



FUNCTIONAL HEARING ASSESSMENT

Please complete in black ink and forward to the address given.

To be completed by Training Captain/CFI

1. PERSONAL DETAILS

Name:	CAA Licence Number:
Place of test:	Aircraft/Simulator:

2. DETAILS OF TEST

Can the subject hear adequately in the Aircraft/Simulator/Other
..... (Please state) during all phases of flight? Yes No N/A

Does his/her hearing loss interfere with the ability to communicate with Air Traffic
Control and/or other flight crew members during all phases of flight? Yes No N/A

Can he/she accurately identify non-routine R/T phraseology? Yes No N/A

Can he/she identify accurately the identification signals of Navigation Beacons? Yes No N/A

In your opinion, does his/her hearing loss interfere with flight safety? Yes No N/A

Have you any other observations or comments?
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Signed: Date:

Print name: CAA Licence No.

Position:

3. SUBMISSION INSTRUCTIONS

Please return the completed form to:

Civil Aviation Authority
Medical Department
GW Aviation House
Gatwick Airport South
West Sussex
RH6 0YR

Telephone +44 (0) 1293 573700
Fax +44 (0) 1293 573995
Email medicalweb@caa.co.uk

Reports submitted to the Medical Department are disclosable by the CAA pursuant to the Data Protection Act