

KEMENTERIAN PERHUBUNGAN

DIREKTORAT JENDERAL PERHUBUNGAN UDARA

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)*)

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 Formulir Petunjuk Teknis-01 Balai Kesehatan Penerbangan (*Staff Instruction (SI) Form-01 Aviation Medical Center (AMC)*);
- 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 FORMULIR PETUNJUK TEKNIS-01 BALAI KESEHATAN PENERBANGAN (*STAFF INSTRUCTION (SI) FORM-01 AVIATION MEDICAL CENTER (AMC)*)

Pasal 1

Memberlakukan Petunjuk Teknis-01 Balai Kesehatan Penerbangan (*Staff Instruction (SI) Form-01 Aviation Medical Center (AMC)*) sebagaimana tercantum dalam Lampiran yang merupakan bagian tak terpisahkan dari Peraturan ini.

Pasal 2

Direktur Kelaikudaraan dan Pengoperasian Pesawat Udara mengawasi pelaksanaan Peraturan ini.

Pasal 3

Peraturan ini mulai berlaku sejak tanggal ditetapkan.

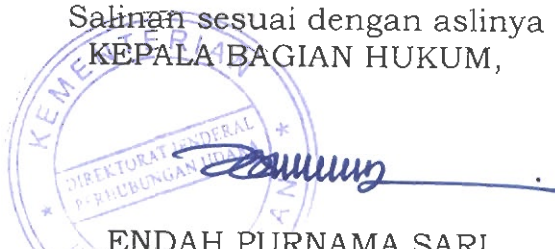
Ditetapkan di Jakarta
Pada tanggal 25 September 2017

DIREKTUR JENDERAL PERHUBUNGAN UDARA

ttd.

Dr. Ir. AGUS SANTOSO, M.Sc.

Salinan sesuai dengan aslinya
KEPALA BAGIAN HUKUM,



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

Staff Instruction

SI FORM – 01 (AMC)

FORM MANUAL

Revision : 0

Date : September 2017

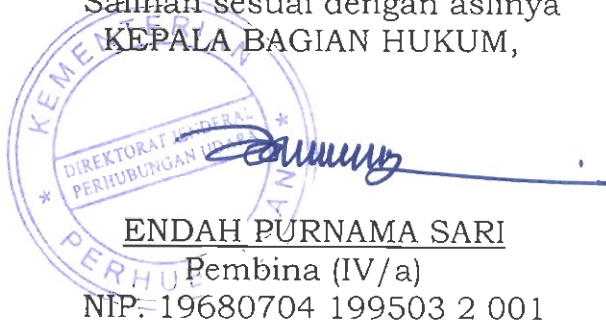
FOREWORD

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** : Original issue.
4. **Amendment** : The amendment of this Staff Instruction shall be approved by the Director General of Civil Aviation.

DIRECTOR GENERAL OF CIVIL AVIATION

AGUS SANTOSO

Salinan sesuai dengan aslinya
KEPALA BAGIAN HUKUM,



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

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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)

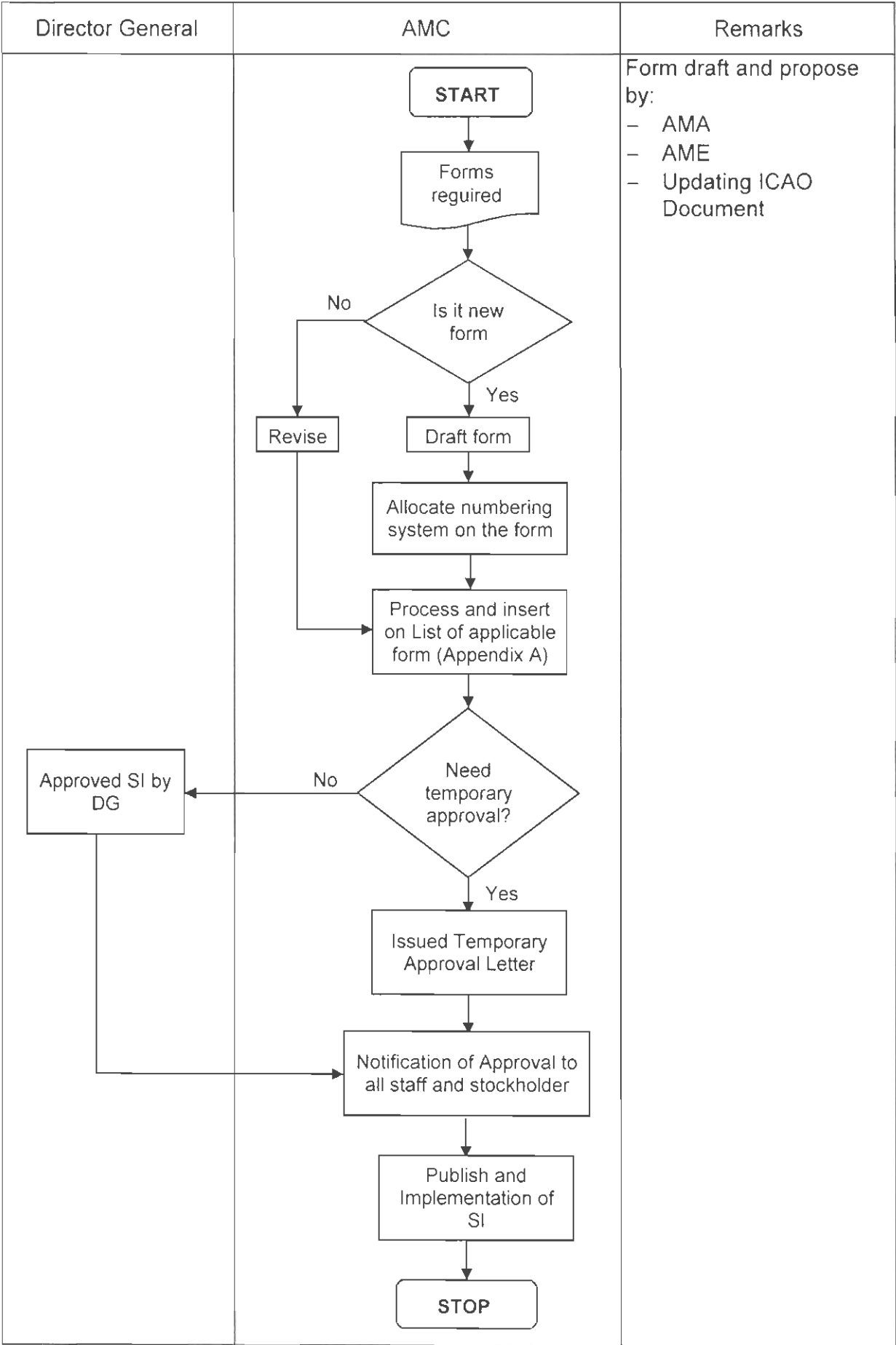
XXX-XX : Unique number

Month/Year : Revision Date

Example : AMC Form No. 67-01 (09-2015)

- 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(Opthalmology 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(CardiologyCase)	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	Reserved	-
11.	AMC Form No. 67-08	Denial Letter	Sept 2017
12.	AMC Form No. 183-01	Application for Designated Aviation Medical Examiner Representatives (DAMER)	Sept 2017
13.	AMC Form No. 183-02	Certificate of Designation	Sept 2017
14.	AMC Form No. 183-03	Damer Surveillance Checklist	Sept 2017

APPENDIX B – FORMS

B.1. AMC Form No. 67-01 Application for Aviation Medical Assessment

	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
	APPLICATION FOR AVIATION MEDICAL ASSESSMENT Completethispagefullyusingablackballpointandinblockletters.

CONFIDENTIAL

1. Name: (First, Middle, Last)		2. ID No/Passport No.:		3. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
4. Date of birth (DD-MM-YYYY)		5. Place and country of birth:		6. Nationality	
				7. Application <input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Other	
8. Country of licence issue:		9. Class of Medical Assessment applied for: <input type="checkbox"/> 1st; <input type="checkbox"/> 2nd; <input type="checkbox"/> 3rd;			10. Type of licence applied for (if initial application):
11. Occupation (principal):		12. Employer (principal)		13. Last medical examination Date: Place	
				14. Aviation licence(s) held (type) Licence number(s)	
15. Permanent address Postcode: Country Telephone No / Mobile/Cell No E-mail:			16. Company address Postcode Country Telephone No		
17. Family physician's name and address: E-mail Telephone No			18. Any limitation on Licence/Medical Assessment? <input type="checkbox"/> No <input type="checkbox"/> Yes Details.		
19. Have you ever had an aviation Medical Assessment denied, suspended or revoked by any licensing authority? If yes, discuss with medical examiner. <input type="checkbox"/> No <input type="checkbox"/> Yes Date: Place: Details.			20. Total flight time (hours)		21. Flight time (hours) since last medical.
			22. Aircraft currently flown (e.g. Boeing 737, Cessna C150).		
23. Any aircraft accident or reported incidents since last medical? <input type="checkbox"/> No <input type="checkbox"/> Yes Date: Place: Details.			24. Type of flying intended (1) e.g. commercial air transport, flight instruction, private		
			25. Type of flying intended (2). <input type="checkbox"/> Single-crew <input type="checkbox"/> Multi-crew		
26. Do you drink alcoholic beverages? <input type="checkbox"/> No <input type="checkbox"/> Yes If YES, state average weekly intake in units.			27. Do you currently use any medication, including non-prescribed medication? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, state name of medication, date commenced, daily or weekly dose, and cause (diagnosis):		
28. Do you smoke tobacco products? <input type="checkbox"/> Never <input type="checkbox"/> Previously <input type="checkbox"/> Currently Date stopped: State type, amount and number of years.					

29. **General 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/cyclo surgery			112 Nose/throat/diseases 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/changes in 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 laceration or injury			143 Epilepsy		
106 Heart or vascular disease			117 Neurological disorders, stroke, epilepsy, seizure, paralysis, etc.			128 Visited 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 from 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 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/city will be respected at all times.

.....
 Date Signature of applicant Signature of medical examiner

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

		<p>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			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
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				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 100cm

	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	PD
Hyperphoria	PD

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

39. Colour vision

Pseudo-isochromatic Ischiara 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

When 40 not performed	Right Ear	Left Ear
	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal

42. Urinalysis Normal Abnormal

Glucose	Protein	Blood	Other
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43. Blood Test

HB:	Erythrocyte:	Leucocyte:	Diff. Count:
Trombocyte:	Sediment Rate:	Fasting blood glucose	Chol. Total:
HDL:	LDL:	Triglyceride:	Uream:
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.:	

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 Avlations</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>Kelami</u> <i>n Sex</i>
Telah memenuhi standar kesehatan sesuai dengan PKPS bagian 67, untuk kelas sertifikat kesehatan tersebut/Has meet the medical standards prescribed in CASR Part 67, for this class of medical certificate					
Batasan/Limitations:					
Tanggal Pengujian/Date of Examination:					
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 denganlarangan 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		
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				

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. PROCEDURE OF ASSESSMENT

- Evaluating application form
- History taking
- Physical examination
- Suggestion for further evaluation
- 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

04. 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

05. 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

06. CONCLUSIONS: Findings/Observations/Recommendations.

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Name and Sign	Date
Auditor/AMA : _____	

B.10. 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.11. AMC Form No. 183-01 Applications and Statement of Qualification

 <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>		
APPLICATIONS AND STATEMENT OF QUALIFICATION DESIGNATED AVIATION MEDICAL EXAMINER REPRESENTATIVE Complete this page fully using a black ballpoint and in block letters.		
General		
1. Name. (First, Middle, Last)	2. ID No/Passport No :	3 Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
4. Date of birth (DD-MM-YYYY)	5. Place and country of birth:	7 Application <input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> New Location current
8. Permanent address:		
Postcode: Telephone No : Mobile/Cell No :		
9. Email address (email required for correspondence)		
10. University or medical school at which qualified, qualification obtained	<input type="checkbox"/> Medical Doctor Degree Diploma <input type="checkbox"/> Aviation Medical Specialist Degree Diploma	
11. Higher qualifications (if any)		
12. Type of Aviation Medicine Qualification (for Medical Doctor Degree only)	13. Type of practice and/or registered specialty	
14. Experience in aviation medicine (for Medical Doctor Degree only)	15. DAMER number: (for renewal)	
16. Attendance of aero/space medical scientific meetings in the last three years (or other relevant) <i>Please provide certificates of attendance where possible</i>		
Date	Organisation	Location
The Medical Unit where DAMER is employed		
18. Name of Employer or Organization:		19. Telephone No.:
20. Address:		21. Postcode:
I certify that the statements made by me on this Application are true to the best of my knowledge and that I am familiar with the Civil Aviation Safety Regulation pertinent to the designation sought.		
Date of Applicant	Name of Applicant	Signature

DGCA Use Only (<i>Medical Assessor Inspector</i>)			
Initial Appoinment: <input type="checkbox"/> Completed Application Form (AMC Form No. 183-01) <input type="checkbox"/> Evidence of Current Medical Registration <input type="checkbox"/> 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 aviation medical examination procedures		Renewal appointment: <input type="checkbox"/> Completed Application Form (AMC Form No. 183-01) <input type="checkbox"/> A copy of record activity conducted since last the issuance or last renewal of their designation <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 :	

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 urinal 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 an 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.12. 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>	
CERTIFICATE OF DESIGNATION	
NO.	
This is certify that :	
1. Name	:
2. Place/Date of birth	:
3. Address	:
4. Name of employeer or organisation	:
5. Nationality	:
Who has been found to have the necessary knowledge, skill, experience interest, an impartial judgment to merit special public responsibility, I hereby designate as:	
MEDICAL EXAMINER	
6. Designation	:
with authorization to act in accordance with the regulations and procedures prescribe by the Civil Aviation Safety Regulation.	
7. Date of Issuance	On Behalf Director General of Civil Aviation
8. Valid until	

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

B.13. AMC Form No. 183-03 DAMER SURVEILLANCE CHECKLIST

 <p>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</p>		
DAMER 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 DAMER Holder	2. DAMER 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

- DAMER 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 DAMER's status of authority to practice medicine.
- Fees related to designation.
- 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

- Does the DAMER personally conduct all medical examinations?
- Does the DAMER conduct all medical examinations in accordance with SI 67-02 and standard for good medical practices?
- Does the DAMER conduct all medical examinations in accordance with aeromedical risk assessment?
- Other physicians or para-professional personnel may perform specialized parts of the examinations under the general supervision of the DAMER.
- In all cases, the DAMER 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 DAMER has attended at least one aviation medical conference and/or Recurrent ME course within each 5-year interval.
- The DAMER 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, wash basins, floors impervious substances and easily cleaned and quiet
- Special Investigation (Noise Audiometry)
- Records of maintenance and calibration of diagnostic equipment listed in DAMER Application Form
- The DAMER must have adequate facilities for performing the required examinations
- Report 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 in secured and confidentiality
- A physician who have demonstrated satisfactory performance in the past and who continues to show a definite interest in the DAMER 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
DAMER	:	
Auditor/AMA	:	