



Otorhinolaryngology Examination Report

Medical in confidence

Applicant's details

(1) State applied to:		(2) Medical certificate applied for:	
		Class 1	Class 2
(3) Surname:		(4) Previous surname(s):	
(5) First name(s):		(6) Date of birth:	(7) Sex Male Female
(12) Application	Initial Renewal/revalidation	(13) Reference number:	
<p>(401) Consent to release medical information: I hereby authorize the release of all information contained in this report and any or all attachments to Aero Medical Section and where necessary the Aero Medical Section of another State, recognizing 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 Authority, providing that I or my physicians may have access to them according to national law Medical confidentiality will be respected at all time.</p>			
Date:		Applicant's signature	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 and posterior rhinoscopy)		
(408) Vestibular system incl. Romberg test		
(409) Speech		
(410) Sinuses		
(411) Ext. acoustic meati, tympanic membranes		
(412) Pneumatic otoscopy		
(413) Impedance tympanometry inc. Valsalva. manoeuvre (initial only)		

(419) Pure tone audiometry dB HL (Hearing level)

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

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 autorotations test			

(420) Audiogram

o = Right - - - = Air
x = Left = Bone

fDIUN	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

(421) Otorhinolaryngology remarks and recommendation:

(422) Examiner's declaration

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

(423) Place:	ORL examiner's name and address (block capitals):	AME or specialist stamp with No.:
	Name:	
Date:	Address:	
AME signature:	Telephone no.:	
	Telefax no.:	
	E-mail:	

Forwarded to: ATT: Otorhinolaryngology Ex. Report, Trafikstyrelsen, Edvard Thomsens Vej 14, DK-2300 Copenhagen S. Denmark