

FSN-GN-2022-01 Revision: 0 11 January 2022

Flight Safety Notification General

Flight Safety Notifications (FSNs) are not mandatory in nature, but provide means such as guidance, methods, procedures and practices acceptable to the Authority for complying with regulations and other requirements in a systematic manner. These are not necessarily the only means of compliance. FSNs may also contain explanations of regulations, other guidance material, best practices or information useful to the aviation community. Unless incorporated into a regulation by reference, FSNs are not regulatory and do not create or change a regulatory requirement. A change of a regulatory requirement may come in the form of a Directive. A Flight Safety Notification is not a Directive.

Changes to Application Form for Medical Certificate Form 202A

Purpose

This Flight Safety Notification (FSN) is to inform the aviation industry of the changes to the Application Form for Medical Certificate (Form 202A).

References

Eight "B" Schedule - SUBPARTS C and D.

Applicability

This FSN applies to all Jamaican licenced Airmen as follows:

- 1a) Student Pilot Licence holders both fixed wing and rotorcraft.
- 1b) Private Pilot Licence holders both fixed wing and rotorcraft.
- 1c) Commercial Pilot Licence Holders both fixed wing and rotorcraft.
- 1d) Airline Transport Pilot Licence Holders both fixed wing and rotorcraft.
- 2) Air Traffic Controllers.
- 3) Civil Aviation Medical Examiners (CAMEs).

Effectivity

This FSN takes effect immediately.

Definitions

Not Applicable

Background

The changes are aimed at providing clarity to the application form and the general processing of medical certificates for airmen.

The changes made are as follows:

- Item 17a: Non-prescription drugs extended to include specifically the use of Cannabis/Marijuana products.
- Item 18a (f): The word "Asthma" has been changed to "Respiratory Disease", to allow the inclusion of respiratory disorders of recent interest in aviation; eg. Obstructive Sleep Apnea (OSA) and COVID-19 Pneumonia.
- Items 21/22: These items have been adjusted to accommodate documentation of calculated Body Mass Index (BMI).
- Item 49: This item has been reorganized to allow entry of an Audiogram date.
- Item 60: This item has been amended to include risk assessment for Obstructive Sleep Apnea (OSA), if considered significant.
- Item 62: (i) When, "Has Been Issued Medical Certificate" is selected, the following information will be added:

The CLASS of Medical Certificate issued; Class 1, Class 2, or Class 3 (as this may not be the CLASS applied for)

(ii) LIMITATION (Code):

There are specific statements of LIMITATION for Vision and Hearing which will be indicated on the Airman's medical certificate as applicable, for example:

"HOLDER SHALL POSSESS GLASSES THAT CORRECT FOR NEAR VISION"

These statements of LIMITATION will be coded by the CAME and processed by the Personnel Licensing (PEL) Office accordingly. The LIMITATION Coding Chart is as follows:

<u>Aviation Medical Certificate, Limitation statements and Codes</u> (Vision & Hearing)

| Code | Limitation |
|------|---|
| V1 | HOLDER SHALL WEAR CORRECTIVE LENSES (and have an extra pair readily available) |
| V2 | HOLDER SHALL WEAR LENSES THAT CORRECT FOR DISTANT VISION AND POSSESS GLASSES THAT CORRECT FOR NEAR VISION |
| V3 | HOLDER SHALL WEAR LENSES THAT CORRECT FOR DISTANT VISION AND POSSESS GLASSES THAT CORRECT FOR NEAR VISION AND INTERMEDIATE VISION |
| V4 | HOLDER SHALL POSSESS GLASSES THAT CORRECT FOR NEAR VISION |
| V5 | HOLDER SHALL POSSESS GLASSES THAT CORRECT FOR NEAR AND INTERMEDIATE VISION |
| V6 | VALID DAYTIME ONLY |
| V7 | NOT VALID FOR NIGHT FLYING |
| H1 | NOT VALID FOR CONTROL ZONES OR AREAS WHERE RADIO COMMUNICATION IS REQUIRED |
| H2 | VALID ONLY WITH USE OF HEARING AMPLIFICATION |
| 0 | NONE |

Current Application Form - Pages 1 & 2

| | | Application Form For Medical Certificate | | | | | | | | | | | | | | |
|--|-------------------------------|--|---|------------------------|---------|--|-----------------------|------------|---|-----------------|--|------------|------------------|--|--|--|
| | ZON | | 2. CLASS OF MEDICAL CERTIFICATE APPLIED FOR 1st 2nd | | | | | | | | | | 3 rd | | | |
| 3. Name (Last, First, Initial) 4. Licence # | | | | | | | | | | # | | Citizenshi | р | | | |
| 5. Address to Appear on Licence: Number/Street City County/Region State | | | | | | | | | Po | ostal Code | | | | | | |
| 6. Date of Birth DD/MM/YYYY 7. Hair Colour 8. Eye Colour 10. Type of licence you hold: | | | | | | | | | | 9. | Sex M F | | | | | |
| Commercial | | | | | | | | Pri | Flight Instructor Balloon Private Glider Student Dother | | | | | ider | | |
| 11. Occupation 12. Employer Telephone Number | | | | | | | | | | | Control of the Contro | | | | | |
| 13. Has your CAA Airman Medical Certificate ever been denied, suspended or revoked? | | | | | | | | | | | | | | | | |
| / | ☐ Yes ☐ No If yes, give date/ | | | | | | | | | | | | | | | |
| 100000 | | ne (Civilian On | ** | | | 1 | 6. Date of | Last CA | A Me | dical A | Application | | | | | |
| 14. To D | ate | | 15. Pas | st 6 Monti | ns | | | | D / N | 1M / Y | YYY | | | ☐ No pi | rior application | |
| 17a. Do | you | currently use a res (if yes, list | my medication (medication(s) us | prescriptionsed and in | on or | non-prescrip | tion) reviously re | | 7071 | 114(/ 1 | | | | E 7 4 | | |
| No Yes (if yes, list medication(s) used and indicate whether previously reported) Previously reported) Yes | | | | | | | | | | | | | y Reported No | | | |
| | | | | | | | | | | | .,,30 | | Ye | es | No | |
| Yes | | | | | | | | | | | es | No | | | | |
| 17b. Do | you | ı ever use ne | ear vision cont | act lens | (es) v | when flying | ? | | Yes | | ☐ No | | | | | |
| Answer | yes ion o | or no for even f the condition | ery condition liste was reported or | ed below. | In the | Explanation | as hox belo | w vou n | av no | ote "F | PREVIOUSLY | / REPORT | ED N | O CHANGE | THE FOLLOWING? E" only if the ndition. See | |
| Yes | No | Cor | ndition | Yes | No | Cond | lition | Yes | No | | Condition | Yes | No | | Condition | |
| а | | Frequent or sev | ere headaches | g | | Heart or vaso | cular trouble | m | | sort; | tal disorders of anxiety ession, etc. | any | | Medical rejection by military service | | |
| b | | Dizziness of fair | nting spells | h | | High or low b pressure | elood | п | | depe drug | stance abuse o endence, or faile test ever, or us egal substance(| ed a t | | Rejection for life or health insurance | | |
| С | | Standard Control of the | ss for any reason | i | | Stomach, live intestinal trou | ible | o | | depe | nol abuse or indence; failed a nol test | an u | | Admission to hospital | | |
| d | | Eye or vision tro glasses | uble except | j | | Kidney stone urine | or blood in | р | | Suici | de attempt | х | | Other illnes | ss, disability or surgery | |
| е | | Hay fever or alle | ergy | k | | Diabetes | | q | | | on sickness cation required | | | | | |
| f | | Asthma or lung | NO. N III- | ı | | Neurological epilepsy, seiz stroke, paraly | ures, | r. | | Milita disch | ary medical parge | | | | | |
| Explan | atic | ONS: See Instru | ction Page | | | | | | | | | | | | | |
| 18b. Con | victio | on and/or Adm | inistration Action | History - | - See | Instructions | Page | | - | _ | | | | | | |
| Yes M | | alcohol or a drug | ny convictions (s) ir g; or (2) history of a ension, cancellation n program. | inv convict | ion (s) | or administrati | ve action(s) is | nyolvina s | n offer | re/el | which regulted | in 100 | No | | nontraffic conviction(s) nors or felonies). | |
| Explanation | ns: Se | ee instructions P | age. | | | | | | | | | | | | | |
| 19. Visit | to h | ealth profes | sional within th | ne last 3 | vear | s ∏ Yes (| Explain B | elow) | П | No | See Instr | uctions D: | 200 | | | |
| 19. Visit to health professional within the last 3 years Yes (Explain Below) No See Instructions Page. Date DD/MM/YYYY Name, Address, and Type of Health Professional Consulted Reason | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| this applica agree that t | tion a | are complete and | ents and answers true to the best of red part of the bas | my knowle | dge, a | nd I | ature of A | pplican | t | | | | | Date | | |

| | | | Janari C | AS RAGG | امما | Ever | | 41 - 10 | | | | | | | | |
|---|--|-----------------------|---|---------------------|---|------------------------|------------|-----------------------------|---------------|----------------|------------|----------------|----------|--------|--|--|
| Od Lielaht (ees) | 22 /// | eight (kg) | Report C | | | | | | 100 | 104 | 220 | CODA CoriolAle | | | | |
| 21. Height (cm) | 22. VV | | 23. Statement of Demonstrated Ability Yes No Defect Noted: | | | | | | (SODA) 24. SO | | | DA Serial No. | | | | |
| | | | | | 10 | Delet | CI NO | .cu. | | | | | | | | |
| CHECK EACH ITEM | IN APPROPRIA | Normal | Abnorma | 1 | CHECK | EACH | TEM IN APP | ROPRIATE | COLUMN | | Norma | al | Abnormal | | | |
| 25 Head, face, neck an | nd scalp | | | | 37 | Vascula legs, oth | | (Pulse, amp | litude and c | haracter, a | ms, | | \top | | | |
| 26 Nose | | | | | 38 Abdomen and viscera (including hernia) | | | | | | | | | | | |
| 27 Sinuses 28 Mouth and Throat | | | | - | 39 Anus (not including digital examination) 40 Skin | | | | | | | | + | | | |
| 29 Ears, general (inter- under item 49 | nal and external ca | anals, Hearing | | | 41 G-U System (Not including pelvic examination) | | | | | | | | _ | | | |
| 30 Ear Drums (Perfora | tion) | | | | 42 | | | extremities (| Strength ar | nd range of | | | + | | | |
| 31 Eyes, general (Visio | n under items 50 t | o 54) | | | 43 | motion) Spine, o | | sculoskeletal | | | | | + | | | |
| 32 Ophthalmoscopic 33 Pupils (Equality and | reaction) | | | | 44 | | | marks, scars, | tattoos (si | ze and local | tion) | | | | | |
| 34 Ocular motility (Ass | | ovement, | | | 46 | Lympha Neurolo | gic (Ten | don reflexes, | equilibrium | senses, cr | anial | | - | | | |
| nystagmus) 35 Lungs and chest (no | ot including breast | examination) | _ | | 47 | | | ation, etc) earance, beh | aviour, mod | od. | _ | | + | | | |
| 36 Heart (Precordial ac | Walling Control of the Control of th | | | | | commun | nication, | and memory) | | | | | 4 | | | |
| NOTES: Describe every a | | | | fore each co | 48 mment. U | General Jse additio | nal shee | c ts if necessar | y and attac | h to this for | m. | | _1 | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 49. Hearing | Record Audiome Discrimination S | | | | | Right Ear | re. | | | | Left E | Ear | | | | |
| Conversational Voice Test at 2 meters | | | Audiometer Threshold in | 500 | 1000 | 2000 | 3000 | 4000 | 500 | 1000 | 200 | 0 3 | 000 | 4000 | | |
| ☐ Pass ☐ Fail | | | decibels | | | | | | | | | | | | | |
| 50. Distant Vision Right 6/ | Corrected to 6/ | 51a | . Near Vision | | | 51b. Int | ermedia | te Vision | | | 52. Col | our Visio | 1 | | | |
| Left 6/ | Corrected to 6/ | | □ Pass □ | Fail | | | Pass | ☐ Fail | | | | Pass | | Fail | | |
| Both 6/ 53. Field of Vision | Corrected to 6/ 54. Het | erophoria 20' (in pi | rism dioptres) | Esc | ophoria | E | Exophori | a | Right Hy | perphoria | | Left Hyp | erphor | ia | | |
| ☐ Normal ☐ Abnormal | | | | | | | | | | | | | | | | |
| 55. Blood Pressure Systolic | | 56. Pu | ulse (Resting) | | | | | | | 58. ECG (Date) | | | | | | |
| 1.00 | | | | results) | | | | | | DD MM YYYY | | | | | | |
| Diastolic | | | | ☐ Noi | rmal normal | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| (Sitting, | | | | | | | | | | | | | | | | |
| mm of Mercury) 59. Other tests given | | | | | | | | | L | | | | | | | |
| 59. Other tests given | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 60. Comments on History a (Attach all consultation rep | | | | vers in the M | edical His | tory section | n and fo | r abnormal fir | rdings of th | e examinati | on | FOR | R CAA | USE | | |
| (Allacit all consultation rep | unta, Lodo, Anays | s, cu. to this roport | Delore Maning). | | | | | | | | | Patholog | y Code | es: | | |
| | | | | | | | | | | | L | | | | | |
| | | | | | | | | | | | 0 | Coded B | y: | | | |
| | | | | | | | | | | | | Clerical F | Reject | | | |
| Significant Medical His | tory Yes | □ No | | Abnormal | Physica | l Findings | s | ☐ Yes | □ No | | | | | | | |
| 61. Applicant's Name | | | 62 | | Has Bee | n Issued - | Medical | Certificate | | | | | | | | |
| | | | | | | | | erred for Furth | | | | | | | | |
| 63. Disqualifying Defects (I | ist by item numbe | r) | | | Tido bee | T Defilied | Cotton | Dernar 1990e | a (Copy A | tacried) | | | | | | |
| 64 Madical Examinar's Do | alaration I harah | y portify that I have | normanili, milia | overel Alexandra de | lia - I lainta | | | | | | | | | | | |
| 64. Medical Examiner's De This report with any attach | ment embodies my | findings complete | ely and correctly. | wed the med | ical histor | y and pers | sonally e | | | | | | ation re | eport. | | |
| Date of Examination | Civil Aviatio | n Medical Examin | er's Name | | | | | Civil | Aviation M | edical Exam | niner's Si | ignature | | | | |
| ADDRESS | Number / Stree | et City | | | | | | CAM | E Serial Nu | mber | | | · | | | |
| Country | Doot-LC 1 | | | | | | | | | | | | | | | |
| Country | Postal Code | | | | | | | CAM | E Telephor | 10 | | | | | | |

New Application Form – Pages 1 & 2

| 1 | | | | | | | | | | | | | | | |
|--|---|--|---|-----------------------|-------------|--|---------------------|---------------|--|-------------------|--------------------------------------|-------------------|--|--|--|
| TATION LUS | | | 1. Application Form For Medical Certificate | | | | | | | | | | | | |
| | TON | 180 | | EDICA | L CERT | IFICATE APPLIED | FOR | | ☐ 1 st | ☐ 2 nd | l | ☐ 3 rd | | | |
| | | | | | | | | | | | | Citizens | hip | | |
| 5. Add | ress t | o Appear | on Licence: Numbe | r/Street | (| City | County | /Regi | on S | State | | | Postal Code | | |
| 6. Dat | 6. Date of Birth DD/MM/YYYY 7. Hair Colour 8. Eye Colour 9. Sex ☐ M ☐ F | | | | | | | | | | | | | | |
| 10. Ty | 10. Type of licence you hold: | | | | | | | | | | | | | | |
| □ Airline Transport □ ATC Specialist □ Flight Instructor □ Ball □ Commercial □ Flight Engineer □ Private □ Glic □ ATC □ Flight Navigator □ Student □ Oth | | | | | | | | | | | | | | | |
| 11. Occupation 12. Employer Telephone Number | | | | | | | | | | | | | | | |
| 13. Has your CAA Airman Medical Certificate ever been denied, suspended or revoked? | | | | | | | | | | | | | | | |
| ☐ Yes ☐ No If yes, give date// | | | | | | | | | | | | | | | |
| Total p | ilot tin | ne (Civiliar | n Only) | | | 16. Date of La | | | | | | | | | |
| 14. To | Date | | 15. Pas | t 6 Mont | hs | | | | | | | | -d | | |
| | | Da 1000000000000000000000000000000000000 | | | | | D | D/M | M / YYYY | | | □ No | prior application | | |
| □ No | o you | ☐ Yes (if | yes, list medication (p | rescript s) used a | and indic | n-prescription), includate whether previousl | ing Man y report | njuana ed) | A/Cannabis? | | | Denni | ionaly Domostod | | |
| | | | | | | | | 73-0 F | · · · · · · · · · · · · · · · · · · · | | Ye | | iously Reported No | | |
| | | | | | | | | | | | Yes | S | No | | |
| | | | | | | | | | | | Yes | S | No | | |
| 17b. E | o yo | u ever us | e near vision conta | act lens | (es) wh | en flying? | | Yes | ☐ No | | | | | | |
| yes o | r "no" | for every of | condition listed below | . In the I | explanat | ions box below you n | nay note | - "PR | EVIOUSLY REPORTE | D NO | MAH | CE" only | THE FOLLOWING? Answer if the explanation of the | | |
| conditio | on wa | s reported | on a previous applica | ation for | an airma | an medical certificate | and the | re has | been no change in yo | ur cond | ition. | See Inst | ruction Page. | | |
| Yes | No | | Condition | Yes | No | Condition | Yes | No | Condition | Yes | No | | Condition | | |
| а | | Frequent | or severe headaches | g | | Heart or vascular trouble | m | | Mental disorders of any sort; anxiety depression, etc. | s | | Medical | rejection by military service | | |
| b | | Dizziness | of fainting spells | h | | High or low blood pressure | n | | Substance abuse or dependence, or failed a drug test ever, or use of illegal substance(s) | t | | Rejection | jection for life or health insurance | | |
| С | | | usness for any reason | i | | Stomach, liver or intestinal trouble | 0 | | Alcohol abuse or dependence; failed an alcohol test | u | | Admissio | on to hospital | | |
| d | | Eye or visi glasses | on trouble except | j | | Kidney stone or blood in urine | p | | Suicide attempt | x | Other illness, disability or surgery | | | | |
| е | | Hay fever | or allergy | k | | Diabetes | q | | Motion sickness medication required | | | | | | |
| f | | OSA, Asth etc. | y disease including ma, COPD, COVID-19, | ı | | Neurological disorders, epilepsy, seizures, stroke, paralysis, etc. | r | | Military medical discharge | | | | | | |
| Expla | natio | ons: See | Instruction Page | | | | | | | | | | | | |
| 18b. Co | nvicti | on and/or | Administration Action | History | – See Ir | structions Page | | | | | | | | | |
| Yes | No | History of | (1) any convictions (s) in | volvina di | ivina while | e intoxicated by, while impadministrative action(s) in | paired by | , or wh | nile under the influence of | Yes | No | | | | |
| | | the denial, | suspension, cancellation litation program. | or revoc | ation of dr | iving privileges or which r | resulted i | n atten | dance at an educational | | | | f nontraffic conviction(s) eanors or felonies). | | |
| Explanat | ions: S | See instruction | ons Page. | | | | | | | | | | | | |
| 19. Vis | it to I | health pro | ofessional within th | e last 3 | years | ☐ Yes (Explain B | elow) | | No See Instructi | ons Pa | ge. | | | | |
| Date DI | | | | | | rofessional Consulted | | | Reason | | 9-1 | | | | |
| | | | | | | | | | | | | | | | |
| this appli agree tha | cation at they | are complet | tatements and answers e and true to the best of nsidered part of the basi to me. | my knowl | edge, and | Signature of A | pplican | ıt | | | | 1 | Date | | |
| | | | | | | | | | | | | | | | |

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| | | | | | 11410 | | | | | | | | | |
|---|---|------------------------|-----------------|-----------------------------|---|----------------------------|-------------------------------|------------------------------------|-----------|------------------|---------------------|-------------|--|--|
| Report Of Medical Examination 21.Height (cm) 22.Weight (kg) BMI 23. Statement of Demonstrated Ability (SODA) 24. SODA Serial No. | | | | | | | | | | | | | | |
| 21. Fleight (cm) | 22.vveight (kg) | BMI | 23. Sta | | | trated <i>P</i> fect No | | SODA) | - | 24. SOD | 24. SODA Serial No. | | | |
| | | | | , <u> </u> | | 1001110 | tou. | | | Way . | | | | |
| | TEM IN APPROPRIATE C | OLUMN | Normal | Abnormal | | | | PPROPRIAT | | | Normal | Abnormal | | |
| 25 Head, face, neck a | and scalp | | | | legs, | others) | | plitude and | | er, arms, | | | | |
| 26 Nose 27 Sinuses | | | | | 38 Abdomen and viscera (including hernia) 39 Anus (not including digital examination) | | | | | | | | | |
| 28 Mouth and Throat 29 Ears, general (inte | rnal and external canals, F | loosing under | | | 40 Skin | | | | | | | | | |
| item 49 | | earing under | | - 6 | | š <u>i</u> | | | | | | | | |
| 30 Ear Drums (Perfor 31 Eyes, general (Vis | ation) ion under items 50 to 54) | | | | | | r extremities sculoskelets | s (Strength a | nd range | e of motion) | | | | |
| 32 Ophthalmoscopic | | | | | 44 Iden | lifying body | | rs, tattoos (s | ize and | location) | | 4 | | |
| 33 Pupils (Equality and 34 Ocular motility (As | id reaction) sociated parallel movemen | it, nystagmus) | | | | ohatics ologic (Ter | idon reflexe | s, equilibrium | n, sense | s, cranial | | | | |
| 35 Lungs and chest (i | not including breast examir | nation) | | | | es, coordina | | ehaviour, mo | od. com | munication | | | | |
| 36 Heart (Precordial a | activity, rhythm, sounds, an | d murmurs) | | | and | memory) eral system | | | 77 72 | | | | | |
| | abnormality in detail. Ente | | umber before | each comment. | | | | and attach to | this for | m. | | | | |
| | | | | | | | | | | | | | | |
| 49. Hearing | Record Audiometric Speech Discrimination Score Below | Audiogram (Dar | *** | Hearing Thre | shold (dB) | Right Ea | ir | | Hearin | ng Threshold (d | B) - Left Es | ar, | | |
| Conversational Voice Test at 2 meters | | DD MM YYYY | 50 | 0 1000 | 2000 | 3000 | 4000 | 500 | 1000 | 2000 | 3000 | 4000 | | |
| ☐ Pass ☐ Fail | | | | | | | | | | | | | | |
| 50. Distant Vision | | 51a. Near Vision | _ | 51b. Intermediate Vision 5 | | | | | | 52. Colour Visio | Colour Vision | | | |
| Right 6/ Left 6/ | Corrected to 6/ | ☐ Pass | ☐ Fail | □ Fail □ Pass □ Fail | | | | | | ☐ Pass | □ Pass □ Fail | | | |
| Both 6/ 53. Field of Vision | Corrected to 6/ 54. Heterophoria | 20' (in prism dioptr | res) | Esophoria Exophoria | | | | Right Hyperphoria Left Hyperphoria | | | | | | |
| ☐ Normal ☐ Abnorma | 1 | | | | | | | | | | | | | |
| 55. Blood Pressure Systolic | | 56. Pulse (Resti | | 57. Urinalysis (if results) | re Albun | nin | Sugar | | 58. ECG | (Date) | | | | |
| Diastolic | | | | □ Normal | | | | | DD N | M YYYY | | | | |
| | | | | Abnormal | | | | | | | | | | |
| (Sitting, mm of Mercury) | | | | | | | | | | | | | | |
| 59. Other tests given | | | | | | | | | | | | | | |
| 60. Comments on History | and Findings: CAME sha | i comment on all " | /ES" answers | in the Medical H | istory section | and on ab | normal findi | ngs of the ex | aminatio | on | FOR CAA US | SE . | | |
| (IIIIIIII OON NISK ASSES | sment if considered to be s | ngimicartiy. Atlacii s | in consultation | n reports, ECGs. | A-rays, etc. 1 | o tris repor | t perore mai | ling. | | Patholog | y Codes: | | | |
| | | | | | | | | | | Coded B | y: | | | |
| Significant Medical Hi | story Yes | □ No | | Abnormal Physical Findings | | | | | | Clerical I | Clerical Reject | | | |
| 61. Applicant's Name | | | 62. | Пна | is Been Issue | d - Medicai | Certificate | >> Class | 10 | mitation (Code) | | | | |
| | | | | ☐ No | Certificate Is s Been Denie | sued - Def | erred for Fu | rther Evalua | tion | | | | | |
| 63. Disqualifying Defects | , | | | | - | | | | | | | | | |
| 64. Medical Examiner's D with any attachment embe | eclaration - I hereby certify odies my findings complete | that I have person | ally reviewed | the medical histo | ory and perso | nally exam | ined the app | olicant name | d on this | medical exam | ination report. | This report | | |
| Date of Examination | Civil Aviation Medica | | 9 | | | | Civil Avia | ation Medica | l Examir | ner's Signature | | | | |
| ADDRESS | Number / Street City | | | | | | CAME S | erial Numbe | r | | | | | |
| Country | Postal Code | | CAME T | CAME Telephone | | | | | | | | | | |

Areas amended.

Action

Airmen requiring medical certifications, Civil Aviation Medical Examiners and Assessors are to make note of the changes to Medical Certificate Form (Form 202A).

Approved by:

Date: 11 January 2022

Noel Ellis
Director, Flight Safety
for Director-General of Civil Aviation
Jamaica Civil Aviation Authority