



## Assessment Decision

Medical in Confidence

Surname Firstname CPR number Address		
Medical License Number		
Medical Examination Date		
Examination Class		
Decision 1 2 LAPL 3 CC		
New evaluation date		
EASA para. no(s)		
Remarks		
<input type="checkbox"/> Assessment of your present state of health reveals that you <b>do not meet</b> the requirements referred to above for a medical certificate. Therefore, you are declared as (temporarily) unfit. The AME has attached appendices.		
<input type="checkbox"/> Assessment of your present health reveals that you <b>meet</b> the requirements referred to above for a medical certificate. Therefore, you are declared as fit.		
<b>Also, this assessment of being below the medical requirements for the medical certificate precludes you from exercising the privileges of your license or related ratings with immediate effect. If you don't agree with the results of this fitness assessment (or comment to) please inform the medical examiner immediately.</b>		
You may, if you wish, apply to have this decision reviewed. You should apply in writing to the Danish Transport, Construction and Housing Authority to <a href="mailto:info@tbst.dk">info@tbst.dk</a> , preferably within 4 weeks.		
Place and date:  <b>Authorised Medical Examiner's Signature:</b>	<b>Examiner's Name and Address</b>	<b>AME No.:</b>