**This form is to be filled by CAAF AMA together with the Medical Slip and is to be verified by the Applicant before being countersigned.**

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| **DATE OF MEDICAL:** |       |
| **MEDICAL SERIAL NUMBER:** |       |
| **NAME OF APPLICANT:** |       |
| **NAME OF AMA:** |       |

|  |  |  |
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| **SPECIAL EXAMINATION** | **INDICATE IF DONE IN THIS MEDICAL** | **NEXT DUE (Indicate Date)** |
| 1. **ECG**
 | [ ] **Yes** | [ ]  **No** | Click or tap to enter a date. |
| 1. **Audiogram**
 | [ ] **Yes** | [ ]  **No** | Click or tap to enter a date. |
| 1. **Lipids/Sugar**
 | [ ] **Yes** | [ ]  **No** | Click or tap to enter a date. |
| 1. **Hb1Ac**
 | [ ] **Yes** | [ ]  **No** | Click or tap to enter a date. |
| 1. **Renal Function**
 | [ ] **Yes** | [ ]  **No** | Click or tap to enter a date. |
| 1. **Liver Function**
 | [ ] **Yes** | [ ]  **No** | Click or tap to enter a date. |
| 1. **Treadmill**
 | [ ] **Yes** | [ ]  **No** | Click or tap to enter a date. |
| 1. **X-Ray**
 | [ ] **Yes** | [ ]  **No** | Click or tap to enter a date. |
| 1. **Ophthalmology**
 | [ ] **Yes** | [ ]  **No** | Click or tap to enter a date. |
| 1. **Echocardiography**
 | [ ] **Yes** | [ ]  **No** | Click or tap to enter a date. |
| 1. **Spirometry**
 | [ ] **Yes** | [ ]  **No** | Click or tap to enter a date. |
| 1.
 | [ ] **Yes** | [ ]  **No** | Click or tap to enter a date. |
| 1.
 | [ ] **Yes** | [ ]  **No** | Click or tap to enter a date. |
| 1.
 | [ ] **Yes** | [ ]  **No** | Click or tap to enter a date. |

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| --- | --- | --- | --- |
| **SIGNATURE OF AMA** |  | **SIGNATURE OF APPLICANT**  |  |

**STAPLE THIS FORM TO THE GREEN MEDICAL SLIP**