month/year) and place (city/town and country) of last aviation medical examination. Initial applicants state "NONE".</p>	<p>26. DO YOU DRINK ALCOHOLIC BEVERAGES STATE AVERAGE WEEKLY INTAKE IN UNITS: State weekly intake e.g. 12 units (beer and wine) Note: 1 unit ~ 12 g alcohol; this corresponds to the amount of alcohol in a standard (0.34L) can or bottle of beer, a glass of wine, etc.</p>

<p>27. DO YOU CURRENTLY USE ANY MEDICATION INCLUDING NON-PRESCRIBED MEDICATION? State medications prescribed by a medical practioner and also non-prescribed medication e.g. herbal remedies, medications bought without prescription ("over the counter"). If "Yes" is ticked, provide details: name of medication, date treatment was commenced, daily/weekly dose and the condition or problem for which the medication is taken.</p>	<p>29. GENERAL AND MEDICAL HISTORY: All items under this heading from number 101 to 149 inclusive (101 to 151 for females) must have the answer 'YES' or 'NO' ticked. You MUST tick 'YES' if you have ever had the condition in your life and describe the condition and approximate date in the REMARKS box. All questions asked are medically important even though this may not be readily apparent. Items numbered 140 to 149 relate to immediate family history. Items numbered 150 to 151 should be completed only by female applicants. If information has been reported on a previous application form to the licensing authority issuing the Medical Assessment applied for and there has been no change in your condition, you may state 'Previously Reported, Unchanged'. However, you must still tick 'YES' to the condition. Do not report occasional common self-limiting illnesses such as colds.</p>
<p>28. DO YOU SMOKE TOBACCO PRODUCTS? Tick applicable box. Current smokers should state type and amount e.g. 20 cigarettes per day; pipe, 30 grams weekly.</p>	<p>30. DECLARATION AND CONSENT TO RELEASE OF MEDICAL INFORMATION: Do not sign or date this section until indicated to do so by the medical examiner who will act as witness and sign accordingly.</p>

AN APPLICANT HAS THE RIGHT TO REFUSE ANY EXAMINTION AND TEST AND TO REQUEST REFERRAL TO THE AUTHORITY. HOWEVER, THIS MAY ENTAIL TEMPORARY DENIAL OF MEDICAL CERTIFICATION.

B.2. AMC Form No. 67-02 Medical Assessment Report

	MINISTRY OF TRANSPORTATIONS DIRECTORATE GENERAL OF CIVIL AVIATIONS AVIATION MEDICAL CENTER Kota Baru Bandara Kemayoran Blok B 11 Kav. 4 Jakarta – Indonesia 10610 Phone : 62-21 6586 7830 Facsimile : 62-21 6585 7832					
MEDICAL ASSESSMENT REPORT		CONFIDENTIAL				
1. Name:		2. Medical Record Number:				
3. Examination Category <input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Other	4. Height cm	5. Weight kg	6. Eye Colour	7. Hair Colour	8. Blood Pressure – seated Systolic Diastolic	9. Pulse – resting Rate (bpm) Rhythm <input type="checkbox"/> Reg <input type="checkbox"/> Irreg

Clinical examination: Check each item	Normal	Abnormal	Normal	Abnormal
10. Head, face, neck, scalp			20. Abdomen, hernia, liver, spleen	
11. Mouth, throat, teeth			21. Anus, rectum (indicate if not examined)	
12. Nose, sinuses			22. Genito-urinary system (indicate if not examined)	
13. Ears, especially eardrum appearance and			23. Endocrine system	
14. Eyes – orbit and adnexa; visual fields			24. Upper and lower limbs, joints	
15. Eyes – pupils and optic fundi			25. Spine, other musculoskeletal	
16. Eyes – ocular motility; nystagmus, eye muscle balance			26. Neurologic – reflexes, etc.	
17. Lungs, chest, breasts (indicate if breasts not examined)			27. Psychiatric	
18. Heart			28. Skin and lymphatics	
19. Vascular system			29. General systemic	
30. Notes: Describe every abnormal finding. Enter applicable item number before each comment.			31. Identifying marks, tattoos, scars, etc.	

Visual acuity

32. Distant Vision at 20 feet

	Uncorrected	Glasses		Contact lenses
		Corrected to		
Right Eye				
Left Eye				
Both Eyes				

33. Intermediate vision

	N14 at 100 cm	
	Uncorrected	Corrected
Right Eye		
Left Eye		
Both Eyes		

34. Near Vision

	N5 at 30-50 cm	
	Uncorrected	Corrected
Right Eye		
Left Eye		
Both Eyes		

35. Phoria

	PD
Exophoria	
Esophoria	
Hyperphoria	

	Normal	Abnormal	Not performed
36. Accommodation			
37. Convergence			
38. Intra Ocular Pressure			

39. Colour vision

Pseudo-isochromatic Ichiara 38 plates	<input type="checkbox"/> Normal
	<input type="checkbox"/> Abnormal
	No of errors:

40. Audiometric screening

Hz	500	1000	2000	3000
Right				
Left				

41. Hearing

	Right Ear	Left Ear
	When 40 not performed	
Conversational voice test at 2m back turned to examiner	<input type="checkbox"/> Normal	<input type="checkbox"/> Normal
	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Abnormal

42. Urinalysis

Normal Abnormal

Glucose	Protein	Blood	Other

43. Blood Test

HB:	Erythrocyte:	Leucocyte:	Diff. Count:
Trombocyte:	Sediment Rate:	Fasting blood glucose	Chol. Total:
HDL:	LDL:	Triglyceride:	Ureum:
Creatinine:	SGOT:	SGPT:	Uric Acid:

44. Mental health aspects of fitness discussed

Yes No

45. Behavioural aspects of fitness discussed

Yes No

46. Physical aspects of fitness discussed

Yes No

47. Preventive health advice given

Yes No

Accompanying Report	Normal	Abnormal/Comment	Not Performed
48. ECG			
49. TREADMILL			
50. RONTGEN			
51. PANORAMIC			
52. DENTAL AND MOUTH			
53. EEG			
54. OTHER			

55. Medical examiner's recommendation:

Name of applicant: _____ Date of birth _____

- Fit class
 Medical certificate issued by undersigned (copy attached)

Signature: _____

Unfit Class _____ State Reason: _____

Deferred for further evaluation. If yes, why? _____

56. Comments, Restriction, limitations:

57. Medical Examiner's Declaration:

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

Place and date:	Examiner's Name and Address: (Block Capitals)	Examiner's number:
Medical Examiner's signature:	E-mail: Telephone No.: Telefax No.:	

INSTRUCTIONS FOR THE MEDICAL EXAMINER ON HOW TO COMPLETE THE MEDICAL ASSESSMENT REPORT FORM (AMC FORM 67-02)

All questions (boxes) on the Medical Assessment Report Form (AMC Form 67-02) must be completed in full.

Writing must be in BLOCK LETTERS with a black ballpoint pen and must be legible. Exert sufficient pressure to make legible copies. Completion of this form by typing/printing is both acceptable and preferable. If more space is required to answer any question, write on a plain sheet of paper with the applicant's name and birth date, the additional information required, followed by your signature and the date. The following instructions apply to the same numbered headings on the Medical Assessment Report Form.

NOTICE — Failure to complete the medical assessment report form in full as required or to write legibly may result in rejection of the application in total and may lead to withdrawal of any Medical certificate issued. The making of false or misleading statements or the withholding of relevant information by a AME/DAMER may result in disciplinary action, including criminal prosecution.

1. **NAME** – Name an applicant
2. **Medical Record Number** – number of medical record that applicant have
3. **EXAMINATION CATEGORY** – Tick appropriate box.
Initial – Initial examination for either Medical Assessment Class 1, 2 or 3; also initial examination for upgrading from Class 2 to 1.
Renewal – Subsequent ROUTINE examinations.
Other – Examinations other than initial or subsequent routine examinations.
4. **HEIGHT** – Measure height without shoes in centimetres to nearest cm.
5. **WEIGHT** – Measure weight in underwear to nearest half kilogram.
6. **EYE COLOUR** – State colour of applicant's eyes from the following list: brown, blue, green, hazel, grey, multi.
7. **HAIR COLOUR** – State colour of applicant's hair from the following list: brown, black, blonde, auburn, red, grey, white, bald.
8. **BLOOD PRESSURE** – Blood Pressure readings should be recorded as Phase 1 for Systolic pressure and Phase 5 for Diastolic pressure. The applicant should be seated. Recording pressure in mm Hg.
9. **PULSE (RESTING)** – The pulse rate should be recorded in beats per minute and the rhythm should be recorded as regular or irregular.

SECTIONS 10 – 29 inclusive constitute the general clinical examination and each of the sections must be checked as Normal or Abnormal.

10. **HEAD, FACE, NECK, SCALP** – To include appearance, range of neck movements, symmetry of facial movements, etc.
11. **MOUTH, THROAT, TEETH** – To include appearance of buccal cavity, soft palate motility, tonsillar area, pharynx as well as gums, teeth and tongue.

12. **NOSE, SINUSES** – To include appearance and any evidence of nasal obstruction or sinus tenderness on palpation.
13. **EARS, ESPECIALLY EARDRUM APPEARANCE AND MOTILITY** – To include otoscopy of external ear, ear canal, and tympanic membrane. Eardrum motility assessed by Valsalva manoeuvre or by pneumatic otoscopy.
14. **EYES – ORBIT AND ADNEXA, VISUAL FIELDS** – To include appearance, position and movement of eyes and their surrounding structures in general, including eyelids and conjunctiva. Visual fields should be checked by campimetry, perimetry or confrontation.
15. **EYES – PUPILS AND OPTIC FUNDI** – To include appearance, size, reflexes, red reflex and fundoscopy. Corneal scars, if any, should be noted.
16. **EYES – OCULAR MOTILITY, NYSTAGMUS** – To include range of movement of eyes in all directions; symmetry of movement of both eyes; ocular muscle balance; convergence; accommodation; nystagmus. Objective methods of measuring convergence and near point are available.
17. **LUNGS, CHEST, BREASTS** – To include inspection of chest for deformities, operation scars, abnormality of respiratory movement, auscultation of breath sounds. Physical examination of the female applicant's breasts is optional. If not examined, state so.
18. **HEART** – To include apical heart beat, position, auscultation for murmurs, carotid bruits, palpation for thrills.
19. **VASCULAR SYSTEM** – To include examination for varicose veins, character and feel of pulse, peripheral pulses, evidence of peripheral circulatory disease.
20. **ABDOMEN, HERNIA, LIVER, SPLEEN** – To include inspection of abdomen; palpation of internal organs; check for inguinal hernias in particular.
21. **ANUS, RECTUM** – Clinical examination is mandatory only when indicated by history. If not examined, state so.
22. **GENITO-URINARY SYSTEM** – Clinical examination is mandatory only if indicated by history. If not examined, state so.
23. **ENDOCRINE SYSTEM** – To include inspection, palpation for evidence of hormonal abnormalities/imbalance; thyroid gland.
24. **UPPER AND LOWER LIMBS, JOINTS** – To include full range of movements of joints and limbs, any deformities, weakness or loss. Evidence of arthritis.
25. **SPINE, OTHER MUSCULOSKELETAL** – To include range of movements, abnormalities of joints.
26. **NEUROLOGIC – REFLEXES ETC.** To include reflexes, sensation, power, vestibular system – balance, Romberg test, etc.
27. **PSYCHIATRIC** – To include evaluation of appearance, mood/thought, behaviour.
28. **SKIN and LYMPHATICS** – To include inspection of skin; inspection and palpation for lymphadenopathy, etc. Describe identifying marks in 31.
29. **GENERAL SYSTEMIC** – All other areas and systems, including nutritional

status.

30. **NOTES** – Any notes, comments or abnormalities to be described – add extra notes if required on separate sheet of paper, signed and dated and including the applicant's name.
31. **IDENTIFYING MARKS, TATTOOS, SCARS, ETC.** – List items that may be used for physical identification.
32. **DISTANT VISION AT 20 feet** – Each eye to be examined separately, then both together. First without correction, then with spectacles (if used) and lastly with contact lenses, if used. Record visual acuity in appropriate boxes. Visual acuity to be tested at 20 feet. If a different distance is used the appropriate chart for the distance must be used. An accurate eye to chart distance must be assured.
33. **INTERMEDIATE VISION N14 AT 100 cm** – Each eye to be examined separately and then both together. First without correction, then with spectacles if used and lastly with contact lenses if used. Record visual acuity in appropriate boxes as ability to read N14 at 100 cm.
34. **NEAR VISION N5 AT 30–50 CM** – Each eye to be examined separately and then both together. First without correction, then with spectacles if used and lastly with contact lenses, if used. Record visual acuity in appropriate boxes as ability to read N5 at 30–50 cm.
35. **Phoria** – list for cockpit crew
36. **Accommodation** – fill with normal/abnormal/not performed
37. **Convergen** – fill with normal/abnormal/not performed
38. Intra ocular pressure—fill with normal/abnormal/not performed
39. **COLOUR Vision** – If required, tick appropriate box signifying if colour perception is normal or not. State which test is used e.g. Ishihara 38 plate. If abnormal, state number of plates read incorrectly/number of errors.
40. **AUDIOMETRY** – If pure-tone audiometry is required, the frequencies from 500 to 3000 Hz should be measured and the audiometric results recorded in an audiogram. The full range of frequencies has diagnostic value and is useful for provision of advice concerning hearing conservation. Even so, only the frequencies 500, 1 000, 2 000 and 3 000 Hz need to be recorded on the examination form.
41. **HEARING** – Tick appropriate box to indicate hearing ability as tested separately in each ear at 2 m if audiometry not performed. The applicant should not be able to observe the examiner's lips.
42. **URINALYSIS** – State whether result of urinalysis is normal or not by ticking appropriate box. If no abnormal constituents are present, state NIL in each appropriate box.
43. **Blood test** – fill with value of HB, erythrocyt, Leucocyte, Diff. count, thrombocyte, sediment rate, glucose, chol. total, HDL, LDL, Triglyceride, Ureum, Creatinin, SGOT, SGPT and Uric acid.
44. Mental health aspects of fitness discussed---fill with yes or no

MENTAL HEALTH ASPECTS OF FITNESS DISCUSSED – Applicants should be asked about their mental health and if they have any concerns about this aspect of their medical fitness. Mental health aspects refer to conditions such

as depression and anxiety. Questions based on those that have been validated in primary health care settings should be used where possible, e.g. concerning depression. Fatigue-related issues can also be addressed in this part of the examination. Medical examiners should be conversant with the causes, prevention and treatment of fatigue, especially those related to sleep apnoea and/or which require medication to be alleviated. It is not required that the contents of such discussions are recorded unless they impact on the Medical Assessment (see Manual of Civil Aviation Medicine for guidelines).

45. Behavioural aspects of fitness discussed—fill with yes or no

BEHAVIOURAL ASPECTS OF FITNESS DISCUSSED – Applicants should be asked about behavioural aspects related to their health and if they have any concerns about this aspect of their medical fitness. Behavioural aspects refer to such behaviours as problematic use of substances. Questions based on those that have been validated in primary health care settings should be used where possible, e.g. concerning alcohol use. It is not required that the contents of such discussions are recorded unless they impact on the Medical Assessment (see Manual of Civil Aviation Medicine for guidelines).

46. Physical aspects of fitness discussed—fill with yes or no

PHYSICAL ASPECTS OF FITNESS DISCUSSED – Applicants should be asked about physical aspects of their health and if they have any concerns about this aspect of their medical fitness. Questions concerning physical exercise, weight, diet, smoking, etc., can be covered in this portion of the medical examination. Examiners should be aware of standard preventive guidelines concerning common physical diseases and provide such advice as appropriate. Since gastrointestinal upset is a common cause of in-flight incapacitation, advice concerning healthy eating habits, especially when abroad, may usefully be given in this section. It is not required that the contents of such discussions are recorded unless they impact on the Medical Assessment.

47. Preventive health advice given—fill with yes or no

PREVENTIVE HEALTH ADVICE GIVEN – The goal of items 44-47 is to address adverse aspects of mental, behavioural and physical health that are amenable to prevention. State whether or not preventive advice has been given by ticking Yes or No.

Accompanying report- fill with normal or abnormal/comment or not performed

48-54 **ACCOMPANYING REPORTS** – One box opposite each of these sections must be ticked. If the test is not required and has not been performed, then tick the **NOT PERFORMED** box. If the test has been performed (whether required or on indication) complete the normal or abnormal box, as appropriate. The number of other accompanying reports must be stated.

48. ECG

49. Treadmill

50. Rontgen

51. Audiogram

52. Dental

53. EEG

54. Other

55. Medical examiner's coloum

MEDICAL EXAMINER'S RECOMMENDATION – Enter name of applicant in Block Capitals and then tick appropriate box with applicable class of Medical Assessment. If a fit assessment is recommended, indicate whether a Medical

Certificate has been issued or not. An applicant may be recommended as Fit for Class 2 but also deferred or recommended as Unfit for Class 1. If an Unfit recommendation is made, the reason must be stated. If an applicant is deferred for further evaluation, indicate the reason and the doctor to whom the applicant is referred.

Name of applicant:

Date of birth

Fit class

Medical certificate issued by undersigned (copy attached) Signature

Unfit class—state reason

Deferred for futher evaluation. If yes, why and to whom?

56. Comments, restriction, limitations:

COMMENTS, RESTRICTIONS, LIMITATIONS, ETC. – Enter here your findings and assessment of any abnormality in the history or examination. State also any limitation required.

57. Medical examiner's declaration:

MEDICAL EXAMINER'S DETAILS – In this section the AME must sign the declaration, complete his name and address in Block Capitals, contact telephone number and e-mail address (and fax if available) and lastly stamp the relevant box with his designated medical examiner's stamp incorporating his examiner's number.

Place and date:

PLACE AND DATE – Enter the place (town or city) and the date of examination.

The date of examination is the date of

the general examination and not the date of finalization of

form. Medical examiner signature


Examiner's name and address (Block capital) Email

Telephone

Fax

Examiner's number

B.3. AMC Form No. 67-03 Medical Certificate

 <p> REPUBLIK INDONESIA <i>Republic Of Indonesia</i> KEMENTERIAN PERHUBUNGAN <i>Ministry Of Transportation</i> DIREKTORAT JENDERAL PERHUBUNGAN UDARA <i>Directorate General Of Civil Aviations</i> </p>					
<p>SERTIFIKAT KESEHATAN <i>Medical Certificate</i></p>					
KELAS/CLASS				Nomor/Number :	
Sertifikat ini diberikan (Nama lengkap)/This certifies that (Full Name):					
Alamat/Address:					
<u>Tanggal Lahir</u> <i>Date of Birth</i>	<u>Tinggi</u> <i>Height</i>	<u>Berat</u> <i>Weight</i>	<u>Rambut</u> <i>Hair</i>	<u>Mata</u> <i>Eyes</i>	<u>Kelamin</u> <i>Sex</i>
Telah memenuhi standar kesehatan sesuai dengan PKPS bagian 67, untuk kelas sertifikat kesehatan tersebut/Has met the medical standards prescribed in CASR Part 67, for this class of medical certificate					
Batasan/ Limitations:					
Tanggal Pengujian /Date of Examination:					
Tanggal Pengujian Sebelumnya / Date of Previous Examination :					
Berlaku Hingga / Valid Until :					
Nama Penguji/Name of Examiner:			Nomor Penunjukan Penguji/Examiner Designation No.:		
Tanda Tangan Penguji/Examiner Signature:			Tanda tangan pemilik/Sign of holders:		

Syarat-syarat penerbitan

CONDITIONS OF ISSUE

Kewajiban pemegang sertifikat:

The holder of this certificate must:

- Membawa sertifikat pada saat melaksanakan hak-haknya sebagai pemegang sertifikat. (PKPS 61.3 dan 63.3)
Have it in his or her personal possession at all times while exercising privileges of a certificate holder. (CASR 61.3 and 63.3)
- Mematuhi standar ketentuan medikal sertifikat kelas satu, dua, dan tiga. (PKPS 67.21)
Comply with validity standards specified for first-, second-, and third-class medical certificates. (CASR 67.21)
- Memenuhi setiap ketentuan fungsional, operasional dan/atau batasan waktu yang ditetapkan sebagai batasan sertifikasi (PKPS 67.501 dan 67.503)
Comply with any statement of functional, operational, and/or time limitation issued as a condition of certification. (CASR 67.501 and 67.503)
- Memenuhi standar yang berhubungan dengan larangan beroperasi selama dalam kondisi penurunan kesehatan (PKPS 67.15)
Comply with the standards relating to prohibitions on operation during medical deficiency. (CASR 67.15)

Hanya untuk Operasi Internasional:

For International Operations Only:

Beberapa pemegang mungkin terdampak oleh standar medis internasional tertentu. Lihat Publikasi Informasi Aeronautika Republik Indonesia untuk perbedaan dengan standar medis berdasarkan ICAO Annex 1.

Some holders may be affected by certain international medical standards. Consult the Republic of Indonesia Aeronautical Information Publication for differences with ICAO Annex 1 medical standards.

B.4. AMC Form No. 67-04A Special Medical Test Report (Ophtalmology Case)



MINISTRY OF TRANSPORTATION
DIRECTORAT GENERAL OF CIVIL AVIATION
AVIATION MEDICAL CENTER
 Kota Baru Bandar Kemayoran Blok B11 Kav. no. 4 Jakarta 10610
 Telp. 021-65867830 Fax. 021-65867832

SPECIAL MEDICAL TEST REPORT

OPHTHALMOLOGY CASE		
NAME OF AIRMAN	LICENCE NUMBER	DATE OF CHECK
EMPLOYED BY	BASE AT	TYPE OF AIRCRAFT / SIMULATOR USED
NAME OF DGCA FLIGHT OPERATION INSPECTOR (FOI)	NAME OF AVIATION MEDICAL EXAMINER (AME)	BLOCK TIME

Please fill in S= Satisfactory or U= Unsatisfactory or N/A= Not Applicable

NO	ITEM	Result			REMARKS :
		S	U	N/A	
I	A Visual Defect Demonstration				
01	The ability to select emergency landing fields at a distance, from high altitude, and preferably over unfamiliar terrain.				
02	The ability to simulate forced landings in difficult fields; note the manner of approach, rate of descent, and comparative distance at which obstructions (stumps, boulders, ditches, etc.) are recognized.				
03	The ability to recognize other aircraft (which may be present by prearrangement) approaching at a collision course (particularly aircraft approaching from the far right or far left).				
04	The ability to judge distances and to recognize landmarks (compared with the inspector's estimate).				
05	The ability to land the aircraft.				
06	The ability to read aeronautical charts in flight and tune the radio to a predetermined station accurately and rapidly.				
07	The ability to read instrument panels (including an overhead panel, if any) quickly and correctly.				
II	A Color Vision Demonstration				
01	The ability to read aeronautical charts, including print in various sizes, colors, and typefaces; conventional markings in several colors; and terrain colors at a distance of 16 inches				

02	The ability to read aviation instruments, particularly those with colored limitation marks, and colored instrument panel lights, especially marker beacon lights, warning lights				
03	The ability to recognize terrain and obstructions; have the applicant select several emergency landing fields, preferably under marginal conditions, and describe the surface (for example, sod, stubble, plowed field, presence of terrain roll or pitch, if any), and also describe how the conclusions were determined.				
04	The ability to see: <ul style="list-style-type: none"> • Colored lights of other aircraft in the vicinity • Runway approach lights • Airport boundary lights • Taxiway lights • Red warning lights on TV towers, high buildings, stacks, etc. • Conventional signal lights from the tower • All color signal lights normally used in air traffic control 				

Result of check <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
Name of AME and Signature:	Name of DGCA FOI and Signature:	Name of Airman and Signature:

B.5. AMC Form No. 67-04B Special Medical Test Report (Hearing Impairment)



MINISTRY OF TRANSPORTATION
DIREKTORAT GENERAL OF CIVIL AVIATION
AVIATION MEDICAL CENTER
 Kota Baru Bandar Kemayoran Blok B11 Kav. no. 4 Jakarta 10610
 Telp. 021-65867830 Fax. 021-65867832

SPECIAL MEDICAL TEST REPORT

HEARING IMPAIRMENT AND BAROTRAUMA		
NAME OF AIRMAN	LICENCE NUMBER	DATE OF CHECK
EMPLOYED BY	BASE AT	TYPE OF AIRCRAFT / SIMULATOR USED
NAME OF DGCA FLIGHT OPERATION INSPECTOR (FOI)	NAME OF AVIATION MEDICAL EXAMINER (AME)	BLOCK TIME

Please fill in S= Satisfactory or U= Unsatisfactory or N/A= Not Applicable

NO	ITEM	Result			REMARKS
		S	U	N/A	
01	The ability to hear radio, voice and signal communications				
02	The ability to understand a normal, conversational voice level with the engine on or off, on the ground or in the air, and with the engine at various power settings				
03	The ability to estimate glide by sound in relation to speed				
04	The ability to recognize an approaching stall by change in sound to a change in speed				
05	The ability to maintain equal pressure in the middle ear and sinusses by performing swallowing/yawning/chewing during take off and/or valsava maneuver during descent, with or without wearing eustachian tube				
06	The absence of moderate deafness, tinnitus, vertigo or moderate pain in the middle ear or sinusses during descent				

Result of check <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
Name of AME and Signature:	Name of DGCA FOI and Signature:	Name of Airman and Signature:

B.6. AMC Form No. 67-04C Special Medical Test Report (Locomotor Case)



MINISTRY OF TRANSPORTATION
DIRECTORAT GENERAL OF CIVIL AVIATION
AVIATION MEDICAL CENTER
 Kota Baru Bandar Kemayoran Blok B11 Kav. no. 4 Jakarta 10610
 Telp. 021-65867830 Fax. 021-65867832

SPECIAL MEDICAL TEST REPORT

LOCOMOTOR CASE		
NAME OF AIRMAN	LICENCE NUMBER	DATE OF CHECK
EMPLOYED BY	BASE AT	TYPE OF AIRCRAFT / SIMULATOR USED
NAME OF DGCA FLIGHT OPERATION INSPECTOR (FOI)	NAME OF AVIATION MEDICAL EXAMINER (AME)	BLOCK TIME

Please fill in S= Satisfactory or U= Unsatisfactory or N/A= Not Applicable

NO	ITEM	Result			REMARKS
		S	U	N/A	
01	The ability to reach and operate effectively all controls which would normally require the use of that extremity (or those extremities); note any unusual body position the applicant may use to compensate for the defect and what effect that position has on the applicant's field of vision.				
02	The ability to satisfactorily perform emergency procedures relative to flight, such as recovery from stalls, and engine out procedures (multiengine aircraft).				
03	The ability to lift the power handles for reversing (including asymmetrical reversing).				

Result of check <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
Name of AME and Signature:	Name of DGCA FOI and Signature:	Name of Airman and Signature:

B.7. AMC Form No. 67-04D Special Medical Test Report (Cardiology Case)



MINISTRY OF TRANSPORTATION
 DIRECTORAT GENERAL OF CIVIL AVIATION
 AVIATION MEDICAL CENTER
 Kota Baru Bandar Kemayoran Blok B11 Kav. no. 4 Jakarta 10610
 Telp. 021-65867830 Fax. 021-65867832

SPECIAL MEDICAL TEST REPORT

CARDIOLOGY CASE		
NAME OF AIRMAN	LICENCE NUMBER	DATE OF CHECK
EMPLOYED BY	BASE AT	TYPE OF AIRCRAFT / SIMULATOR USED
NAME OF DGCA FLIGHT OPERATION INSPECTOR (FOI)	NAME OF AVIATION MEDICAL EXAMINER (AME)	BLOCK TIME

ITEM	TIME		REMARKS (COMPLAIN) :
	START	END	
WEARING HOLTER	PREFLIGHT		
	1. Briefing		
	2. Taxing		
	TAKE OFF		
	1. Normal until FL 33.000		
	INFLIGHT MANOUVER		
	1. Emergency descend *		
	2. Single engine*		
	LANDING		
	1. Normal		
	2. Crash landing with landing gear collaps*		
	POST FLIGHT		
	1. Post flight check		

*Applied only for Medical Simulator Test

Evaluation

Result of check		
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
Name of AME and Signature:	Name of DGCA FOI and Signature:	Name of Airman and Signature:

B.8. AMC Form No. 67-05 Aviation Medical Examiner Competency Test

 <p>MINISTRY OF TRANSPORTATION DIRECTORATE GENERAL OF CIVIL AVIATION AVIATION MEDICAL CENTRE Kota Baru Bandar Kemayoran Blok B 11 Kav. 4 Jakarta – Indonesia 10610 Phone : 62-21 6586 7830 Facsimile : 62-21 6586 7832</p>	
AVIATION MEDICAL EXAMINER COMPETENCY TEST	
INSTRUCTIONS: The items listed below are applicable to certification inspection and/or surveillance. Complete each item. If an item is not applicable enter "N/A"	
1. Name	
2. Designated institutions/Clinic Name:	3. Designation <input type="checkbox"/> Category 1 <input type="checkbox"/> Category 2

S=Satisfactory; U=Unsatisfactory; P=Potential; N=Not Observed**01. PRACTICAL KNOWLEDGE: OBJECTIVE STRUCTURAL PROCEDURE OF ASSESSMENT**

- ___ Reviewing application forms
- ___ Assign the required examination according to the regulation for each applicant.
- ___ Evaluate medical record of an applicant prior to examination (for renewal applicant)
- ___ Perform mental examination by thorough history taking for risk factor analysis.
- ___ Perform physical examination.
- ___ Evaluate the result of each examination thoroughly
- ___ Establish working diagnosis
- ___ Provide Suggestion/recommendation for further evaluation or prompt treatment
- ___ Recommendation for preventive measure related to risk factor of the applicant's medical condition
- ___ Recommendation of healthy lifestyle
- ___ Demonstrate of knowledge of, the rules, regulations, policies and procedures of the DGCA
- ___ Completely filling in the medical assessment report
- ___ Submitting the completed medical assessment report

02. CAPABILITY IN USING REQUIRED MEDICAL EQUIPMENT

- ___ Does the Medical examination personally conduct all medical examinations?
- ___ Be thoroughly familiar with the relevant techniques of examination
- ___ Be familiar with the maintenance of the equipment

03. PROFESSIONALISM

- ___ Building rapport
- ___ Sequence in conducting medical assessment
- ___ Fulfilling the medical ethic in conducting medical assessment
- ___ Thoroughness in evaluating the aeromedical condition
- ___ Independence in decision making and aeromedical disposition

4. MEDICAL EXAMINATIONS FORMS AND MEDICAL CERTIFICATES

- The medical certificate must be an original certificate obtained from the DGCA
- The medical examination form can be obtained from the DGCA
- Errors conducted on the medical forms and certificates
- Submission of medical documents within 60 days as prescribed in Part 67

5. FLIGHT EXPERIENCE

- At least one Flight familiarization during Flight surgeon course / Aviation Medicine Specialist Program, dated on.....
- And Or
- Special Medical test using aircraft or simulator experience for AME while performing Special medical test, dated on

6. ON THE JOB TRAINING

No	Level of Training	Date and Evaluator		
1	Observation: observe task 01-04 being conducted by AMA, during training, for at			
2	Performance: Perform task 01-06, evaluated by AMA, for at least 3 times during training and at prospective			

- Observe no 01-04 being conducted by AMA for at least 3 times during training.
- Perform no 01-04 for at least 3 times after the training subject is completed, evaluated by AMA.

5. FOLLOW-UP ACTION

- Competence:** Applicant has met all minimum requirements.
- Minor non-competence:** Applicant has not met all the required competency above, but can be considered as medical examiner by taking corrective action that has been recommended by the Medical Assessor.
- Non Competence:** Applicant did not meet the competency requirement

6. CONCLUSIONS: Findings / Observations / Recommendations.

.....

.....

.....

.....


.....

.....

.....

Name and Sign	Date
Auditor/AMA : _____	

B.10. AMC Form No. 67-06 Medical Board Report

 <p style="text-align: center;">MINISTRY OF TRANSPORTATIONS DIRECTORATE GENERAL OF CIVIL AVIATIONS AVIATION MEDICAL CENTER Kota Baru Bandara Kemayoran Blok B 11 Kav. 4 Jakarta – Indonesia 10610 Phone : 62-21 6586 7830 Facsimile : 62-21 6585 7832</p>		
MEDICAL ASSESSMENT REPORT AUDIT CHECKLIST		
Complete this page fully using a black ballpoint.		
1. Name of applicant medical report:	2. Medical Record Number:	3. Date of evaluation:
4. Designated Institutions/Clinic Name:	5. Name of Examiner:	

Medical assessor SHALL evaluate the medical assessment report and tick whether the report is satisfactory or unsatisfactory for each item provided as follow

ITEM	SAT	UNSAT	N/A
1. NAME matches the identification			
2. MEDICAL RECORD NUMBER is the number recorded in the recording system of the AME's office			
3. EXAMINATION CATEGORY matches the examination assessment intended and for initial applicant, no previous record matches on the recording system.			
4. HEIGHT measured in centimeters and matches the anthropometric measurement.			
5. WEIGHT, measured in kilograms and matches the anthropometric measurement.			
6. EYE COLOUR, matches the eyes color on the applicant's medical certificate			
7. HAIR COLOUR, matches the eyes color on the applicant's medical certificate			
8. BLOOD PRESSURE: SYSTOLE and DIASTOLE meets the standard prescribed in CASR part 67			
9. PULSE: measured the RATE in beats per minute and the RHYTHM has been ticked whether regular or irregular, shall meet the standard prescribed in SI 67-02			
10-29. CLINICAL EXAMINATION: each box has been tick as normal or abnormal, if abnormal stated the details on box 30			
30. NOTES: abnormal finding describe in details of what/when it occurred, how/by whom it was treated.			
31. IDENTIFYING MARK/TATTO/SCAR, describe details in location, shape, color and size.			
32-34. VISUAL ACUITY for DISTANT, INTERMEDIATE AND NEAR: measurement the numerator in 20 units, for uncorrected vision worse 20/20, details for corrected vision must be stated for glasses or contact lenses, and shall meet the standard prescribed in CASR part 67			
35. PHORIA: for pilots applicant only, shall meet the standard prescribed in CASR part 67			
36-37. ACCOMODATION, CONVERGENCE: for initial pilot applicant, shall meet the standard prescribed in CASR part 67			

38. INTRA OCULAR PRESSURE: for above 50 year-old pilots applicant, shall meet the standard prescribed in SI 67-02			
39. COLOUR VISION: shall meet the standard prescribed in SI 67-02			
40. AUDIOMETRIC SCREENING: shall meet the standard prescribed in CASR part 67			
41. HEARING: shall meet the standard prescribed in CASR part 67			
42. URINALYSIS: shall meet the standard prescribed in SI 67.02			
43. BLOOD TEST: shall meet the standard prescribed in SI 67-02			
44-47. MENTAL/BEHAVIORAL/PHYSICAL/PREVENTIVE HEALTH ADVICE: has been discussed with the applicant relevant to the applicants' medical condition			
48-54 ECG/ TREADMILL/ RONTGEN/ PANORAMIC / DENTAL AND MOUTH / EEG AND OTHER: accompanying report required as prescribed in CASR part 67. Tick the result as normal or abnormal or not performed, if abnormal put the comment and the detail in box 56.			
55. MEDICAL EXAMINER'S: aeromedical disposition stated by AME including NAME OF APPLICANT, DATE OF BIRTH, and tick the appropriate disposition. If FIT FOR CLASS (1/2/3), tick medical certificate issued by undersigned (copy attached), and signed by AME. If the aeromedical disposition UNFIT CLASS (1/2/3), tick the appropriate box and stated the reason. If the aeromedical disposition is DEFERED, tick the appropriate box and stated to why and to whom it was deferred.			
56. COMMENTS, RESTRICTION, LIMITATION: stated the comment or restriction or limitation relevant to the applicant's medical condition.			
57. MEDICAL EXAMINER'S DECLARATION: The AME shall completely fill in (block capital) the PLACE AND DATE of medical assessment conducted, EXAMINER'S NAME AND ADDRESS, EMAIL, TELEPHONE NUMBER, TELEFAX NUMBER, EXAMINER'S NUMBER and SIGNATURE.			
For any unsatisfactory item, Please described below:			
ASSESSOR NAME AND STAMP			

B.11. AMC Form No. 67-08 Denial Letter



MINISTRY OF TRANSPORTATIONS
DIRECTORATE GENERAL OF CIVIL AVIATIONS
AVIATION MEDICAL CENTER
Kota Baru Bandara Kemayoran Blok B 11 Kav. 4 Jakarta – Indonesia 10610
Phone : 62-21 6586 7830 Facsimile : 62-21 6585 7832

Our Ref. :
Subject : Denial Medical Fitness

Date,

**To: Mr./Mrs...(Applicant
Name and address)**

Dear [Applicant name]:

This letter is to inform you that your medical fitness is denied pursuant to CASR 67. You must immediately cease exercising the privileges of your license or certificate on (date).....

Your medical fitness do not meet the CASR medical requirement your license or certificate on medical class because of the condition(s) accordingly, your application for a medical certificate is hereby denied.


You may submit a request for appeal in writing to this office no later than 14 calendar-days from the date of receipt of this letter. At that time, you should include any evidence or statement concerning this matter with your written request for appeal. You will be notified of the outcome of the appeal within 60 calendar-days after our receipt of your written request for appeal.

Sincerely,

< Name >

**Aviation Medical Examiner
Authorization No.**

B.12. AMC Form No. 67-09 Aviation Medical Assessor Performance For Specific Task

	MINISTRY OF TRANSPORTATION DIRECTORATE GENERAL OF CIVIL AVIATION AVIATION MEDICAL CENTRE Kota Baru Bandar Kemayoran Blok B 11 Kav. 4 Jakarta – Indonesia 10610 Phone : 62-21 6586 7830 Facsimile : 62-21 6586 7832
	AVIATION MEDICAL ASSESSOR PERFORMANCE FOR SPECIFIC TASK
INSTRUCTIONS: The items listed below are applicable to evaluate Aviation Medical Assessor performance by Chief of Medical Officer. Complete each item. If an item is not applicable enter "N/A"	
1. Name	
2. AMA Number (NIP):	

S=Satisfactory; U=Unsatisfactory; P=Potential; N=Not Observed

01. EVALUATION OF CONDUCTING MEDICAL BOARD

- _____ Decide the necessity of establishing a medical board on special medical condition based on risk assessment, best practical knowledge and compliance to prescribed regulation of medical assessment procedure.
- _____ Ensure all the required document including additional medical data and expert expertise are provided.
- _____ Ensure the attendance of Aviation Medical Examiner and Medical Assessor meet the requirement prescribed in SI 67-01.
- _____ Accommodate all the medical board member's opinion accordingly
- _____ Conclude the final aeromedical disposition based on relevant data, expertise from relevant expert, and all member's best accredited medical conclusion.
- _____ Ensure the conformity to aviation safety and best practical knowledge on concluding the aeromedical recommendation for every significant medical condition.
- _____ Ensure the required data is provided on AMC form 67-06.
- _____ Ensure that every medical board's member signed the AMC form 67-06.
- _____ Ensure confidentiality of the applicant's medical history

02. EVALUATION OF MEDICAL ASSESSMENT AUDIT

- _____ Provide the data on each box of AMC form 67-07 accordingly based on the instruction.
- _____ Ensure all the required document provided by Aviation Medical Examiner comply to the prescribed regulation and best practical knowledge
- _____ Ensure the action for each Medical Examiner meet the guidance on SI 67-01 and SI 183-05.
- _____ Provide the appropriate detail on each unsatisfactory item, signed and stamp the AMC form 67-07 on the date of evaluation.
- _____ Establish a professional networking with AMEs for reporting and evaluating the applicants' decrease of medical fitness and notice the DGCA.

3. EVALUATION OF TRAINING FOR MEDICAL EXAMINER

- ___ Establish the necessity for medical examiner training in significant manner, including initial, refresher and specific subject correlates to medical board, assessment report audit or surveillance (AME minutes).
- ___ Establish planning for basic and advance training including refresher training for each medical examiner
- ___ Ensure medical examiner acknowledge the schedule for the required upcoming refresher training.
- ___ Perform the training subject based on Appendix A SI 67-01
- ___ Perform each training subject based on sequence basis and according to the most current regulation and aviation medicine knowledge
- ___ Able to share knowledge in timely manner
- ___ Able to build rapport in every subject including medical assessment practice.
- ___ Emphasize the training as one of the requirement for designation process and designation is a privilege from the Director General.
- ___ Evaluate the written test, practical test and competency test objectively

4. EVALUATION OF RECOMMENDATION FOR MEDICAL EXAMINER DESIGNATION

- ___ Review details on each box of AMC form 183-01.
- ___ Ensure the Medical Examiner possess and able to operate all the required equipment and or facilities.
- ___ Ensure all the required document on AMC for 183-01 are provided.
- ___ Determine the box "AMA Action" on AMC form 183-01 accordingly and objectively
- ___ Sign and stamp AMC form 183-01 on the date of review.

5. EVALUATION OF SURVEILLANCE PERFORMANCE

- ___ Provide the data on each box of AMC form 183-03 accordingly based on the instruction.
- ___ Ensure all the required document and equipment conducted by Aviation Medical Examiner comply to The prescribed regulation and best practical knowledge
- ___ Ensure the action for each Medical Examiner meet the guidance on SI 67-01 and SI 183-05.
- ___ Provide the appropriate details on each unsatisfactory item, recommendation, signed and stamp the AMC form 183-03 on the date of evaluation.
- ___ submit surveillance plan to DGCA before the beginning of the year for approval.

6. EVALUATION OF RECOMMENDATION FOR MEDICAL EXAMINER TERMINATION PROCEDURE

- ___ Ensure the evidence of Medical Examiner punishment are complete and significant
- ___ Provide all the evidence to CMO
- ___ Ensure the decision for each Medical Examiner meet the guidance on SI 67-01 and SI 183-05 and has been evaluated objectively.
- ___ Ensure the decision is forwarded to Director General accordingly

07. ON THE JOB TRAINING

No	Level of Training	Date and Evaluator					
1	Knowledge: self study and discussion with AMA, for at least 3 months.						
2	Understanding: Observation for all of the task from 01-06 by AMA, for at least 6 months.						
3	Performance: Perform all of the task from 01-06, evaluated by CMO, for at least 6 months.						

_____ Self study for each specific task described above, directly assessed by the existing Aviation Medical Assessor as it is required to completely satisfy the existing AMA best interest in aviation safety.

_____ Observe each specific task described above, directly assessed by the existing Aviation Medical Assessor as it is required to completely satisfy the existing AMA best interest in aviation safety.

_____ Perform each specific task described above, directly assessed by Chief Medical Officer as it is required to completely satisfy the CMO best interest in aviation safety.

CONCLUSIONS: Findings / Observations / Recommendations.

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Name and Sign	Date
CMO :	
AMA :	

DGCA Use Only (*Medical Assessor Inspector*)

Initial Appointment: <input type="checkbox"/> Completed Application Form (AMC Form No. 183-01) <input type="checkbox"/> A copy of National ID or Passport <input type="checkbox"/> Evidence of Current Medical Registration <input type="checkbox"/> A copy Physician Practice permit <input type="checkbox"/> Letter of Recommendation from The Employer of DAMER. <input type="checkbox"/> A copy of Medical Doctor Degree/Aviation Medical Specialist Diploma <input type="checkbox"/> Flight Surgeon Certificate (for Medical Doctor Degree only) <input type="checkbox"/> Satisfactory completion of training of basic/advance training aviation medical examination procedures <input type="checkbox"/> Satisfactory completion of Aviation Medical Examiner competency test, AMC Form 67-05.		Renewal appointment: <input type="checkbox"/> Completed Application Form (AMC Form No. 183-01) <input type="checkbox"/> Letter of Recommendation from The Employer of DAMER. <input type="checkbox"/> Satisfactory of refresher Training in Aviation Medicine <input type="checkbox"/> A copy of certificate of designation	
AMA Actions :	<input type="checkbox"/>	APPROVED	<input type="checkbox"/> CATEGORY 1 <input type="checkbox"/> CATEGORY 2
	<input type="checkbox"/>	DISAPPROVED	Reason for Disapproval (Use blank sheet of paper if more space is needed)
AMA Signature & stamp :		Date :	

INSTRUCTION PAGE FOR COMPLETION OF THE APPLICATION AND STATEMENT OF QUALIFICATION FOR DESIGNATED AVIATION MEDICAL EXAMINER REPRESENTATIVE

This Application AMC Form 183-01, will be transmitted to the Medical Assessor of the Licensing Authority. Medical confidentiality will be respected at all times.

The Applicant must personally complete in full all questions (boxes) on the Application Form. Writing must be in Block letters with a black ballpoint pen and must be legible. If more space is required to answer any question, use a plain sheet of paper with the additional information, your signature and the date. The following numbered instructions apply to the numbered headings on the application form.

NOTICE.— Failure to complete the application form in full or to write legibly will result the application form not being accepted. The making of False or Misleading statements or the Withholding of relevant information in respect of this application may result in criminal prosecution, refusal of this application and/or withdrawal of any Medical Assessment(s) previously granted.

1. NAME: State surname/family name.	9. UNIVERSITY OR MEDICAL SCHOLAR AT WHICH QUALIFIED, QUALIFICATION OBTAINED: STATE: state the name of the University at which the prospective DAMER obtained his/her medical diploma relevant to his/her qualification for the designation, and
2. ID No/Passport No: State your national identification number or social security number allocated to you by your country of citizenship	
3. SEX: Tick appropriate box	10. HIGHER QUALIFICATION: state higher qualification which the prospective DAMER obtained his/her
4. DATE OF BIRTH: Specify in order: day (DD), month (MM), year (YYYY) in numerals, e.g. 22-08-1960.	11. TYPE OF AVIATION MEDICINE QUALIFICATION (for Medical Doctor Degree only): State the flight surgeon training which the DAMER obtained his/her training certificate
5. PLACE AND COUNTRY OF BIRTH: State city/town and country of birth.	12. TYPE OF PRACTICE AND/OR REGISTERED SPECIALITY: state the type of practice which the prospective DAMER obtained his/her Medical Registration
6. APPLICATION: Tick appropriate box	13. EXPERIENCE IN AVIATION MEDICINE (FOR MEDICAL DOCTOR DECREE ONLY): state the total duration in years for practice in
7. PERMANENT ADDRESS: State main place of residence, with contact details, Postcode, telephone and mobile/cell number(s)	
	14. DAMER NUMBER (For renewal): State the DAMER designation number for renewal DAMER.

8. EMAIL ADDRESS: state main email address required for correspondence	15. ATTENDANCE OF AEROSPACE SCIENTIFIC MEETING IN THE LAST THREE YEARS: State the aerospace meeting or seminar or training which the prospective DAMER obtained his/her certificate, including the date, organization, and location.
16. NAME OF EMPLOYER OR ORGANIZATION: state the employer of the prospective	20. DATE OF APPLICANT: date of application of DAMER
17. TELEPHONE NUMBER: state the telephone number of the prospective DAMER's employer.	
18. ADDRESS: state the address of the prospective DAMER's employer	21. NAME OF APPLICANT: Name of applicant
19. POSTCODE: state the postcode of the prospective DAMER's employer. State the Date of applicant, Name of applicant and signature on the box provided	22. SIGNATURE: signature of applicant

SECTION DGCA Use Only (*Medical Assessor Inspector*) Shall be completed by medical assessor and tick whether the report is satisfactory or unsatisfactory.

DESIGNATED AVIATION MEDICAL EXAMINER REPRESENTATIVE (DAMER)

1. Designation is for a period refer to CASR 183, unless earlier terminated, and is renewable.
2. Designation lapses if the aviation medical examiner ceases to practice in the locality for which he/she is designated.
3. Designation does not extend to the DAMER's partners, assistants or locums unless written consent from the DGCA/Chief Medical Officer is obtained in advance of the requirement.
4. The ME is required:
 - i. to conduct himself/herself in a professional manner and in accordance with the Indonesian Medical Association's Code of Ethics (details of which are available from the Association's web page www.idionline.org);
 - ii. to be satisfied as to the identity of each applicant;
 - iii. to examine personally each application presenting for examination;
 - iv. to devote such time and skill to the examination of applicants as is necessary to elicit a careful history and to conduct a full and thorough examination;
 - v. at the conclusion of each medical examination to forward the report to DGCA promptly;
 - vi. if the holder of a medical certificate tells a DAMER about a medical condition that is relevant to aviation safety, the DAMER must inform DGCA of the condition within 5 working days;
 - vii. to keep informed of, and follow the relevant standards, techniques and administrative procedures associated with medical examinations detailed in *Staff Instruction Aviation medical examination procedures* and in the DAMER Newsletter published by DGCA on its website;
 - viii. to undertake continuing training, acceptable to DGCA, in Aviation Medicine;
 - ix. to notify DGCA if absent from active practice for more than 4 weeks;
 - x. to notify DGCA of any change of address, of contact details, or of cessation of practice;
 - xi. on cessation of appointment as a DAMER, to return or destroy any unused examination forms to DGCA;
 - xii. to acknowledge DGCA's right to terminate Designation should the DAMER conduct himself/herself in a manner that is detrimental to the interests of DGCA or breach any of these Conditions of Appointment;
 - xiii. to authorize DGCA to publish in the DAMER Newsletter and the DGCA website the DAMER's cessation of practice, resignation of appointment as a DAMER or termination of appointment as a DAMER by DGCA;
 - xiv. to authorize the regulatory authority of any ICAO Contracting State that designated or designates the DAMER to disclose to DGCA information
 - xv. about the DAMER's performance and competence as a medical examiner; and

- xvi. to authorize DGCA to disclose to the regulatory authority of another ICAO Contracting State that designates medical examiners for that State that has designated the DAMER or to which the DAMER has applied to be designated, information about the DAMER's performance as a medical examiner.

5. The DAMER or AMC is required to provide the following facilities and equipment:

- i. a suitable examination room and general diagnostic equipment, including an accurate sphygmomanometer;
- ii. simple urine testing facilities;
- iii. Ishihara pseudoisochromatic chart (38 plate) for colour vision testing;
- iv. visual acuity charts(s) for use at 6 metres;
- v. N series test types for near vision testing;
- vi. ophthalmoscope;
- vii. a height measuring scale (cm);
- viii. weighing scales (kg);
- ix. The electrocardiograph machine or a reliable local source for obtaining ECGs when required. (A specimen tracing on a normal subject from this machine may be required); and
- x. a suitable computer, document scanner, modem and software package for communication with DGCA. (Details will be notified from time to time).


Declaration by Applicant

I have read the Conditions of Appointment ('the Conditions') set out above and, if designated, I agree to accept the Conditions. Upon my designation, this declaration shall constitute my acknowledgment for the purposes of subparagraph 4 (xii) and respective authorization for purposes of subparagraphs 4 (xiv) and (xv) of the Conditions.

Applicant's
Signature.....Date/...../.....

Name.....(Please use Block Capitals)

B.14. AMC Form No. 183-02 Certificate of Designation

	<p>DIRECTORATE GENERAL OF CIVIL AVIATION AVIATION MEDICAL CENTER Kota Baru Bandara Kemayoran Blok B 11 Kav. 4 Jakarta – Indonesia 10610 Phone : 62-21 6586 7830 Facsimile : 62-21 6585 7832</p>
<p>CERTIFICATE OF DESIGNATION NO. _____</p>	
<p>This is certify that :</p> <p>1. Name : _____</p> <p>2. Place/Date of birth : _____</p> <p>3. Address : _____</p> <p>4. Name of employeer or organisation : _____</p> <p>5. Nationality : _____</p>	
<p>Who has been found to have the necessary knowledge, skill, experience interest, an impartial judgment to merit special public responsibility, I hereby designate as:</p> <p style="text-align: center;">MEDICAL EXAMINER</p> <p>_____</p>	
<p>6. Designation : _____</p>	
<p>with authorization to act in accordance with the regulations and procedures prescribe by the Civil Aviation Safety Regulation.</p>	
<p>7. Date of Issuance</p>	<p>On Behalf Director General of Civil Aviation</p> <p>_____</p>
<p>8. Valid until</p>	

AMC Form No. 183-02 (09-2017)

B.15. AMC Form No. 183-03 MEDICAL EXAMINER SURVEILLANCE CHECKLIST

	MINISTRY OF TRANSPORTATION DIRECTORATE GENERAL OF CIVIL AVIATION AVIATION MEDICAL CENTER Kota Baru Bandara Kemayoran Blok B 11 Kav. 4 Jakarta – Indonesia 10610 Phone : 62-21 6586 7830 Facsimile : 62-21 6586 7832	
	MEDICAL EXAMINER SURVEILLANCE CHECKLIST	
INSTRUCTIONS: The items listed below are applicable to certification inspection and/or surveillance. Complete each item. If an item is not applicable enter "N/A"		
1. Name of Medical Examiner Holder	2. Medical Examiner No.	3. Date of Inspection
4. Designated institutions/Clinic Name:	5. Type of Capability	

S=Satisfactory; U=Unsatisfactory; P=Potential; N=Not Observed

01. COMPLIANCE TO CONDITIONS OF DESIGNATION AS PRESCRIBED IN PART 67

- Medical Examiner currently registered with the Ikatan Dokter Indonesia (IDI).
- Current designation status with the DGCA.
- IDI-No restrictions imposed on your license, no known investigations.
- There is a change in the Medical Examiner's status of authority to practice medicine.
- Number of examinations performed during the last 12 months of designation.
- Demonstrate of knowledge of, the rules, regulations, policies and procedures of the DGCA.
- Any illness or medical condition that may affect the physician's sound professional judgment or ability to perform examinations.
- Arrest, indictment or conviction for violation of law.

02. MEDICAL EXAMINATIONS

- The Medical Examiner personally conduct all medical examinations
- Other physicians or para-professional personnel may perform specialized parts of the examinations under the general supervision of the Medical Examiner
- In all cases, the Medical Examiner review, certify, and assume responsibility for accuracy and completeness of the total report of examination
- Repeated errors after receiving warnings from the DGCA.

03. PROFESSIONALISM AND CONTINUING EDUCATION

- Be informed regarding the progress in aviation medicine
- Be thoroughly familiar with the relevant techniques of examination, medical assessment, as well as certification of applicants
- The Medical Examiner has attended at least one aviation medical conference and/or Recurrent ME course within each 5-year interval.
- The Medical Examiner has submitted control sheets to the DGCA Medical section

04. FACILITIES AND EQUIPMENTS

- Compliant with DGCA requirements (display of qualifications)
- Good location and accessibility, ambulance, cars and including disabled people
- Serviceable emergency equipment, toilet facilities and exits
- Secure storage of medical documentation

- Ventilated, illuminated, washbasins, floors impervious substances and easily cleaned and quiet
- Special Investigation (Noise Audiometry)
- Records of maintenance and calibration of diagnostic equipment listed in Medical Examiner Application Form
- The Medical Examiner must have adequate facilities for performing the required examinations
- Reports of lack of integrity, misconduct or inability to work constructively with CMO/DGCA staff
- There are adequate facilities for performing the required examinations and possess, or agree to obtain, such equipment, or access to the necessary facilities, prior to conducting any aviation medical examination.
- Meet the required minimum number of examinations
- Records maintained is secured and confidentiality
- A physician who have demonstrated satisfactory performance in the past and who continue to show a definite interest in the Medical Examiner programme, will be re-designated.
- Multi-channel ECG
- Flow-volume loop lung function machine (if applicable)
- Orthorator
- Ishihara 38 plate
- Audiometry
- Must comply with the policies, orders and regulations of the designated body or institution as approved by the Director.
- Administration Tools (e.g Computer with Modem and Internet Access, Scanner)

05. MEDICAL EXAMINATIONS FORMS AND MEDICAL CERTIFICATES

- The medical certificate must be an original certificate obtained from the DGCA
- The medical examination form can be obtained from the DGCA
- Errors conducted on the medical forms and certificates
- Submission of medical documents within 60 days as prescribed in Part 67

06. FOLLOW-UP ACTION

- Compliance:** Applicant has met all minimum requirements.
- Minor non-compliance:** Applicant must rectify non-compliance and notify the DGCA of rectification within an agreed time. No follow-up inspection required.
- Major non-compliance:** Applicant to develop action plan. DGCA to approve the action plan. Requires follow-up inspection at the cost of the client. Requires either enforcement action in the form of a warning or suspension pending correction.
- Severe non-compliance: Requires immediate enforcement action.**

07. CONCLUSIONS: Findings / Observations / Recommendations.

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Name and Sign	Date
Medical Examiner :	
Auditor/AMA :	

- ___ Ventilatted, illuminated, washbasins, floors impervious substances and easily cleaned and quiet
- ___ Special Investigation (Noise Audiometry)
- ___ Records of maintenance and calibration of diagnostic equipment listed in Medical Examiner Application Form
- ___ The Medical Examiner must have adequate facilities for performing the required examinations
- ___ Reports of lack of integrity, misconduct or inability to work constructively with CMO/DGCA staff
- ___ There are adequate facilities for performing the required examinations and possess, or agree to obtain, such equipment, or access to the necessary facilities, prior to conducting any aviation medical examination.
- ___ Meet the required minimum number of examinations
- ___ Records maintained is secured and confidentiality
- ___ A physician who have demonstrated satisfactory performance in the past and who continue to show a definite interest in the Medical Examiner programme, will be re-designated.
- ___ Multi-channel ECG
- ___ Flow-volume loop lung function machine (if applicable)
- ___ Orthorator
- ___ Ishihara 38 plate
- ___ Audiometry
- ___ Must comply with the policies, orders and regulations of the designated body or institution as approved by the Director.
- ___ Administration Tools (e.g Computer with Modem and Internet Access, Scanner)

1. MEDICAL EXAMINATIONS FORMS AND MEDICAL CERTIFICATES

- ___ The medical certificate must be an original certificate obtained from the DGCA
- ___ The medical examination form can be obtained from the DGCA
- ___ Errors conducted on the medical forms and certificates
- ___ Submission of medical documents within 60 days as prescribed in Part 67

2. FOLLOW-UP ACTION

- ___ **Compliance:** Applicant has met all minimum requirements.
- ___ **Minor non-compliance:** Applicant must rectify non-compliance and notify the DGCA of rectification within an agreed time. No follow-up inspection required.
- ___ **Major non-compliance:** Applicant to develop action plan. DGCA to approve the action plan.
Requires follow-up inspection at the cost of the client. Requires either enforcement action in the form of a warning or suspension pending correction.
- ___ **Severe non-compliance: Requires immediate enforcement action.**

3. CONCLUSIONS: Findings / Observations / Recommendations.

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Name and Sign	:	Date
Medical Examiner	:	
Auditor/AMA	:	

ACTING DIRECTOR GENERAL OF CIVIL AVIATION

Signed

Ir. M.PRAMINTOHADI SUKARNO, M.Sc

Salinan sesuai aslinya,
KEPALA BAGIAN HUKUM



ENDAH PURNAMA SARI
Pembina / (IV/a)
NIP. 19680704 199503 2 001