



CIVIL AVIATION AUTHORITY
MEDICAL CERTIFICATE

CAAF-036-LCXX-1.0

Personnel Licensing Directorate

(To be given by Registered Medical Practitioner holding at least MBBS degree)

MEDICAL CERTIFICATE

Mr. / Ms. _____ whose signature is given below, has been medically examined by me.

At the time of medical examination he/ she was **not** under influence of any drug/ alcohol.

Moreover, he/ She, does/ does not (*Strike off whichever is not applicable*) suffer from any physical or hearing disability.

Disabilities to be listed below (if any):

- _____
- _____
- _____

Official Stamp

Signature of Doctor: _____
Registration No. _____
Date: _____

Signature of the Applicant

MEDICAL CERTIFICATE FOR COLOR VISION

I, Dr. _____ hereby certify that I have examined Mr. / Ms. _____ Whose signature is appended below, and certify that his/ her color vision is normal/ defective (*Strike off whichever is not applicable*).

The color vision has been tested with (*Strike off which is not applicable*):

- (1) Pseudo – Isochromatic plates
- (2) Approved lantern test
- (3) Any other test applicable.

Official Stamp:

Signature of Doctor: _____
Registration No. _____
Date: _____

Signature of the Applicant