

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	
2. Audiogram	Yes	No	
3. Lipids/Sugar	Yes	No	
4. Hb1Ac	Yes	No	
5. Renal Function	Yes	No	
6. Liver Function	Yes	No	
7. Treadmill	Yes	No	
8. X-Ray	Yes	No	
9. Ophthalmology	Yes	No	
10. Echocardiography	Yes	No	
11. Spirometry	Yes	No	
12.	Yes	No	
13.	Yes	No	
14.	Yes	No	

SIGNATURE OF AMA

SIGNATURE OF
APPLICANT

STAPLE THIS FORM TO THE GREEN MEDICAL SLIP