



Human Environment and Transport
Inspectorate
*Ministry of Infrastructure
and Water Management*

THE NETHERLANDS CIVIL AVIATION AUTHORITY

MEDICAL FLIGHT TEST REPORT

Functional hearing assessment/Speech discrimination test

1) Applicant's personal details

Full name:

License no.:

Date of birth: / / (dd/mm/yyyy)

2) Purpose of test

Based on EASA 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. This test should be conducted where background noise is 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.

3) Declaration

Declaration: *I understand the purpose of the medical flight test (see section 2)*

Signature of applicant: Date: / /

4) Medical flight test report

Aircraft Type and registration: _____ / _____

Date of test: _____ / _____ / _____ Place of test: _____

Please comment on the following:

1) Can the applicant hear adequately in the Aircraft/Simulator during all phases of flight? Yes No N/A

2). Does the applicant’s hearing loss interfere with the ability to Communicate with ATC and/or other flight crew members during all phases of flight? Yes No N/A

3). Can the applicant accurately identify non-routine R/T phraseology? Yes No N/A

4). Can the applicant identify accurately the identification signals of Navigation Beacons? Yes No N/A

5). In your opinion, does the applicant’s hearing loss interfere with flight safety? Yes No N/A

Comments on the applicant’s ability to compensate for their hearing loss

Instructor/Examiner’s Name: _____ Licence Number: _____

Position Held: _____

Signed: _____ Date: _____ / _____ / _____