Fluglæknasetrið Álftamýri 1-5, 108 Reykjavík

1 Útgáfuríki / State of issue	2 Flokkur / Class	
ÍSLAND / ICELAND	MEDICAL REPORT for Cabin Crew	
3 Skírnarnöfn / Forenames	4 Previous surname(s)	5 Kyn / Sex Karl /Male ☐ Kona/ Female ☐
6 Eftirnafn / Surname	7 Kennitala / Date of birth	8 Skírteinisnúmer / License number
9 Fæðingarstaður / Place and country of birth	10 Þjóðerni / Nationality	
11 Heimilisfang / Address Símanúmer / Telephone: E-mail:	12 Póstfang ef annað en heimilisfang / Postaddress if not the same as Address	13 Vinnuveitandi / Employer

14 Drekkur þú áfengi ? / Alcohol use? Nei / No aldrei /never ☐ Nei hætt/ur /No stopped ☐ Hvenær ? When ?

Já / Yes ☐ Hve mikið ? / H State average weekly intake in units.

15 Reykir þú? /Do you smoke? Nei / No aldrei / never ☐ Nei hætt/ur / No stopped ☐ Hvenær ? When ?

Já / Yes ☐ Hve mikið ? / How much?

16 Notar þú lyf að staðaldri ? / Do you currently use any medication? Nei / No ☐ Já / Yes ☐

Tilgreinið lyf og skammta og hvenær taka hófst og hvers vegna.
State name of medication, dose, date started and why.

Sjúkra og heilsufarssaga / General and medical history . Do you have , or have you ever had, any of the following. If you tick yes give details below

	Yes	No		Yes	No		Yes	No		Yes	No
101 Sjónskerðing / Problem w distant or close vision?			111 Maga lifrar eða melt-sjd/ Stomach liver or intest-trouble?			121 Áfengis-lyfjavandi / Drug alcohol or substance abuse			**Aðeins fyrir konur / Females only**		
102 Nota gleraugu / Glasses or contact lenses?			112 Eyrnavandi / Ear disorder?			122 Sjálfsmorðstilraun / Attempted suicide			150 Kvensjúkdómar hvers konar blæðingartruflun / Gynecological or menstrual problems?		
103 Augn -sjúkd eða -aðgerð? Eye disease or surgery?			113 Heyrnarskerðing / Hearing problem?			123 Blóðleysi / Anemia, sickle cell disease or other disorder					
104 Gróður ofnæmi / Hay fever?			114 Háls nef eða eyrna sjd / Ear nose or throat / sinus probl			124 Malaria or other tropical disease?			151 Ertu þunguð? Are you pregnant?		
105 Ofnæmi annað? / Allergy			115 Talerfiðleikar / Speech difficulties?			125 Jákvætt eyðnipróf / Positive HIV test?			**Fjölskyldusaga / Family history**		
106 Asthma or lung problem?			116 Höfuðverkur / Headaches or migraine?			126 Sjúkdómur v sýkinga / Infectious disease			170 Hjartasjd / Heart disease		
									171 Blóðþr/High blood press		
107 Hjartasjd /Any form of heart or vascular disease?			117 Flogaveiki / Epylepsy or seizure?			127 Sjúkrahúsvist /Admission to hospital?			172 Kol / Cholesterol high		
									173 Flogaveiki / Epilepsy		
108 Hár blóðþrýstingur / High blood pressure?			118 Yfirlið Svimi / Dizziness, episode of unconsiousness?			128 Önnur veikindi eða slys / Other Illnesses or injuries?			174 Geðveiki / Mental illness		
									175 Sykursýki / Diabetes		
109 Nýrnasteinar /Kidney stones or blood in urine?			119 Taugasjúkdómar / Neuro-logical disorder?			129 Húðsjúkdómur / Skin disorder			176 Berklar / Tuberculosis		
									177 Ofnæmi / Allergy, asthma		
110 Sykursýki / Diabetes or hormone disorder?			120 Geðvandi / Psychological trouble of any sort			130 Stoðkerfissjúkdómur / Muscle disorder /arthritis?			178 Arfg sjd / Inherited disorder		
									179 Gláka / Glaucoma?		

17 Athugasemdir / Details:

31 Yfirlýsing: Ég lýsi því yfir að ofangreindar upplýsingar eru réttar og samkvæmt minni bestu vitund. Ég hef ekki vísvitandi leynt upplýsingum eða gefið villandi upplýsingar, sem kunna að hafa áhrif á niðurstöður. Rangar og/eða villandi upplýsingar geta valdið réttindamissi, auk þess kunna að eiga við önnur viðurlög skv landslögum. Ég gef hér með leyfi til þess að allar upplýsingar um heilsufar mitt er varðar upplýsingar á umsóknareyðublaðinu megi fluglæknir skoða í rafrænni sjúkraskrá minni og er nauðsyn krefur yfirlæknir heilbrigðisskoðunar flugyfirvalda. Þessi skjöl, rafrænar upplýsingar og aðrar upplýsingar sem nota þarf við skoðunina eru geymdar hjá Fluglæknasetrinu og verða eign þess svo fremur að ég og heimilislæknir minn hafi aðgang að þeim samkvæmt gildandi lögum. Trúnaðar verði ávallt gætt.

Dagsetning /Date Undirskrift /Signature Undirskrift fluglæknis / Signature of AME

MEDICAL EXAMINATION REPORT FORM FOR CLASS 1 & CLASS 2 APPLICANTS

MEDICAL IN CONFIDENCE

(201) Examination category	(202) Height (cm)	(203) Weight (kg)	(204) Colour eye	(205) Waist (cm)	(206) Blood Pressure – seated (mmHg)		(207) Pulse – resting	
Initial ☐							Rate(bpm)	Rhythm:
Revalidation ☐ Renewal ☐					Systolic	Diastolic		regular ☐
Special referral ☐								irregular ☐

Clinical exam: Check each item	Normal	Abnormal		Normal	Abnormal
(208) Head, face, neck, scalp			(218) Abdomen, hernia, liver, spleen		
(209) Mouth, throat, teeth			(219) Anus, rectum		
(210) Nose, sinuses			(220) Genito-urinary system		
(211) Ears, drums, eardrum motility			(221) Endocrine system		
(212) Eyes – orbit & adnexa; visual fields			(222) Upper & lower limbs, joints		
(213) Eyes – pupils and optic fundi			(223) Spine, other musculoskeletal		
(214) Eyes – ocular motility; nystagmus			(224) Neurologic – reflexes, etc.		
(215) Lungs, chest, breasts			(225) Psychiatric		
(216) Heart			(226) Skin, identifying marks and lymphatics		
(217) Vascular system			(227) General systemic		
(228) Notes: Describe every abnormal finding. Enter applicable item number before each comment.					

Visual acuity

(229) Distant vision at 5m /6m

	Uncorrected		Spectacles	Contact lenses
Right eye		Corr. to		
Left eye		Corr. to		
Both eyes		Corr. to		

(236) Pulmanary function

FEV_1/FVC %

Normal ☐ Abnormal ☐

(237) Haemoglobin

_____ _____(unit)

Normal ☐ Abnormal ☐

(235) Urinanalysis Normal ☐ Abnormal ☐

Glucose	Protein	Blood	Other

(230) Intermediate vision N14 at 100 cm

	Uncorrected		Corrected	
	Yes	No	Yes	No
Right eye				
Left eye				
Both eyes				

(231) Near vision N5 at 30-50 cm

	Uncorrected		Corrected	
	Yes	No	Yes	No
Right eye				
Left eye				
Both eyes				

Accompanying Reports	Not performed	Normal	Abnormal/ Comment
(238) ECG			
(239) Audiogram			
(240) Ophthalmology			
(241) ORL (ENT)			
(242) Blood lipids			
(243) Pulmonary function			
(244) Other(What?)			

(232) Spectacles

Yes ☐ No ☐

Type:

(233) Contact lenses

Yes ☐ No ☐

Type:

Refraction	Sph	Cyl	Axis	Add
Right eye				
Left eye				

(313)Colour perception Normal ☐ Abnormal ☐

Pseudo-isochromatic plates	Type: Ishihara (24 plates)
No of plates:	No of errors:

(234) Hearing

(When239/241 not performed)

	Right ear	Left ear
Conventional voice test at 2 m back turned to examiner	Yes ☐ No ☐	Yes ☐ No ☐

Audiometry

Hz	500	1000	2000	3000
Right				
Left				

(247) AME recommendation

Name of applicant	Date of birth	Reference number:

☐ Fit

☐ Unfit

(248) Comments, limitations:

(249) AME 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.

(250) Place and date:	AME name and address:	AME certificate No.:
AME signature:	E-mail: Telephone No.: Telefax No.:	