

OTORHINOLARYNGOLOGY EXAMINATION REPORT

COMPLETE THIS PAGE FULLY AND IN BLOCK CAPITALS - REFER TO INSTRUCTIONS PAGES FOR DETAILS

Sweden

Medical in Confidence

(1) State applied to:	(2) Class of medical certificate applied for: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 (ATC) <input type="checkbox"/> Other		
(3) Surname:	(4) Previous surname(s):	(12) Application: <input type="checkbox"/> Initial <input type="checkbox"/> Revalidation/Renewal	
(5) Forenames:	(6) Date of birth:	(7) Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	(13) System 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 AME and, where necessary, to the medical assessor of the licensing authority, recognising that these documents or electronically stored data are to be used for completion of a medical assessment and will become and remain the property of the licensing 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 AME/Specialist: _____			

(402) Examination Category: <input type="checkbox"/> Initial <input type="checkbox"/> Special referral	(403) Otorhinolaryngological history:
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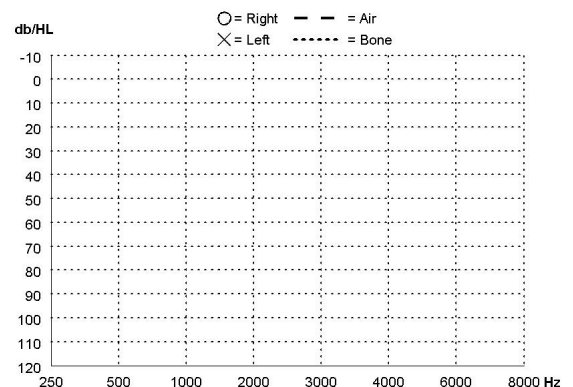
Clinical examination Check each item	Normal	Abnormal
(404) Head, face, neck, scalp	<input type="checkbox"/>	<input type="checkbox"/>
(405) Buccal cavity, teeth	<input type="checkbox"/>	<input type="checkbox"/>
(406) Pharynx	<input type="checkbox"/>	<input type="checkbox"/>
(407) Nasal passages and naso-pharynx (incl. anterior rhinoscopy)	<input type="checkbox"/>	<input type="checkbox"/>
(408) Vestibular system incl. Romberg test	<input type="checkbox"/>	<input type="checkbox"/>
(409) Speech	<input type="checkbox"/>	<input type="checkbox"/>
(410) Sinuses	<input type="checkbox"/>	<input type="checkbox"/>
(411) Ext acoustic meati, tympanic membranes	<input type="checkbox"/>	<input type="checkbox"/>
(412) Pneumatic otoscopy	<input type="checkbox"/>	<input type="checkbox"/>
(413) Impedance tympanometry including Valsalva manoeuvre (initial only)	<input type="checkbox"/>	<input type="checkbox"/>

Additional testing (if indicated)	Not performed	Normal	Abnormal
(414) Speech audiometry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(415) Posterior rhinoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(416) EOG; spontaneous and positional nystagnus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(417) Differential caloric test or vestibular autorotation test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(418) Mirror or fibre laryngoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(419) Pure tone audiometry

Hz	db HL (hearing level)			
	Air		Bone	
	Right ear	Left ear	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:	AME/Specialist's Name and Address: (Block Capitals)	AME/Specialist's Stamp:
AME/Specialist's Signature:		
E-MAIL: TEL NO: FAX NO:		