

## ATCO WITH DIABETES TREATED WITH POTENTIALLY HYPOGLYCAEMIC MEDICATION

## **UNITED KINGDOM CIVIL AVIATION AUTHORITY**

## **OPERATIONAL TEST REPORT**

1) Candidate's Perso	onal Details:			
Name (in full):				
CAA Ref No:				
Date of Birth:	/			
Current Address:				
Telephone Numbers				
Home:				
Work:				
Mobile:				
2) Purpose of test:				
	applicant demonstrates knowledge of the aeromedical issues relevant to diabetes management of their health condition whilst exercising licence privileges			
3) <b>Declaration</b> :				
I understand the purp	pose of the operational test			
Signature of candidate	Date/			
Name of ATCO:	CAA Ref No			

Job Tole (e.g	g. area, approach, tower):				
Duty period(	s) assessed:				
Date & Place	e of Test://				
Examiner's N	Name (please print):				
Examiner's (	CAA Licence No:				
Blood Testin	g Machine Used:				
					Acceptable
Appropriate I	briefing on diabetes conduc	cted us	ing UK CAA	A briefing sheet	-
	testing machine available		_	-	
	sulin pump is used, alterna				
Availability o	f carbohydrate – state wha	t			Yes/No
Appropriate :	stowage of medication/equ	ipment	resources/		Yes/No
Appropriate I	briefing on diabetes conduc	cted us	ing UK CAA	A briefing sheet	Yes/No
	tional blood glucose testing		_		
	compliance with blood testi				
				with relevant protocol	1 63/110
Tests condu	cted in safe manner withou	t interfe		•	
Tests conduc	cted in safe manner withou  Result & Comments	t interfe		•	Yes/No
	T	t interfe	erence with	safe operations	Yes/No
	T	t interfe	erence with	safe operations	Yes/No
	T	t interfe	erence with	safe operations	Yes/No
	T	t interfe	erence with	safe operations	Yes/No
Time	Result & Comments		Time	safe operations	Yes/No
Time Appropriate s	Result & Comments  stowage of equipment/reso	purces	Time	safe operations	Yes/No  S  Yes/No
Time Appropriate s	Result & Comments	purces	Time	safe operations	Yes/No  S  Yes/No
Time Appropriate s	Result & Comments  stowage of equipment/reso	purces	Time	safe operations	Yes/No  S  Yes/No
Appropriate s	Result & Comments  stowage of equipment/reso	purces	Time	safe operations	Yes/No  S  Yes/No
Appropriate s Availability of	Result & Comments  stowage of equipment/reso f carbohydrate – state wha	ources .	Time	safe operations	Yes/No  S  Yes/No
Appropriate s Availability of	Result & Comments  stowage of equipment/reso	ources .	Time	safe operations	Yes/No  S  Yes/No
Appropriate s Availability of Comments:	Result & Comments  stowage of equipment/reso f carbohydrate – state wha	ources t	Time	Result & Comment	Yes/No  S  Yes/No

Return completed form to: CAA Medical Department, Aviation House, Gatwick Airport South, West Sussex RH6 0YR

Tel: 0330 022 1972 Email: Medicalweb@caa.co.uk Web: www.caa.co.uk

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