



Medical flight test (MFT) report D

Functional hearing assessment (FHA) / Speech discrimination test

Please print and complete this form as follows.
Sections 1 and 3 to be completed by candidate.
Section 4 to be completed by examiner or instructor.

1. Candidate's personal particulars

Name (in full)

CAA reference number

Date of birth

Current address

Telephone numbers Home

Mobile

2. Purpose of the test

Based on ICAO guidance, hearing loss greater than the requirements may be acceptable, provided that there is normal hearing performance against a background noise that reproduces or simulates the masking properties of the flight deck noise in the cockpit upon speech and beacon signals.

The test should normally be performed during a licence / operator proficiency check or licence skill test during different phases of flight. The background noise should be representative of the noise in the cockpit of the type of aircraft for which the pilot's licence and ratings are valid. Both aviation-relevant phrases and phonetically balanced words should be used in the speech material for discrimination testing.

The examiner should confirm that the candidate's hearing loss does not interfere with the safe conduct of the flight operation.

Please note that separate reports may be required for different classes and types of aircraft.

3. Declaration

I, the candidate, understand the purpose of the medical flight test (section 2) and consent to the sharing of medical information provided in this document.

Signature of candidate

Date

Candidate's CAA reference number

4. Medical flight test report

I, the examiner / instructor, have discussed the purpose of the medical flight test as specified in section 2

Aircraft / simulator type & registration

Modifications: for example, hearing aids, noise cancelling headphones, and brand

Date & place of test

Please comment below on the candidate's ability to operate safely (required). If there are any concerns about capability or fitness, these should be included.

Can the subject hear adequately during all phases of flight?

Yes **No**

Does the subject's hearing loss interfere with the ability to communicate with air traffic control and / or other flight crew members during any phases of flight?

Yes **No**

Can the subject accurately identify non-routine R / T phraseology?

Yes **No**

Can the subject identify accurately the identification signals of navigation beacons?

Yes **No**

In your opinion, does the subject's hearing loss interfere with flight safety?

Yes **No**

Additional comments (required)

Name of examiner or instructor (please print)

Position

UK CAA licence / certificate number

Signature

Date

This form should be sent to the AME (Class 2 / LAPL) or CAA Medical Department (Class 1): Civil Aviation Authority, Aviation House, Beehive Ringroad, Crawley, RH6 0YR