

# ATCO Medical Simulator Test Report (A)

## Performance-affecting medication

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

During aeromedical assessment, the candidate has demonstrated satisfactory clinical recovery from their medical condition. The candidate is taking acceptable prescribed medication. This carries a low risk of side effects such as reduced alertness, concentration or reaction time, which might include effects on operational performance.

The final stage of assessment, therefore, is to demonstrate that these have no impact on expected performance during a relevant session in the simulator or equivalent facility.

The assessor / instructor is not required to make a medical assessment but should confirm that there are no problems with relevant tasks such as communication (by radiotelephony and phone, and with team members), concentration on task, ability to react appropriately to emergencies and air traffic changes, ability to team-work, and other general controlling skills.

The test should be carried out in a simulator environment or equivalent facility. It is recommended that two sessions of one hour-long exercises are used where feasible.

Continued alertness and concentration on the traffic scenarios should be demonstrated during appropriate runs set up by the assessor / instructor. The candidate should be able to demonstrate that they can respond in a professional and positive manner to normal traffic scenarios. If deemed necessary, the assessor / instructor may include some unexpected scenarios, for example:

- managing aircraft not following instructions
- incorrect read backs by the pseudo-pilots
- high workload
- relevant unusual events and aircraft encountering navigational problems

### 3. Declaration

I, the candidate, understand the purpose of the ATCO medical simulator test and consent to the sharing of the medical information provided.

Signature of candidate

Date

Candidate's CAA reference number

#### 4. Medical simulator test report

I, the assessor / instructor, have discussed the purpose of the medical simulator test as specified in section 2.

Simulator and sector(s)

Modifications (if any)

Place and date(s) of test

Please comment on the candidate's ability to operate safely, that is whether the assessor / instructor believes that the controller is ready to return to duty, continue training or operational re-training under the Unit Competence Scheme (ref ATCO Licensing CAP1251). If there are any concerns about capability or fitness, these should be expressed here.

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

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](mailto:medicalweb@caa.co.uk)