

Dato: [Brevdato]

Sagsnr.: [Sagsnr.]

## MEDICAL FLIGHT TEST REPORT

### **Application Form for Medical Flight Test – to be filled out by applicant**

#### **1) Candidate's personal details**

Full name: \_\_\_\_\_

Licence number (if any): \_\_\_\_\_

Date of birth: (dd/mm/yyyy) \_\_\_\_\_

CPR-number if applicable: \_\_\_\_\_

#### **2) Purpose of test**

To assess safe handling and fitness to operate all aircraft controls

- a)** In normal flight conditions (pre-flight checks, preparation for flight, taxi, take off, landing, normal flight manoeuvres and operation of all switches, levers and other operational procedures in the cockpit)
- b)** In the event of an emergency (such as but not limited to: engine failures, brake faults requiring full manual braking, rejected take off following engine failure)
- c)** In demonstrating safe evacuation of the aircraft

(NOTE: Separate reports may be required for different classes and types)

Sagsnr.: [Sagsnr.]

### 3) Declaration

Declaration: I understand the purpose of the medical flight test (see section 2) and give my consent to share my medical information relevant for the medical flight test.

Signature of candidate: \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_\_

### 4) Candidate's medical condition relevant for MFT (including artificial aids) – *to be filled out by AME*

History and symptoms (in non-latin terms):

### 5) Referring AME

Name and AME-number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_\_

AME stamp:

**Medical flight test report - to be completed by flight instructor and MA**

**1) Flight instructor**

Physical limitations or body mass should not interfere with the safe exercise of license privileges. There should be no impediment of access to, and full and free movement of all aircraft controls, ancillary controls, switches or levers. Please have particular regard to the freedom of range of movement, strength, dexterity and agility as required for ingress, egress and control inputs when completing the test as well as the strength required for any hand/foot inputs to control pitch, roll and yaw in both emergency and routine operations when completing the test.

Aircraft type and registration: \_\_\_\_\_

Modifications if any: \_\_\_\_\_

Artificial aids used by the candidate if any: \_\_\_\_\_

Date (dd/mm/yyyy) and place of test:      Date: \_\_\_\_\_

Place: \_\_\_\_\_

Sagsnr.: [Sagsnr.]

Comments on the applicant's ability to compensate for their disability:

Name of the flight instructor: \_\_\_\_\_

Flight instructor's CAA number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_\_

Sagsnr.: [Sagsnr.]

## 2) MA assessment

Limitations to medical certificate, cf. MED.B.001, AMC 1 MED.B.001 & AMC 2  
MED.B.001:

MA comments:
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MA Signature: \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_\_

AME stamp:

## 3) Conclusion

Class 1	Acceptable with limitations as above
Class 2	Unacceptable
LAPL	