



ATCO Class 3 Functional Hearing Assessment Report

Please complete all sections in full.
 Section 1 and 3 to be completed by candidate.
 Section 4 to be completed by Unit Competence Assessor or On Job Training Instructor.

1. Candidate's personal particulars

Name (in full)

CAA reference number

Date of birth

2. Purpose of the test

Hearing is screened using an audiogram. Those with hearing loss need a functional assessment to demonstrate that they have "normal hearing performance against a background noise that reproduces or simulates that experienced in a typical air traffic control environment" (ICAO Annex I para 6.5.4.1.1).

The candidate has recently had an audiogram that requires a functional hearing assessment under the UK Class 3 medical requirements.

The test should be undertaken:

- by a Unit Competence Assessor or On Job Training Instructor separately or in parallel with a standard skills / competency test
- in the normal working environment or a noise field corresponding to normal working conditions (the test may be undertaken over several sessions to assess each aspect of the working task)
- using both aviation-relevant phrases and phonetically balanced words in the speech material for discrimination testing

The candidate should use the headphones / hearing aids that they would normally wear on duty.

The assessor /instructor is not required to make a medical assessment but should confirm that the candidate's hearing loss does not interfere with the safe conduct of the operation.

3. Declaration

I, the candidate, understand the purpose of the ATCO Class 3 functional hearing assessment and consent to the sharing of the medical information provided.

Signature of candidate Date

Candidate's CAA reference number.

4. Functional hearing assessment

I, the assessor / instructor, have discussed the purpose of the functional hearing assessment as specified in section 2.

Place and date(s) of test

Modifications: for example, hearing aids, noise cancelling headphones (or state 'none')

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Please check and report on **all** of the following (the assessment will be rejected if items are omitted):

Does the subject have any apparent difficulty with normal conversational speech? **Yes** **No**

Can the subject hear normal ATCO communications satisfactorily in the presence of background noise in their own working environment, for example, equipment alarms, telephones? **Yes** **No**

Can the subject hear flight crew and other radiotelephony (RT) voice communication satisfactorily in the presence of background noise from the flight deck / cockpit? **Yes** **No**

Can the subject identify non-routine RT phraseology accurately? **Yes** **No**

In summary, in your opinion, does the subject's hearing loss interfere with flight safety? **Yes** **No**

Supporting comments (required) If you have you have any concerns about capability, please expand below (use a separate sheet if necessary).

Name of Unit Competence Assessor or On Job Training Instructor (please print)

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UK CAA licence / reference number

Signature Date

This form should be sent to CAA Medical Department, Civil Aviation Authority, Aviation House, Beehive Ringroad, Crawley, RH6 0YR or email medicalweb@caa.co.uk