

Introduction of Electronic DCA 153 Form



Guide for Form Users

The DCA 153 Form is used for recording the medical examination findings of licence holders for all classes of medical certificates – both initial and renewal examinations. To facilitate the collection of medical data for statistical analysis, Hong Kong Civil Aviation Department (HKCAD) is launching an electronic version of the Form (E-DCA 153) for easier data processing.

Nonetheless, the requirements and explanatory notes on using the Form as stipulated in Chapter 3 of “Guidance Notes for Approved Medical Examiners” remain unchanged after the introduction of the electronic form.

Why change to E-Form?

- The main purpose of changing the DCA 153 Form to an electronic form is to facilitate HKCAD to collect health data from the Forms for statistical processing, such as health trend analysis, management review and future service improvements etc.

How will the E-Form be used?

- It is expected that upon arrival at the clinic, the applicant will be provided with the E-form and this user guide, for filling in paragraphs 1 to 20 of the E-form. Then, during the medical examination, the AME can print out the hardcopy of page 1 and 2 and witness the signature of the applicant and sign on the hardcopy.
- After completing the medical examination and when the results of the special investigation are available, the AME will then fill in paragraphs 21 – 67 of the same E-Form, save the soft copy, print one hard copy of page 3 and 4 of the E-Form out, sign on it and send both the soft and hard copies of the completed E-Form to HKCAD or AME/AMA for further assessment.
 - To pass the case to HKCAD for assessment and issue of the medical certificate, the AME will need to send a soft copy of the E-Form, completed up till paragraph 67, as well as a hard copy of the E-Form (with the applicant and AME’s signature) and hard copies of investigation/ medical reports) to HKCAD for further processing.
 - To pass the case to AME/AMA for assessment and issue of the medical certificate, the AME will need to send a soft copy of the E-Form, completed up till paragraph 67, as well as a hard copy of the E-Form (with the applicant and AME’s signature) and hard copies

(+/- soft copies) of investigation/ medical reports to the AME/AMA for completion of the remainder of the evaluation and for issue of the medical certificate to the applicant. Moreover, the AME/AMA will need to complete paragraph 68 of both the E-Form and the hard copy of the E-Form (as provided by the AME), and pass both copies and hard copies of investigation/ medical reports to HKCAD for record and audit purpose.

- If the medical certificate is to be directly issued by AME/AMA, the AME/AMA will have to complete the E-Form up till paragraph 69, then save the soft copy and send the soft copy of the fully completed E-Form, as well as a hard copy of the E-Form (with the applicant and the AME/AMA's signature) and other hard copies of investigation/ medical reports to HKCAD for record and audit purpose.
- **In view of medical confidentiality, it is crucial for the concerned AME or AME/AMA to encrypt the E-Form with password before sending to HKCAD. Such password shall only be communicated to HKCAD in an appropriate manner.**

What other features does the E-Form have?

- Certain validation logic is embedded in the E-Form to facilitate the checking of information provided in the Form by HKCAD AME and/or AME/AMA. Details of the validation logic can be referred to Appendix of this Guide.
- In case any mandatory field (highlighted in red in the E-Form) is left incomplete when the Form users save, close or print the E-Form, a warning message will pop up.
- Full completion of the form (i.e. form paragraph 1 to 68) by the applicant, the AME and AME/AMA can be verified with reference to the checkboxes at the bottom of Page 4 of the E-Form.

CAD Contact Information?

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

Instruction for Completing the Medical Report Form DCA153

Field	Description	Remarks
-	Medical examination: Initial or Renewal	Mandatory -Tick Initial or Renewal
-	Name of AME	Mandatory -Fill in AME name using the current AME list
-	Date of examination (e.g. 01/01/2018)	Mandatory -Input date (dd/mm/yyyy)
1	Name and Title Gender	Mandatory -Fill in identical to passport (i.e. Surname and Other Names) and select title from dropdown menu -Select M or F from dropdown menu
2	Correspondence Address	Mandatory -Fill in current correspondence address
3	Place of birth	Mandatory -Fill in city and country
4	Date of birth (e.g., 01/01/1970)	Mandatory (auto-populated) -Input date (dd/mm/yyyy)
5	Age	Mandatory -Auto-populated from Field 4
6	Employer (if applicable)	Mandatory -If principal occupation is pilot, then select employer from dropdown menu
7	Occupation	Mandatory -Fill in principal occupation
8.1	Class of HK Medical Certificate applied for Class 1: Professional pilot Class 2: Private pilot Class 3: Air traffic controllers and flight information service officers	Mandatory -Tick Class 1, Class 2, or Class 3
8.2	Details of HK Licence held or applied for ATPL, CPL, PPL, ATCL Expiry Date(s) of last Medical Certificate(s) (e.g. 01/01/2016) Licence Number(s)	Mandatory -Tick relevant box Mandatory if RENEWAL -Input date (dd/mm/yyyy) Mandatory -Fill in licence number

Field	Description	Remarks
	Hours flown since last medical	Mandatory if renewal -Fill in numerical values
	Total hours flown	-Fill in numerical values
9	Any aircraft/incident since last medical (including inflight incapacitation event)? YES/NO (if 'Yes', please give details) -Date (e.g. 01/01/2018) -Place -Details	Mandatory if renewal -Tick Yes or No. If yes, provide further information -Input date (dd/mm/yyyy) -Fill in alphanumeric values -Fill in alphanumeric values
10	Last HKCAD Medical Examination Date (e.g. 01/01/2018) City and Country HK / UK / AUS / Others (please specify) AME's Name	Mandatory if renewal -Input date (dd/mm/yyyy) Mandatory if renewal -Select region (Hong Kong / United Kingdom/ Australia/ New Zealand / Malaysia / Others) from dropdown menu -If Others, please specify -Fill in AME's Name
11	Name and Address of own Medical Practitioner Telephone number and email of own Medical Practitioner	-Fill in alphanumeric values -Fill in alphanumeric values
12	List ALL MEDICATIONS CURRENTLY TAKEN whether prescribed by a doctor or over-the-counter. (Please indicate vitamins, supplements and herbal medicines)	-If medications are currently taken, fill relevant boxes (i.e. Name, Dose, Date started, Purpose, By Whom Prescribed)
13	Do you smoke? NEVER/YES/NO If YES, state type, amount & number of years If NO, provide date stopped (e.g. 01/01/2018)	Mandatory -Tick box, elaborate if YES or NO if YES -Fill in alphanumeric values if NO -Input year/yyyy) stopped (e.g., 2018)
14	Do you drink alcohol? NEVER/YES/NO If YES:	Mandatory -Tick box, elaborate if YES or NO if YES

Field	Description	Remarks
	How many times in the past year have you consumed 5 or more standard drinks within a day?	- Fill in alphanumeric values
	In a typical week, how many days of the week do you have an alcoholic drinks	if YES -Elaborate in detail
	State weekly alcohol intake in units	-Elaborate in detail
	If No, provide date stopped	if NO -Input (yyyy) year stopped (e.g. 1998)
15	Since last medical, have you had any illness, accident, admission to hospital or started long term medication? YES / NO (If 'YES' describe in Item 20)	Mandatory if RENEWAL -Tick boxes: yes or no. If selected yes, provide further information in Para 20 REMARKS
16	<p>Medical History – Have you ever had any of the following? Please tick YES or NO. If 'YES', describe in the 'REMARKS' column or in Para 20</p> <p>(a) Eye disorders, eye surgery including refractive surgery</p> <p>(b) Ear disease or deafness</p> <p>(c) Motion sickness requiring medication</p> <p>(d) Hayfever or allergy</p> <p>(e) Frequent or severe headaches</p> <p>(f) Dizziness, fainting or unconsciousness</p> <p>(g) Epilepsy or fits</p> <p>(h) Head injury or concussion</p> <p>(i) Psychiatric or nervous trouble of any sort</p> <p>(j) Asthma or other lung disorder</p> <p>(k) Heart trouble or high/low blood pressure</p> <p>(l) Anaemia or other blood disorder</p> <p>(m) Stomach, liver or intestinal disorder</p> <p>(n) Diabetes, thyroid or other hormone disease</p> <p>(o) Sugar or protein in urine</p> <p>(p) Kidney stone or blood in the urine</p>	<p>Mandatory for all para 16(a) to para 16(w)</p> <p>-Tick boxes: yes or no for Para 16 (a) to Para 16 (w)</p> <p>-If YES ticked for any item, please elaborate in remarks column or in para 20</p>

Field	Description	Remarks
	(q) Musculo-skeletal disorder (r) Malaria or other tropical disease (s) A positive HIV test (t) Alcohol/substance abuse or related problem (u) Use of opioids, 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 or NO. If 'YES', describe in the 'Remarks' column or in Para 20 (a) Refused life insurance (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	Mandatory -Tick boxes: yes or no for para 17(a) to Para 17(c) -If YES ticked for any item, please elaborate in remarks column or in para 20
18	Have you a family history of: Please tick YES or NO. If 'YES', describe in the 'Remarks' column or in Para 20 (a) Heart disease/high blood pressure (b) Blood disorders/cancers (c) Epilepsy/neurological disease (d) Mental illness (e) Diabetes	Mandatory -Tick boxes: yes or no for Para 18(a) to Para 18(e) -If YES ticked for any item, please elaborate in remarks column or in para 20
19	Females only: Please tick YES or NO. If 'YES' describe in the 'Remarks' column or in Para 20 (a) Are you pregnant? (b) Have you had a history of gynaecological problems?	Mandatory for FEMALES -Tick boxes: yes or no for Para 19(a) to Para 19(b) -If YES ticked for any item, please elaborate in remarks column or in para 20
20	Remarks	-Tick boxes: "No change since previously reported" or "with changes (please provide details below)" -If selected (with changes), elaborate in the space under para 20
21	Declaration and consent	Mandatory

Field	Description	Remarks
		<ul style="list-style-type: none"> - Sign - Input date (dd/mm/yyyy) (e.g. 01/01/2018) - Tick boxes: Either signed or not signed - Tick boxes: Either with AME witnessed or without AME Witness -AME's (witness) signature in the printed out hardcopy -Fill in AME's Name -Fill in Telephone No.(s) -Fill in Email Address -Fill in AME's Address
22	Height (cm)	<p>Mandatory</p> <ul style="list-style-type: none"> -Fill in height in centimetres
23	Weight (kg)	<p>Mandatory</p> <ul style="list-style-type: none"> -Fill in weight in kilograms
24	BMI	<p>Mandatory</p> <ul style="list-style-type: none"> -Fill in BMI number
25	Waist and Neck Circumferences (cm)	<p>Mandatory</p> <ul style="list-style-type: none"> -Fill in waist circumference and neck circumference in centimetres
26	Identifying Marks, Scars, Tattoos, Deformities	<p>Mandatory</p> <ul style="list-style-type: none"> -Elaborate if applicable
27	Hair colour	<p>Mandatory</p> <ul style="list-style-type: none"> -Fill in details
28	Eye colour	<p>Mandatory</p> <ul style="list-style-type: none"> -Fill in details
29	Pulse	<p>Mandatory</p> <ul style="list-style-type: none"> -Fill in details
30	Blood pressure (recumbent)	<p>Mandatory</p> <ul style="list-style-type: none"> -1st reading is mandatory, fill in according to the format of (systolic blood pressure/diastolic blood pressure) -Fill in 2nd and 3rd if indicated <p>Systolic blood pressure greater than 160 mm Hg or Diastolic blood pressure greater than 95 mm : unfit</p> <p>Systolic blood pressure greater than 140 mm Hg, but less than 160 mm hg or Diastolic blood pressure greater than 90 mm Hg and less than 95 mm Hg: may be fit with investigation</p> <p>Systolic blood pressure less than 140 mm hg or Diastolic blood pressure less than 90 mm Hg : fit with life style modification</p>

Field	Description	Remarks
		Pop-up alert tick box in Item 66 when Systolic blood pressure greater than 140 mm Hg, or Diastolic blood pressure greater than 90 mm Hg
31	Head, Neck	Mandatory -Tick either Normal or Abnormal -If Abnormal selected, provide further details in the adjacent notes box and attach additional sheet(s) if necessary
32	Eyes-Lid and orbits	Mandatory -Tick either Normal or Abnormal -If Abnormal selected, provide further details in the adjacent notes box and attach additional sheet(s) if necessary
33	Eyes-Pupils, Lens, Media, Fundi	Mandatory -Tick either Normal or Abnormal -If Abnormal selected, provide further details in the adjacent notes box and attach additional sheet(s) if necessary
34	Eyes- Visual fields by confrontation	Mandatory -Tick either Normal or Abnormal -If Abnormal selected, provide further details in the adjacent notes box and attach additional sheet(s) if necessary
35	Eyes-Ocular Movements, Nystagmus	Mandatory -Tick either Normal or Abnormal -If Abnormal selected, provide further details in the adjacent notes box and attach additional sheet(s) if necessary
36	Mouth, Throat, Teeth	Mandatory -Tick either Normal or Abnormal -If Abnormal selected, provide further details in the adjacent notes box and attach additional sheet(s) if necessary
37	Sinuses, Noses	Mandatory -Tick either Normal or Abnormal -If Abnormal selected, provide further details in the adjacent notes box and attach additional sheet(s) if necessary
38	Ears, Drums, Valsalva	Mandatory -Tick either Normal or Abnormal -If Abnormal selected, provide further details in the adjacent notes box and attach additional sheet(s) if necessary
39	Lungs, Chest (incl Breast)	Mandatory -Tick either Normal or Abnormal

Field	Description	Remarks
		-If Abnormal selected, provide further details in the adjacent notes box and attach additional sheet(s) if necessary
40	Heart Size, Auscultation	Mandatory -Tick either Normal or Abnormal -If Abnormal selected, provide further details in the adjacent notes box and attach additional sheet(s) if necessary
41	Vascular System, Varicose Veins	Mandatory -Tick either Normal or Abnormal -If Abnormal selected, provide further details in the adjacent notes box and attach additional sheet(s) if necessary
42	Abdomen, Hernia	Mandatory -Tick either Normal or Abnormal -If Abnormal selected, provide further details in the adjacent notes box and attach additional sheet(s) if necessary
43	Liver, Spleen	Mandatory -Tick either Normal or Abnormal -If Abnormal selected, provide further details in the adjacent notes box and attach additional sheet(s) if necessary
44	Genito-urinary System	Mandatory -Tick either Normal or Abnormal -If Abnormal selected, provide further details in the adjacent notes box and attach additional sheet(s) if necessary
45	Endocrine System	Mandatory -Tick either Normal or Abnormal -If Abnormal selected, provide further details in the adjacent notes box and attach additional sheet(s) if necessary
46	Upper & Lower Limbs, Joints	Mandatory -Tick either Normal or Abnormal -If Abnormal selected, provide further details in the adjacent notes box and attach additional sheet(s) if necessary
47	Spine, Spinal Movement	Mandatory -Tick either Normal or Abnormal -If Abnormal selected, provide further details in the adjacent notes box and attach additional sheet(s) if necessary
48	Neurological (Reflexes, Equilibrium, etc)	Mandatory -Tick either Normal or Abnormal

Field	Description	Remarks
		-If Abnormal selected, provide further details in the adjacent notes box and attach additional sheet(s) if necessary
49	Skin	Mandatory -Tick either Normal or Abnormal -If Abnormal selected, provide further details in the adjacent notes box and attach additional sheet(s) if necessary
50	Psychiatric & Mental Status	Mandatory -Tick either Normal or Abnormal -If Abnormal selected, provide further details in the adjacent notes box and attach additional sheet(s) if necessary
51	Anus Rectum (with tick box for indicated and tick box for not indicated)	-No need to tick either Normal or Abnormal only if not indicated -Tick either Normal or Abnormal only if indicated - If Abnormal selected, provide further details in the adjacent notes box and attach additional sheet(s) if necessary
52	Pelvic Examination (with tick box for indicated and tick box for not indicated)	-No need to tick either Normal or Abnormal only if not indicated -Tick either Normal or Abnormal only if indicated - If Abnormal selected, provide further details in the adjacent notes box and attach additional sheet(s) if necessary
53	Last Menstruation Date (Female only) (e.g. 01/01/2018)	Mandatory for FEMALES -Input date (dd/mm/yyyy)
54	Visual acuity - Distant Vision (Standard Test Types) - Intermediate Vision (N type at 100 cm) [Able to read N14 at 100 cm] - Near Vision (N type at 30 to 50 cm) [able to read N5 in the range 30 to 50 cm] -Accommodation in cm (Near point 30 cm with or without lenses) -Does the candidate wear spectacles or contact lenses:	-Fill in the format of (X/Y) (e.g 6/6) or NA(stand for not applicable), with and without correction in right, left, and binocular columns# -Fill in the format of (NX) (e.g. N5) or NA(stand for not applicable), with and without correction in right, left, and binocular columns -Fill in the format of (NX) (e.g. N5) or NA(stand for not applicable), with and without correction in right, left, and binocular columns -Fill in the format of whole numbers (e.g. 30) in cm or NA(stand for not applicable)

Field	Description	Remarks
	Prescription of spectacles or contact lenses if applicable	-Tick Yes or No -If Yes, provide prescription* #For distant vision greater than 6/60: refer for OPH review * ≥ -5.00 diopters: refer for OPH review
55	Measure of Heterophoria (both) -By Maddox Rod at 6 m -By Maddox Rod or Wing at 33 cm	-Fill in measurement in the format of numerical values -Exceeding 2 prism dioptres in hyperphoria, 10 prism dioptres in esophoria, or 8 prism dioptres in exophoria, assess unfit and refer for OPH review -Exceeding 1 prism dioptre in hyperphoria, 8 prism diopters in esophoria, or 12 prism diopters in exophoria, assess unfit and refer for OPH review
56	Power of convergence in cm Result of cover test	-Fill in measurement in the format of numerical values -Tick Normal or Abnormal with elaboration
57	Colour Perception (Initial medical examination only - ALL Licenses) Tested by pseudoisochromatic (Ishihara) plates - State number of correct and incorrect plates Result of plates test Name of test Result of test	Mandatory for INITIAL -Fill in numerical values for Correct and Incorrect columns -Tick either (Normal) or (Abnormal, the following approved colour perception test was conducted) -Tick boxes: Optec 900 lantern / Colour Assessment Diagnostic (CAD) test -Tick boxes: Pass or Fail
58	Auditory Acuity Any hearing difficulty with Conversational voice at 2 metres with back to examiner?	-Tick boxes: Pass or Fail
59	Audiometry Frequency: 3000,2000,1000,500	Mandatory for INITIAL -Fill in measurement in the format of numerical values (dB) for Right and Left columns# #Loss of more than 35 in frequencies at 500, 1000, or 2000 Hz or more than 50 at 3000 Hz: temporarily unfit, refer for inflight hearing test

Field	Description	Remarks
	Remarks	-Tick Normal or Abnormal with dropdown menu for impression and alphanumeric field for Others
60	ECG Report (Summary)	Mandatory for INITIAL -Tick Normal or Abnormal and provide summary in alphanumeric field if Abnormal
61	CXR Report (Summary) Initial exam only	Mandatory if initial -Tick Normal or Abnormal and provide summary in alphanumeric field if Abnormal
62	Date of last Special Examinations (e.g. 01/2018): ECG Audio OPH	-Input date (mm/yyyy) for ECG, Audio and OPH if applicable
63	URINALYSIS Albumin, Sugar, Blood, Other	-Tick Positive or Negative -If positive, provide findings -For Other, provide findings
64	DRUG SCREEN (Initial/clinically indicated) Opiates, Alcohol, Cocaine, Benzodiazepines, Cannabinoids, Phencyclidine, Amphetamines, Ketamines	Mandatory if initial or clinically indicated -Tick box: Initial / clinically indicated -Fill in findings
65	Comments - Additional comments from AME on Paragraphs 12-20 and 22-64, including any items answered YES in Items 13-19 and your recommendations for further investigations, assessments tools being administrated (e.g. AUDIT questionnaire, CAGE questionnaire), progress reports and specialist consultations.	Mandatory if indicated -Fill in as needed
66	AME's Overall Comment: The applicant is medically Fit / Unfit for the Class 1 / 2 / 3 medical certificate applied.	Mandatory -Tick Fit or Unfit -Dropdown menu: Class 1/1+2/2/3
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	Mandatory -Tick box

Field	Description	Remarks
	embodies my findings completely and correctly.	
	NAME IN BLOCK CAPITALS	-Type name in BLOCK CAPITALS
	DATE COMPLETED (dd/mm/yyyy) (e.g. 01/01/2018)	Mandatory -Input date (dd/mm/yyyy)
68	For use by AMA and CAD ONLY Annex 1 requirements	
	Class One	-Tick Attained or Not Attained
	Class Two	- Tick Attained or Not Attained
	Class Three	-Tick Attained or Not Attained
	Limitations	-Tick boxes for Limitations: <ul style="list-style-type: none"> - Corrective lenses to be worn and additional spectacles to be available - Two sets of near visual correction to be available - OML - Others, space underneath for further information
	Additional medical requirements for renewal	-Tick Yes or No
	Medical Certificate issued	-Tick Yes or No -Indicate Class issued
	Date of next Special Examinations (mm/yyyy) (e.g. 01/2016):	
	ECG	-Input date (mm/yyyy)
	Audio	-Input date (mm/yyyy)
	OPH	-Input date (mm/yyyy) if applicable
	Expiry Date of Medical Certificate (dd/mm/yyyy) (e.g. 01/01/2018)	-Tick relevant boxes and input expiry date (dd/mm/yyyy)
	Class 1 for single-crew commercial air transport operations carrying passengers	
	Class 1 for commercial air transport operations other than (i) above	
	Class 2	
	Class 3	
	Post and Name of the assessor	-Select AP / AMA / SMO from dropdown menu: -Type alphanumeric name

Field	Description	Remarks
	Date of the assessment (dd/mm/yyyy) (e.g. 01/01/2018)	-Input date (dd/mm/yyyy)