



Human Environment and Transport  
Inspectorate  
Ministry of Infrastructure  
and Water Management

## THE NETHERLANDS CIVIL AVIATION AUTHORITY

### MEDICAL FLIGHT TEST REPORT

#### Physical ability

##### 1) Applicant's personal details

Full name: .....

Licence no.: .....

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

##### 2) Purpose of test

To assess safe handling and fitness to operate all aircraft controls

**a)** In normal flight conditions (pre-flight checks, preparation for flight, taxi, take off, landing, normal flight manoeuvres and operation of all switches, levers and other operational procedures in the cockpit)

**b)** In the event of an emergency (such as but not limited to: engine failures, brake faults requiring full manual braking, rejected take off following engine failure)

**c)** In demonstrating safe evacuation of the aircraft

(NOTE: Separate reports may be required for different Classes and types)

(NOTE: Test may be conducted on a suitable and CAA-NL approved FSTD)

##### 3) Declaration

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

Signature of applicant: ..... Date: ..... / ..... / .....

**4) Medical flight test report** (to be completed by the instructor/examiner)

Aircraft Type and registration: .....

FSTD type and simulator company: .....

Modifications to aircraft/simulator if any: .....

Artificial aids used by the applicant if any: .....

Date of test: ...../...../..... Place of test: .....

Please comment on the following:

1) Can the applicant reach and safely handle all aircraft and ancillary controls in the Aircraft/Simulator during the different phases of flight? Yes  No  N/A

2) Does the applicant have sufficient range of movement, strength, dexterity and agility for all operational procedures during routine flight conditions and in the event of an emergency? Yes  No  N/A

3) Can the applicant safely evacuate the aircraft? Yes  No  N/A

4) In your opinion, is the applicant’s physical limitation or body mass compatible with the safe exercise of the licence privileges? Yes  No  N/A

**Comments** on the applicant’s ability to compensate for their physical limitation

.....  
 .....  
 .....  
 .....  
 .....

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

Position Held: .....

Signed: ..... Date: ...../...../.....



Human Environment and Transport  
Inspectorate  
Ministry of Infrastructure  
and Water Management

## THE NETHERLANDS CIVIL AVIATION AUTHORITY

### MEDICAL FLIGHT TEST REPORT

#### Cognitive function assessment/Performance-affecting medication

##### 1) Applicant's personal details

Full name: .....

Licence no.: .....

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

##### 2) Purpose of 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 license proficiency check or skills test. The examiner should therefore confirm that there are no problems with relevant tasks such as communication (both in the cockpit and with ATC), 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.

(NOTE: Test may be conducted on a suitable and CAA-NL approved FSTD)

##### 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: .....

FSTD type and simulator company: .....

Date of test: ...../...../..... Place of test: .....

Please comment on the following:

1) Completion of flightplanning / paperwork, reading weather reports, NOTAM's, maps etc. Yes  No  N/A

2) Pre-flight checks and reading of cockpit instruments Yes  No  N/A

3) Taxiing – speed, safe clearance from other aircraft/objects Yes  No  N/A

4) Take off and climb-out- judgement of distances/height Yes  No  N/A

5) Look-out – Appropriate visual scan and identification of other aircraft and ground features Yes  No  N/A

6) In-flight reading of instruments, flight plans/logs and maps Yes  No  N/A

7) Approach and landing – judgement of distances/height Yes  No  N/A

**Comments** on the applicant's ability for adequate cognitive performance

.....

.....

.....

.....

Instructor/Examiner's Name: ..... Licence Number: .....

Position Held: .....

Signed: ..... Date: ...../...../.....



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

## THE NETHERLANDS CIVIL AVIATION AUTHORITY

### MEDICAL FLIGHT TEST REPORT

#### Substandard vision in one eye

#### 1) Applicant's personal details

Full name: .....

License no.: .....

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

#### 2) Purpose of test

The purpose of this medical flight test is to assess the applicant's ability to compensate for their reduced vision. It should normally be performed in conjunction with a licence skills/proficiency test where all aspects of the flying task are tested.

Once content that the applicant has demonstrated a satisfactory safe standard, the examiner should complete and sign this medical flight test report, to confirm that they consider the student has reached as satisfactory standard for solo flying. Training/flight operations can then proceed as normal.

#### 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) Completion of flightplanning / paperwork, reading weather reports, NOTAM's, maps etc. Yes  No  N/A
- 2) Pre-flight checks and reading of cockpit instruments Yes  No  N/A
- 3) Taxiing – speed, safe clearance from other aircraft/objects Yes  No  N/A
- 4) Take off and climb-out- judgement of distances/height Yes  No  N/A
- 5) Look-out – Appropriate visual scan and identification of other Aircraft and ground features Yes  No  N/A
- 6) In-flight reading of instruments, flight plans/logs and maps Yes  No  N/A
- 7) Approach and landing – judgement of distances/height Yes  No  N/A

**Comments** on the applicant's ability to compensate for their reduced vision

-----  
 -----  
 -----  
 -----  
 -----

Instructor/Examiner's Name: \_\_\_\_\_ Licence Number: \_\_\_\_\_

Position Held: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_