***[Applicant full name and CAA Participant ID]***

**Request to the Director for permission to assess the applicant by following the Alternative Method to General Medical Examination**

**Describe applicable special circumstances**

I confirm;

|  |  |
| --- | --- |
| * The applicant is an essential worker |  |
| * An extension of medical certificate cannot be issued An extension has already been issued Yes  No  Class of certificate has already expired Yes  No |  |
| * The applicant is not a first applicant for the class of certificate sought |  |
| * The last certificate has not lapsed for more than 12 months |  |
| * The most recent assessment included a face to face examination and a GME report |  |
| * There is no history of a condition that requires hands on clinical assessment; or  Recent GP notes and/or other reports (i.e. specialists’ reports) are available that can substantially provide the information that would be obtained in a clinical examination by the ME |  |
| * I am not aware of the applicant’s certificate being currently suspended or the applicant being disqualified from holding a medical certificate |  |

**Attachment/s:** Please include the new application for medical certificate, any recent GP, specialists’ notes and other investigations results as available and appropriate.

[ME Details]

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**Please send this form to** [**med@caa.govt.nz**](mailto:med@caa.govt.nz)

***[Applicant full name and CAA Participant ID]***

**CAA Response:**

|  |  |
| --- | --- |
| * May assess the applicant via the Alternative Method to General Medical Examination |  |
| * May not assess the applicant via the Alternative Method to General Medical Examination |  |

**Comments:**

Reviewed by: