

FINLAND

Applicant's details

MEDICAL IN CONFIDENCE

(1) State applied to:	(2) Class of medical certificate applied for:		Class 1 ☐	Class 3 ☐
(3) Surname:	(4) Previous surnames:	(12) Application:	Class 2 ☐	Other ☐
(5) Forenames:	(6) Date of birth:	(7) Sex	Initial ☐	
		Male ☐	Renewal/Revalidation ☐	
		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 of the Authority and where necessary the Aeromedical Section, AMS 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 ☐	
Special referral ☐	

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:

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(419) Pure tone audiometry

dB(HL) (hearing level)

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

(420) Audiogram

Db(HL)	o = Right				--- = Air			
	x = Left				 = Bone			
-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:
Authorised Medical Examiner's Signature:	Telephone:	