



Medical flight test (MFT) report B

Performance-affecting medication

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

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Telephone numbers Home..... Mobile.....

2. Purpose of the test

Following assessment, the applicant has demonstrated satisfactory clinical recovery from their medical condition. The applicant is taking acceptable prescribed medication that has a low risk of side effects that might include effects on flying / operational performance.

The final stage of assessment before certificate issue is to demonstrate that there is no decrement in expected performance during a licence / operator proficiency check or licence skills test.

The examiner should therefore confirm that there are no problems with relevant tasks such as:

- communication (both in the cockpit)
- concentration on task
- memory recall for essential items
- ability to react appropriately to emergencies
- flight plan changes
- good airmanship / behaviour and other general flying skills.

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 specified in section 2.

Aircraft / simulator type & registration

Modifications (if any)

Date & place of test

Please answer the questions below and comment on the candidate's ability to operate safely (required). Any concerns about the capability of the candidate should be included.

Does the candidate communicate clearly to crew and ATC? **Yes** **No**

Are candidate's responses appropriate and actions taken as necessary? **Yes** **No**

Does the candidate exercise proper judgement during critical phases of flight, such as take-off, climb-out, approach and landing? **Yes** **No**

Is the candidate able to process and retain information during activities such as flight planning and communication with external agencies? **Yes** **No**

Does the candidate demonstrate satisfactory monitoring of controls and instruments, responding to abnormalities or making adjustments as required? **Yes** **No**

Does the candidate react in a timely and appropriate manner in emergency situations, following established procedures and checklists? **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