

Initial <input type="checkbox"/>	Medical Examination	Name of AME		Date of examination (dd/mm/yyyy) (e.g. 01/01/2018):
Renewal <input type="checkbox"/>				
1 Surname		Title	Mr / Mrs / Ms / Other	Telephone No
Other Names		Gender	M / F	
2 Correspondence Address				Email
3 Place of Birth	4 Date of Birth (dd/mm/yyyy) (e.g. 01/01/1970)	5 Age	6 Employer (if applicable)	7 Occupation
8.1 Class of HK Medical Certificate applied for				<input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3
8.2 Details of HK Licence held or applied for				Licence Number(s)
<input type="checkbox"/> ATPL	<input type="checkbox"/> CPL	Expiry Date(s) of last Medical Certificate(s) (dd/mm/yyyy) (e.g. 01/01/2018)		Hours flown since last medical
<input type="checkbox"/> PPL	<input type="checkbox"/> ATCL			Total hours flown
9 Any accident/incident involving an aircraft since last medical examination? (if 'Yes', please give details)				YES <input type="checkbox"/> NO <input type="checkbox"/>
Date (dd/mm/yyyy) (e.g. 01/01/2018)		Place		Details
10 Last HKCAD Medical Examination				
Date (dd/mm/yyyy) (e.g. 01/01/2018)		City and Country HK/ UK/ others (please specify)		AME's Name
11 Name and Address of own Medical Practitioner				Telephone No
				Email
12 List <u>ALL</u> MEDICATIONS CURRENTLY TAKEN whether prescribed by a doctor or over-the-counter. (Please indicate vitamins, supplements and herbal medicines)				
Name (Generic)	Dose	Date started	Purpose	By Whom Prescribed
(If the space provided above is not enough, please describe in Item 20)				
13 Do you smoke tobacco? NEVER <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Year Stopped:				
State type, amount & number of years:				
14 Do you drink alcohol? NEVER <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Year Stopped:				
How many times in the past year have you consumed 5 or more (standard alcohol units) drinks within a day?				
In a typical week, how many days of the week do you have an alcoholic drink? Weekly alcohol intake in units?				
15 Since last medical, have you had any unfitness, illness, accident, admission to hospital or started long term medication? (If 'YES', please describe in Item 20)				YES <input type="checkbox"/> NO <input type="checkbox"/>
16 Medical History – Have you <u>EVER</u> had any of the following? Please tick ✓ Yes/No (If 'YES', describe in the 'REMARKS' column)				
	Yes	No	Remarks	
(a) Eye disorders including refractive disorders which are correctable by spectacles or contact lenses, eye surgery including refractive surgery				
(b) Ear disease or deafness				
(c) Motion sickness requiring medication				
(d) Hayfever or allergy				
(e) Frequent or severe headaches				
(f) Dizziness, fainting or unconsciousness				
(g) Epilepsy or fits				
(h) Head injury or concussion				
(i) Psychiatric or nervous trouble of any sort				
(j) Asthma or other lung disorder				
(k) Heart trouble or high/low blood pressure				
(l) Anaemia or other blood disorder				
(m) Stomach, liver or intestinal disorder				

16 Medical History (Continued)	Yes	No	Remarks
(n) Diabetes, thyroid or other hormone disease			
(o) Sugar or protein in urine			
(p) Kidney stone or blood in the urine			
(q) Musculo-skeletal disorder			
(r) Malaria or other tropical disease			
(s) A positive HIV test			
(t) Alcohol/substance abuse or related problem(s) (e.g. Driving Under Influence (DUI) Offence)			
(u) Use of opiates, cannabinoids, sedatives, cocaine, hallucinogens, solvents, recreational drugs or other psychoactive substances			
(v) Admission to hospital overnight			
(w) Any other illness or injury			

17 Have you ever been: Please tick ✓ Yes/No (If 'YES', describe in the 'REMARKS' column)			
	Yes	No	Remarks
(a) Refused life insurance on medical grounds			
(b) Denied, deferred or delayed in an application or renewal of an aviation medical certificate by any licensing authority			
(c) Convicted of civil or criminal offence in or outside Hong Kong			

18 Do you have a family history of: Please tick ✓ Yes/No (If 'YES', describe in the 'REMARKS' column)			
	Yes	No	Remarks
(a) Heart disease / High blood pressure			
(b) Blood Disorders / Cancers			
(c) Epilepsy / Neurological Disease			
(d) Mental illness			
(e) Diabetes			

19 Females only: Please tick ✓ Yes/No (If 'YES', describe in the 'REMARKS' column)			
	Yes	No	Remarks
(a) Are you pregnant?			
(b) Have you a history of gynaecological problems?			

20 REMARKS
 PLEASE TICK If previously reported and no change since OR With changes (please provide details below)

21 Declaration:
 I hereby declare that I have carefully considered the statements made above and that to the best of my belief they are complete and correct, and that I have not withheld any relevant information or made any misleading representation. I understand, that if I have made any false or misleading representation in connection with this application, or fail to release the supporting medical information, the Civil Aviation Department (CAD) may refuse to grant me a medical certificate or may withdraw any medical certificate granted, without prejudice to any other action applicable under the Hong Kong Legislation.

Consent to release medical information:
 Please read the statement below in relation to disclosure of information. The CAD takes the security of your personal information very seriously. Information is only disclosed to persons who are subject to a duty of confidentiality and where there are sufficient security measures in place to protect personal data. If you do not consent to the disclosure of information as described below, you may make representations to plo@cad.gov.hk.

In submitting this application, I am consenting to the disclosure to third parties of all information which I have provided to CAD and that relates to me. I understand that information would only be disclosed to third parties by the CAD for regulatory purposes. This may include providing information to other medical professionals. Administrative workers and/or IT workers who are assisting the CAD with its regulatory functions may also be given access to personal information in the course of their professional duties. This consent shall remain valid so long as I hold or am an applicant for Hong Kong medical certificate.

I hereby authorize the CAD to use information obtained concerning me for the purposes as authorized by law to ensure flight safety, such that CAD will inform the concerned applicant's employer in the event of any invalidity identified for the concerned Medical Certificate. I authorize such information to be disclosed by the CAD to any person from other international jurisdictions who requires such medical information for the purpose of aviation medical certification.

Signature Date (dd/mm/yyyy) (e.g. 01/01/2018)..... AME's (Witness) Signature.....
 AME's Name..... Telephone No.(s)..... Email Address.....
 AME's Address.....

REPORT OF MEDICAL EXAMINATION

Applicant's Name :

22 Height (cm)	23 Weight (kg)	24 BMI	25 Waist Circumference Neck Circumference (in cm)	26 Identifying Marks, Scars, Tattoos, Deformities (if insufficient space, please continue in item 65)		
27 Hair colour	28 Eye colour	29 Pulse	30 Blood pressure (recumbent)	1 st /	2 nd (if indicated) /	3 rd (if indicated) /

Please tick ✓ for each item.		Normal	Abnormal	Notes: Enter item number before each comment. Any abnormal finding should be given in details. Attach additional sheet(s) if necessary
31 Head, Neck				
32 Eyes - Lids and Orbits				
33 Eyes - Pupils, Lens, Media, Fundi				
34 Eyes - Visual fields by confrontation				
35 Eyes - Ocular Movements, Nystagmus				
36 Mouth, Throat, Teeth				
37 Sinuses, Nose				
38 Ears, Drums, Valsalva				
39 Lungs, Chest (incl Breast)				
40 Heart, Size, Auscultation				
41 Vascular System, Varicose Veins				
42 Abdomen, Hernia				
43 Liver, Spleen				
44 Genito-urinary System				
45 Endocrine System				
46 Upper & Lower Limbs, Joints				
47 Spine, Spinal Movement				
48 Neurological (Reflexes, Equilibrium, etc.)				
49 Skin				
50 Psychiatric & Mental Status				
51 Anus, Rectum (Only if indicated)				
52 Pelvic Examination (Only if indicated)				
53 Last Menstruation Date (Female only) (dd/mm/yyyy) (e.g. 01/01/2018)				

54 VISUAL ACUITY		Right	Left	Binocular	Does the candidate wear spectacles or contact lenses: Yes No				
Distant Vision (Standard Test Types)	Without Correction				Prescription of spectacles or contact lenses if applicable				
	With Correction								
Intermediate Vision (N type at 100 cm) [Able to read N14 at 100cm]	Without Correction				RIGHT	Distant	S	C	A
	With Correction					Near			
Near Vision (N type at 30 to 50 cm) [Able to read N5 in the range 30 to 50 cm]	Without Correction				LEFT	Distant	S	C	A
	With Correction					Near			
Accommodation in cm (Near point 30 cm with or without lenses)	Without Correction								
	With Correction								
55 MEASURE OF HETEROPHORIA (Both) (by Maddox Rod with prism at 6m)	Exophoria	Esophoria	Hyperphoria	56 Power of convergence in cm					
(by Maddox Rod with prism or Maddox Wing at 33cm)				Result of cover test Normal Abnormal					

57 COLOUR PERCEPTION (Initial medical examination only - ALL Licences)				Number Correct	Number Incorrect
Tested by 24-plates pseudoisochromatic (Ishihara) plates - State number of correct and incorrect plates					
Result of plates test	Normal	Abnormal, the following approved Colour Perception test was conducted			
Name of test	Optec 900 Lantern	Colour Assessment and Diagnosis (CAD) Test	Result of the Test	Pass	Fail

58 AUDITORY ACUITY
 Conversational voice test at 2 metres with back to examiner? Pass Fail

59 AUDIOMETRY				60 ECG Report (Summary) Normal Abnormal	
Frequency	Right	Left	Max Permitted Loss	61 CXR Report (Summary) Initial exam only Normal Abnormal	
3000			50	62 Date of last Special examinations (mm/yyyy) (e.g. 01/2018):	
2000			35	ECG	
1000			35	Audio	
500			35	OPH	

Remarks Normal Abnormal				64 DRUG SCREEN	
63 URINALYSIS				Initial	When clinical indicated
Albumin	Sugar	Blood	Other	Opiates	Alcohol
Positive	Positive	Positive		Cocaine	Benzodiazepines.....
Negative	Negative	Negative		Cannabinoids	Phencyclidine
				Amphetamines	Ketamines

Applicant's Name :

65 Comments - Additional comments from AME on Items 12-20 and 22-64, including any items answered YES in Items 13-19 and your recommendations for further investigations, assessment tools being administered (e.g. AUDIT questionnaire, CAGE questionnaire), progress reports and specialist consultations if indicated.

66 AME's Overall Comment

The applicant is medically Fit / Unfit for the medical certificate applied.

67 Medical Examiners declaration:

I hereby certify that I have personally examined the applicant named on this medical examination report and that this report with any attachments embodies my findings completely and correctly.

Signature of AME

NAME IN BLOCK CAPITALS

DATE COMPLETED (dd/mm/yyyy) (e.g. 01/01/2018)

68 For use by AMA and CAD ONLY Annex 1 requirements

	Attained	Not Attained	Medical Certificate issued : YES NO Class
Class One			Date of next (mm/yyyy) (e.g. 01/2018): ECG AUDIO OPH
Class Two			Expiry Date of Medical Certificate (dd/mm/yyyy) (e.g. 01/01/2018): <input type="checkbox"/> Class 1 for single-crew commercial air transport operations carrying passengers <input type="checkbox"/> Class 1 for commercial air transport operations other than (i) above <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3
Class Three			
Limitations:	Corrective lenses to be worn and additional spectacles to be available Two sets of near visual correction to be available OML Others		Comments:
Additional medical requirements for renewal	Yes	No	Signature of ASSESSOR..... Date..... Post Name..... (dd/mm/yyyy) (e.g. 01/01/2018)

This form is : Completed Not complete

For completed E-Forms, the AME or AME/AMA shall send the soft copies to the CAD designated email address at eform_dca153@cad.gov.hk for further processing / record and audit purpose. For other queries in relation to the use of E-Form, please contact the Personnel Licensing Office at plo@cad.gov.hk

To facilitate an effective processing of applications,

A) medical certificate holder/ applicant

1. Please download the DCA 153 form at <https://www.cad.gov.hk/application/DCA153.pdf> and refer to the Guide for Form User at https://www.cad.gov.hk/english/pdf/Guide_for_DCA153.pdf for instruction and use the Adobe reader to fill in the form
2. While making an appointment with the AME for medical examination, please liaise with the AME to see whether he/she wants you to fill in page 1 and 2 in his/her clinic computer or the AME want you to fill in them at home and send the AME a soft copy for it via email to arrange your declaration and witnessed by him/her.
3. Using the Adobe Reader to fill in page 1 and 2 on a laptop or iMac is necessary. The fillable PDF can support on Windows desktop and iMac and at any browsers e.g. Chrome, Firefox, Safari. The form cannot be supported on mobile devices as our form is designed more complicated. Please complete the PDF on Windows desktop or iMac.

B) AME

1. Please inform the medical certificate holder/ applicant to read page 5 of the DCA 153 and the Guide for Form User when he make an appointment with you for medical examination
2. Please use the Adobe Reader to complete page 3 and 4 on a laptop or iMac. The fillable PDF can support on Windows desktop and iMac and at any browsers e.g Chrome, Firefox, Safari. The form cannot be supported on mobile devices as our form is designed more complicated. Please complete the PDF on Windows desktop or iMac machine.
3. Please download the DCA 153 form at <https://www.cad.gov.hk/application/DCA153.pdf> and refer to the Guide for Form User at https://www.cad.gov.hk/english/pdf/Guide_for_DCA153.pdf for instruction and use the Adobe reader to fill in the form.
4. Please inform PELO a fixed password for the electronic DCA 153 forms you transmitted to eform_dca153@cad.gov.hk (You can email this password to eform_dca153@cad.gov.hk with the subject title "Password for Dr. XXXXXX" and if you want to change it in a fixed interval, e.g. every 6 months, please email to the same address to inform us).
5. The email address, eform_dca153@cad.gov.hk, will only accept the electronic DCA153 forms for the purpose of safety data collection and analysis. It will not accept the soft copies of other documents because of the limited size of the mail box.
6. HKCAD will only process the application when the paper DCA 153 forms (i.e. as printed by AME by the end of medical appointment with applicant's signature and the AME's signature) and the hard copies of other relevant medical reports are available. Please email the electronic DCA 153 forms to HKCAD (eform_dca153@cad.gov.hk) only, **one week after** you send the paper DCA 153 form to HKCAD by post (i.e. as printed by AME by the end of medical appointment with applicant's signature and the AME's signature) and the hard copies of other relevant medical reports.
7. If the case is urgent, you can email the paper DCA 153 forms (i.e. as printed by AME by the end of medical appointment with applicant's signature and the AME's signature) and other relevant medical reports to plo@cad.gov.hk for timely processing. You can send post us the hardcopies by post afterwards and email the electronic DCA 153 forms to eform_dca153@cad.gov.hk accordingly.

Personal Data Collection Statement

1. Purposes of Collection

The personal data provided by means of this form, including all the supporting documents included in the application, will be used by Civil Aviation Department for the following purposes:

- a. Processing of your application in this form;
- b. Carrying out relevant provisions of the Civil Aviation Ordinance (Chapter 448) and its subsidiary Orders / Regulations;
- c. Assisting in the enforcement of any other Ordinances and Regulations by other Government Bureaux and Departments;
- d. For communication purposes between Civil Aviation Department and yourself;
- e. For validation and verification of authenticity of your supporting documents in association with the application;
- f. For statistics and research purposes on the condition that the resulting statistics or results will not be made available in a form which will identify the data subjects.

It is obligatory for you to supply the personal data as required in this form. If you fail to supply the required data, we may not be able to process your application.

2. Classes of Transferees

The personal data you provided by means of this form may be disclosed to:

- a. Other Government Bureaux and Departments for the purposes mentioned in paragraph 1 above;
- b. Other Contracting States of the International Civil Aviation Organisation and Civil Aviation Authorities for the purpose mentioned in paragraph 1 above;
- c. Other organisations or agencies for execution of their duties as required by Civil Aviation Department.

3. Access to Personal Data

You have a right of access and correction with respect to personal data as provided for in Sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided by this form.

4. Enquiries

Enquiries concerning the personal data collected by means of this form, including the making of access and correction, should be addressed to :

Personnel Licensing Office
Flight Standards and Airworthiness Division
Civil Aviation Department Headquarters
1 Tung Fai Road
Hong Kong International Airport
Lantau, Hong Kong
(Attn.: Personnel Licensing Officer)

Anti-bribery Reminder

Anyone, while having dealings of any kind with the Civil Aviation Department (CAD), should not offer advantage to the CAD officers, or else he may commit an offence under section 4(1) and/or section 8 of the Prevention of Bribery Ordinance (Chapter 201 of Laws of Hong Kong), and be liable to a maximum penalty of a fine of \$500,000 and imprisonment for 7 years.