

CLASS 2 MEDICAL OPINION OF MEDICAL FITNESS

for a pilot of sports flying equipment in the sense of § 84 c) of the Act on Civil Aviation

Name and surname:							
Date of birth:							
Residence:							
Requests the issuance / confirmation (delete if not applicable) of the SLZ pilot's license for the qualification:							
ANAMNESIS							
Have you ever had a medical condition or been treated for:							
mental disorder	YES	NO		disease	heart and lungs	YES	NO
alcoholism	YES	NO			digestive system	YES	NO
drug addiction	YES	NO			kidneys and urinary tract	YES	NO
convulsions	YES	NO			spine and muscles	YES	NO
severe headache	YES	NO			other	YES	NO
allergy	YES	NO	pregnancy			YES	NO
Comment:							
I declare that the given information is true and I take full responsibility for it							
.....						
Date:				Signature:			

COMPREHENSIVE EXAMINATION BY AUTHORIZED AVIATION MEDICAL (AME-SLZ)

height	weight	TC	heart rate	
cm	kg	stand up:	sitting:	after exertion:
		lying down:	stand up:	in 2 min after exercise:
circulatory and respiratory systems				
heart:			lung:	
vascular system:			electrocardiogram:	
chest x-ray:				
digestive system				
belly:			anus and rectum:	
endocrine system:				
blood and blood-forming tissue, skin and lymphatic system:				
urinary and genital system				
urine	B:	C:	blood:	other pathological content:
musculoskeletal system:			ENT examination:	
hearing test - speech test:				
eye examination			GTC	VOL
visual acuity without correction				
visual acuity with correction				
near vision (N5) without correction				
near vision (N5) with correction				
color sensitivity:	field of vision:		eye muscle balance:	
indicative neurological examination:				
indicative psychiatric examination:				
other examinations:				
AME-TLZ CONCLUSION:				
..... date:		 signature and stamp of AME-SLZ:	