



Medical flight test (MFT) report D

Functional hearing assessment (FHA) / Speech discrimination test

Please complete all sections in full.
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

Hearing loss greater than the requirements may be acceptable "provided that the applicant has normal hearing performance against a background noise that reproduces or simulates the masking properties of flight deck noise upon speech and beacon signals" (ICAO Annex I para 6.3.4.1.1).

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 candidate should use the headphones / hearing aids that they would normally wear on the flight deck.

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 (or state 'none')

Date & place of test

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

Can the subject hear adequately during all phases of flight?

Yes No

Can the subject communicate effectively using standard phraseology with air traffic control, other flight crew members and / or ground crew during all phases of flight?

Yes No

Can the subject accurately identify non-routine or non-standard radiotelephony (RT) communications?

Yes No

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

Yes No

Does the subject, in your opinion, have the ability to operate within the bounds of normal flight safety?

Yes No

Supporting comments (required) If you have answered 'no' to any of the above or you have any concerns about capability, please expand below (use a separate sheet if necessary).

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 or email
medicalweb@caa.co.uk