AIR Transport
Waka Rere Rangi

FLIGHT CREW/ATCO

AVIATION MEDICAL UNIT
MOT 1440

SPECIAL REPORT — DIABETES

— MEDICAL IN CONFIDENCE —

ITEMS 1–7 TO BE COMPLETED BY APPLICANT

Block Letters 1. Surname:		2. Client No: (if issued)		3. Rank or Title: Mr, Mrs, Miss, Ms
4. Given Names:				5. Place and Date of Birth: ....../....../......
6. Postal Address:				
7. Class(es) of Licence Applied for (tick)	(a) ATPL SCPL CPL ☐	(b) PPL SPL ☐	(c) ATCO ☐	(d) Other (specify)

NOTE — The **APPLICANT** should answer the questions in **SECTION A**—The **MEDICAL PRACTITIONER** supervising the diabetic condition is requested to complete **SECTION B** and forward, (including the results of appropriate tests) to the Designated Medical Examiner who will complete the remainder of the form.

SECTION A: APPLICANT to complete this section. For (NO YES) delete answer which does not apply — e.g. (~~NO~~ YES)

FIRST VISIT ONLY.
1. Give details of any family history of diabetes. ..

...or of arterial or heart disease, stroke or high blood pressure in your parents, brothers or sisters.

2. (a) What was the date diabetes was first diagnosed?

(b) What symptoms did you have then?

ALL VISITS
3. (a) Who is the doctor who sees you for your diabetes?

(b) How often do you consult your doctor about your diabetes?

4. Are you on a diabetic diet? NO YES
If so, give details here.

5. If you still test your urine, how much sugar is there usually in the early morning (fasting urine)?

6. (a) Do you test your own blood sugar? NO YES
(b) When were blood sugar tests last done (by you or a laboratory)?

(c) What did the tests show?

7. (a) Have you had any tablets or injections for diabetes in the last year? NO YES (If yes, answer (b))

(b) What drug?
Dose in mg or units:
How often daily?

8. Do you smoke? NO YES

If yes, how many cigarettes or pipes daily?

SIGNED ______________________
(Applicant's Signature)

DATE

SECTION B: SUPERVISING MEDICAL PRACTITIONER to complete this section.

1. (a) Does the applicant see you regularly for supervision? NO YES

(b) How often have you seen the applicant in the past year for supervision of diabetes?

2. Please comment on and amplify the answers given by the applicant in Section A above (if necessary annotating them)

3. What confirmation have you of the degree of blood sugar control?

4. Have there been any adverse reactions (hypoglycaemia etc.)? NO YES

5. Are there any features suggesting coronary artery disease? (Detail) NO YES

SIGNED ______________________
(Medical Practitioner's Signature)

DATE

SECTION C — EXAMINATION

DESIGNATED MEDICAL EXAMINER to complete this section.

1. Weight [ ] Kg

   Increase/decrease in the last year. [ ] Kg

2. Bood pressure: (minimum 2 readings lying and standing —5th phase—to nearest 2mm of Hg)

LYING (L)				STANDING (S)			
Pulse Rate	B.P.1	B.P.2	B.P.3	Pulse Rate	B.P.1	B.P.2	B.P.3

3. Fundi: Arterioles [ ]
   Evidence of retinopathy (haemorrhages [ ])
   (exudates [ ])

4. Peripheral pulses present?
   Dorsalis Pedis L NO YES R NO YES
   Posterior Tibial L NO YES R NO YES

5. Skin infections.

6. Evidence of neuropathy. Reflexes
   Sensation

SECTION D — INVESTIGATIONS *(in m.mol/L) (To be completed by D.M.E.)*

1. Urine. Albumen [ ] Sugar [ ] at [ ] (hours after meal)
2. Blood Sugar Series: (m.mol/L)

Date:		Time		m.mol.	Date:		Time		m.mol.
		Time		m.mol.			Time		m.mol.
		Time		m.mol.			Time		m.mol.

3. Cholesterol. [ ] Creatinine. [ ] Uric acid. [ ]
4. Other. Give results of any chest Xray, E.C.G., or other relevant Investigations in the past year with dates and findings.

SECTION E —OPINION *(To be completed by D.M.E.)*

1. Do you believe the applicant is conscientiously following instructions concerning treatment, and is under regular surveillance? NO YES
2. Is diabetes satisfactorily controlled? NO YES
3. Do you consider the applicant fit for licence,
   — with normal licence validity? NO YES
   — with reduced validity? NO YES
   — if reduced validity, state suggested period in months [ ] months
4. **ADDITIONAL COMMENTS.**

DATE.

SIGNATURE.

ADDRESS.

MEDICAL — IN CONFIDENCE

The Medical Assessor
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