**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.**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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. |
|  | **Yes** | **No** | Click or tap to enter a date. |
|  | **Yes** | **No** | Click or tap to enter a date. |
|  | **Yes** | **No** | Click or tap to enter a date. |

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

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