

## OTORHINOLARYNGOLOGY EXAMINATION REPORT

Complete this page fully and in block capitals-Refer to instructions for completion

Applicant's details

**MEDICAL IN CONFIDENCE**

|  |   |                           |  |
|--|---|---------------------------|--|
| (3) Surname:   | (4) Previous surname(s):                                    | Title                     | (13) Reference number                                |
| (5) Forename(s):   | (6) Date of birth:  | (7) Sex<br>Male<br>Female | (12) Application<br>Initial<br>Revalidation /Renewal |
| (1) State applied to:  | (2) Medical certificate applied for class 1 class 2 class 3 |                           |  |
| <p>(401) <b>Consent to release medical information:</b> I hereby authorise the release of all information contained in this report and any or all attachments to the AME and, where necessary, the Medical Assessor of the licensing authority, recognising that these documents, or any 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.</p> |   |                           |  |
| Date:  | Signature of the applicant: .....                           | Signature of AME : .....  |  |

|   |                                    |
|---|------------------------------------|
| (402) Examination Category<br>Initial<br>Special referral | (403) Otorhinolaryngology history: |
|---|------------------------------------|

### Clinical examination

| Check 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 including Valsalva manoeuvre (initial only) |        |          |

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

### (421) Otorhinolaryngology remarks and recommendation:

|         |
|---------|
| Remarks |
|---------|

### (419) Pure tone audiometry

dB HL (hearing level)

| Hz          | Right ear | Left ear |
|-------------|-----------|----------|
| 250         |           |          |
| <b>500</b>  |           |          |
| <b>1000</b> |           |          |
| <b>2000</b> |           |          |
| <b>3000</b> |           |          |
| 4000        |           |          |
| 6000        |           |          |
| 8000        |           |          |

### (420) Audiogram

| dB/HL | o = Right<br>x = Left |     | ----- = air<br>..... = bone |      |      |      |      |      |  |  |
|-------|-----------------------|-----|-----------------------------|------|------|------|------|------|--|--|
|       | 250                   | 500 | 1000                        | 2000 | 3000 | 4000 | 6000 | 8000 |  |  |
| -10   |                       |     |                             |      |      |      |      |      |  |  |
| 0     |                       |     |                             |      |      |      |      |      |  |  |
| 10    |                       |     |                             |      |      |      |      |      |  |  |
| 20    |                       |     |                             |      |      |      |      |      |  |  |
| 30    |                       |     |                             |      |      |      |      |      |  |  |
| 40    |                       |     |                             |      |      |      |      |      |  |  |
| 50    |                       |     |                             |      |      |      |      |      |  |  |
| 60    |                       |     |                             |      |      |      |      |      |  |  |
| 70    |                       |     |                             |      |      |      |      |      |  |  |
| 80    |                       |     |                             |      |      |      |      |      |  |  |
| 90    |                       |     |                             |      |      |      |      |      |  |  |
| 100   |                       |     |                             |      |      |      |      |      |  |  |
| 110   |                       |     |                             |      |      |      |      |      |  |  |
| 120   |                       |     |                             |      |      |      |      |      |  |  |
| Hz    | 250                   | 500 | 1000                        | 2000 | 3000 | 4000 | 6000 | 8000 |  |  |

### (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.: |
| AME signature:        | Telephone No.:                                    |                                   |
|                       | Telefax No.:                                      |                                   |

## INSTRUCTIONS FOR COMPLETION OF THE OTORHINOLARYNGOLOGY EXAMINATION REPORT FORM

Writing should be legible and in block capitals using a ball-point pen. Completion of this form by typing or printing is also acceptable. If more space is required to answer any question, a plain sheet of paper should be used, bearing the applicant's name, the name and signature of the AME or otorhinolaryngology specialist performing the examination and the date of signing. The following numbered instructions apply to the numbered headings on the otorhinolaryngology examination report form.

Failure to complete the medical examination report form in full, as required, or to write legibly may result in non-acceptance 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 an examiner may result in criminal prosecution, denial of an application or withdrawal of any medical certificate granted.

The AME or otorhinolaryngology specialist performing the examination should verify the identity of the applicant. The applicant should then be requested to complete the sections 1, 2, 3, 4, 5, 6, 7, 12 and 13 on the form and then sign and date the consent to release of medical information (section 401) with the examiner countersigning as witness.

402 EXAMINATION CATEGORY – Tick appropriate box.

Initial – Initial examination for class 1; also initial examination for upgrading from class 2 to 1 (insert 'upgrading' in section 403).

Special Referral – NON- ROUTINE examination for assessment of an ORL symptom or finding.

403 OTORHINOLARYNGOLOGICAL HISTORY – Detail here any history of note or reasons for special referral.

404–413 inclusive: CLINICAL EXAMINATION – These sections together cover the general clinical examination and each of the sections should be marked (with a tick) as normal or abnormal. Any abnormal findings or comments on findings should be entered in section 421.

**414–418 Inclusive:** ADDITIONAL TESTING – These tests are only required to be performed if indicated by history or clinical findings and are not routinely required. For each test one of the boxes must be completed – if the test is not performed then tick that box – if the test has been performed then tick the appropriate box for a normal or abnormal result. All remarks and abnormal findings should be entered in section 421.

419 PURE TONE AUDIOMETRY – Complete figures for dB HL (Hearing Level) in each ear at all listed frequencies.

420 AUDIOGRAM – Complete audiogram from figures as listed in Section 419.

421 OTORHINOLARYNGOLOGY REMARKS AND RECOMMENDATIONS – Enter here all remarks, abnormal findings and assessment results. Also enter any limitations recommended. If there is any doubt about findings or recommendations the examiner may contact the AMS for advice before finalising the report form.

422 OTORHINOLARYNGOLOGY EXAMINER'S DETAILS –The otorhinolaryngology examiner must sign the declaration, complete his/her name and address in block capitals, contact details and lastly stamp the report with his/her designated stamp incorporating his/her AME or specialist number.

423 PLACE AND DATE – Enter the place (town or city) and the date of examination. The date of examination is the date of the clinical examination and not the date of finalisation of form. If the ORL examination report is finalised on a different date, enter date of finalisation in Section 421 as 'Report finalised on .....'.

Carsten Niebuhrs Gade 43  
1577 København V  
Telefon 7221 8800  
Fax 7262 6790  
info@trafikstyrelsen.dk  
www.trafikstyrelsen.dk

## Personal Data Protection

According to the general data protection regulation (GDPR), we hereby inform you how we handle the personal data we receive and process about you.

### We are the Data Controller - how to contact us

The Danish Civil Aviation and Railway Authority (hereafter the Authority) is the Data Controller for the personal data we receive on you. If you have any questions concerning our processing of your personal data by the Authority, you are welcome to contact us or our independent data protection adviser via the contact details below:

#### Contact details for the Danish Civil Aviation and Railway Authority:

Carsten Niebuhrs Gade 43  
1577 København V  
Tel.: +45 7221 8800  
E-mail: [info@trafikstyrelsen.dk](mailto:info@trafikstyrelsen.dk)  
CVR no.: 27186386

#### Contact details for our data protection adviser:

E-mail: [dpo@trafikstyrelsen.dk](mailto:dpo@trafikstyrelsen.dk)

### Purpose of processing your personal data

The Authority processes personal data for the following purpose:  
For the purpose of processing an application for a flight permit

### Legal basis for processing your personal data

The legal basis for processing your personal data stems from:  
The Cape Town Convention

### Categories of personal data

The Authority processes the following categories of personal data on you:

Name, address, aircraft registration, documentation for authorization to sign for the company

**Filing of your personal data**

The data the Authority may keep on record are regularly forwarded to the Danish National Archives in accordance with the rules of the Danish Archives Act and the provisions laid down by the Danish National Archives. Data we receive that are not subject to the Authority's duty to keep records will be deleted when we no longer need them.

**Your rights**

According to the Data Protection Regulation, you have a number of rights regarding our processing of your personal data by us. If you want to exercise your rights, please contact us.

Right to see your data

You have the right to see the data we process on you (the right of access to documents), or to apply for access to documents.

Right of correction

You have the right to have incorrect data on you corrected.

Right of deletion

In special circumstances, you have the right to have data we have on you deleted before the date on which we generally delete data. This only applies to data which we are not obliged to record.

You can read more about your rights in the Danish Data Protection Agency's guide to data subject rights at [www.datatilsynet.dk](http://www.datatilsynet.dk).

**Complaints to the Danish Data Protection Agency**

You have the right to complain to the Danish Data Protection Agency if you are dissatisfied with the manner in which we process your personal data. You can find the Agency's contact details at [www.datatilsynet.dk](http://www.datatilsynet.dk).