OTORHINOLARYNGOLOGY EXAMINATION REPORT

COMPLETE THIS PAGE FULLY AND IN BLOCK CAPITALS - REFER TO INSTRUCTIONS PAGES FOR DETAILS

Netherlands

Medical in Confidence

(1) State applied to:	(2) Class of medical certificate applied for: ☐ 1st ☐ 2nd ☐ 3rd ☐ Others	
(3) Surname:	(4) Previous surname(s):	(12) Application: ☐ Initial ☐ Renewal/Revalidation
(5) First names:	(6) Date of birth:	(7) Sex: ☐ Male ☐ Female / (13) Reference number:

(401) Consent to release of medical information:

I hereby authorise the release of all information contained in this report and any or all attachments to the AME and, where necessary, to the medical assessor of the licensing authority, recognising that these documents or electronically stored data, are to be used for completion of a medical assessment and will become and remain the property of the licensing authority, providing that I or my physician may have access to them according to the national law. Medical Confidentiality will be respected at all times.

Date: Signature of the applicant: Signature of the medical examiner (witness):

(402) Examination Category:
- ☐ Initial
- ☐ Revalidation
- ☐ Renewal
- ☐ Special referral

(403) Otorhinolaryngology history:

Clinical examination

Check each item	Normal	Abnormal
(404) Head, face, neck, scalp	☐	☐
(405) Buccal cavity, teeth	☐	☐
(406) Pharynx	☐	☐
(407) Nasal passages and naso-pharynnx (incl. anterior rhinoscopy)	☐	☐
(408) Vestibular system incl. Romberg test	☐	☐
(409) Speech	☐	☐
(410) Sinuses	☐	☐
(411) Ext acoustic meati, tympanic membranes	☐	☐
(412) Pneumatic otoscopy	☐	☐
(413) Impedance tympanometry including Valsalva menoeuvre (initial only)	☐	☐

Additional testing (if indicated)

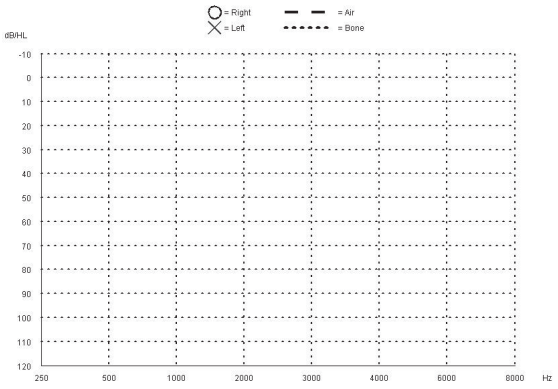
	Not performed	Normal	Abnormal
(414) Speech audiometry	☐	☐	☐
(415) Posterior rhinoscopy	☐	☐	☐
(416) EOG; spontaneous and positional nystagmus	☐	☐	☐
(417) Differential caloric test or vestibular autorotation test	☐	☐	☐
(418) Mirror or fibre laryngoscopy	☐	☐	☐

(419) Pure tone audiometry

db HL (hearing level)

	Air		Bone	
Hz	Right ear	Left ear	Right ear	Left ear
250				
500				
1000				
2000				
3000				
4000				
6000				
8000				

(420) Audiogram



(421) Otorhinolaryngology remarks and recommendation:

(422) Examiner's declaration:

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

(423) Place and date:	Examiner's Name and Address: (Block Capitals)	AME or Specialist Stamp with No:
Authorised Medical Examiner's Signature:		