TRANSPORTSTYRELSEN
Swedish Transport Agency

OTORHINOLARYNGOLOGY EXAMINATION REPORT

Applicant´s details **Complete this page fully and in block capitals – Refer to instructions pages for details** **Medical in confidence**

1. JAA State applied to:	2. Class of medical cerificate applied for ❑ 1st ❑ 2nd ❑ Others		
3. Surname:	4. Previous surname:		12. Application: ❑ Initial ❑ Renewal/Revalidation
5. Forenames:	6. Date of birth:	7. Sex: ❑ Male ❑ Female	13. Reference number:

401. **Consent to release of medical information.** I hereby authorise the release of all information contained in this report and any or all attachments to the Aeromedical Examiner, the Authority and where necessary the Aeromedical Section of another State, recognising that these documents or any other electronically stored data are to be used for completion of a medical assessment and will become and remain the property of the Authority, providing that I or my physician may have access to them according to national law. Medical Confidentiality will be respected at all times.

Date: Signature of applicant: Signature of medical examiner (witness):

402. Examination Category	403. Otorhinolaryngology history:
❑ Initial ❑ Extended ❑ Renewal/ Revalidation ❑ Special referral	

Clinical examination

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

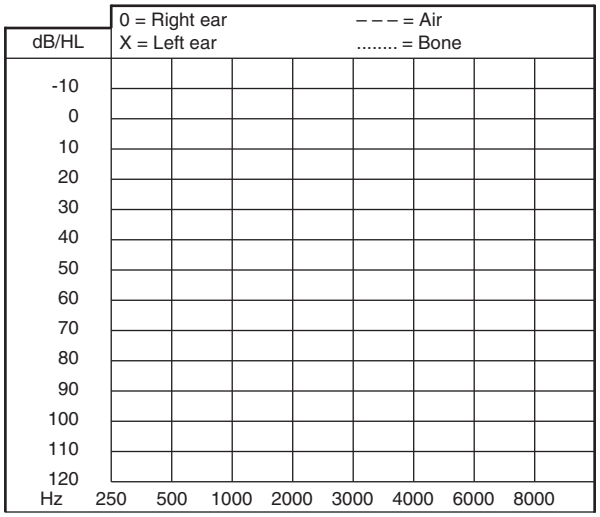
Additional testing (if indicated)	Not performed	Normal	Abnormal
414. Speech audio			
415. Posterior rhinoscopy			
416. EOG; Spontaneous and positional nystagmus			
417. Differential caloric test or vestibular autorotation test			
418. Mirror or fibre laryngoscopy			

419. *Pure tone audiometry*

dB HL (hearing level)

Hz	Right ear	Left ear
250		
500		
1000		
2000		
3000		
4000		
6000		
8000		

420. *Audiogram*



421. **Otorhinolaryngology remarks and recommendation**

422. **Examiner's declaration**

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

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

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Send to: Transportstyrelsen, Luftfartsavdelningen, Certifikat och examination, SE-601 73 Norrköping, Sweden.
Internet: www.transportstyrelsen.se