

GP ASSESSMENT REPORT FOR LAPL MEDICAL CERTIFICATE

A Applicant Details:

Name of applicant:		Date of birth:		CAA ref no:	
Last LAPL medical certificate seen	Y N	Registered with GP/practice	Y N	Proof of identity seen	Y N

B Medical history review:

The applicant's medical history remains unchanged since the last LAPL medical certificate issue	Y N	<i>If no, refer to 'Guidance for UK GPs on LAPL Medical Assessments' to determine whether referral to an AME is required.</i>
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C Examination report: (Only to be completed at initial, if >50 years or if examination is clinically indicated, otherwise omit)

Examination category	Height	Weight	Blood pressure	Pulse	<i>If pulse abnormal, systolic >160 or diastolic >95, refer to AME</i>
Initial	cm	kg	/ mmHg	Rate	
Revalidation/Renewal				Rhythm	

Clinical examination: Check each item	Normal	Abnormal	Normal	Abnormal
Ears, drums, eardrum motility			Upper & lower limbs, joints	
Eyes – including visual fields (to confrontation)			Spine, other musculoskeletal	
Lungs, chest, breasts			Neurologic - reflexes, etc.	
Heart			Psychiatric	
Abdomen, hernia, liver, spleen			General observations	
Comments: If abnormal describe and refer to AME				

Visual acuity

Distant at 5m/6m	Uncorrected	Corrected to	Standard	<i>If correction required to reach standard, add VDL limitation If R or L > 6/12, or both > 6/9 corrected, refer to AME</i>
Right Eye			6/12	
Left Eye			6/12	
Both			6/9	

Intermediate vision

Standard is N14 at 100cm	Uncorrected	Corrected	<i>If correction required to reach standard add VDL limitation If does not meet standard, refer to AME</i>
Both	Y N	Y N	

Near vision

Standard is N5 at 30-50cm	Uncorrected	Corrected	<i>If correction required to reach standard add VNL limitation If does not meet standard, refer to AME</i>
Both	Y N	Y N	
Glasses	Y N	Contact Lenses	Y N

If yes to above, optical prescription: **Right**

Left

Hearing	Conversational voice at (2m) with back to examiner	Y N	<i>If no or hearing aids required, refer to AME</i>
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Urinalysis	Glucose	Y N	Protein	Y N	Blood	Y N	<i>If yes to any, refer to AME</i>
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Colour vision (only required if applying for night rating)	Pass 15/15 Ishihara plates	Y N	<i>If no, refer to AME</i>
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D GP Assessment and declaration (tick one only)

Fit and LAPL certificate issued	Unfit	Referred to AME
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Limitation(s) applied to certificate (write in full):	Comments:
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GP declaration (tick one only):

I hereby certify that I have reviewed the applicant's medical history/personally examined the applicant named on this medical examination report and that this report with any attachment embodies my findings completely and correctly.		
GP name:	GP address:	GMC no.:
GP signature:	E-mail:	Date:
	Telephone no:	