

A EUROPEAN AEROMEDICAL DATA REPOSITORY

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Medical Assessor IAA

ESAM Secretary General

DISCLOSURE

- Medical Assessor at IAA. Employee
- AME
- ESAM SG

AND FINALLY.....

- 42.
- The Answer to the Ultimate Question of Life, the Universe, and Everything!
- The Aeromedical Data Repository
- What is OUR Ultimate Question?



A VALUABLE ASSET



- Visible Data
- Research
- Distillation
- Reduction

LOGO

CIVIL AVIATION ADMINISTRATION MEMBER STATE

APPLICATION FORM FOR A MEDICAL CERTIFICATE

Complete this page fully and in block capitals - Refer to instructions for completion.

MEDICAL IN CONFIDENCE

(1) State of licence issue:	(2) Medical certificate applied for: class 1 <input type="checkbox"/> class 2 <input type="checkbox"/> LAPL <input type="checkbox"/>		
(3) Surname:	(4) Previous surname(s):	(12) Application: Initial <input type="checkbox"/> Revalidation/Renewal <input type="checkbox"/>	
(5) Forename(s):	(6) Date of birth(dd/mm/yyyy):	(7) Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	(13) Reference number:
(8) Place and country of birth:	(9) Nationality:	(14) Type of licence applied for:	
(10) Permanent address:	(11) Postal address (if different):	(15) Occupation (principal):	
Country:	Country:	(16) Employer:	
Telephone No.:	Telephone No.:	(17) Last medical examination Date:	
Mobile No.:		Place:	
E-mail:			
(18) Licence(s) held (type): Licence number: State of issue:	(19) Any limitations on licence(s) medical certificate held No <input type="checkbox"/> Yes <input type="checkbox"/> Details:		
(20) Have you ever had a medical certificate denied, suspended or revoked by any licensing authority? No <input type="checkbox"/> Yes <input type="checkbox"/> Date: Country:	(21) Flight time total:	(22) Flight time since last medical:	
Details:	(23) Aircraft class/type(s) presently flown:		
(24) Any aviation accident or reported incident since last medical examination? No <input type="checkbox"/> Yes <input type="checkbox"/> Date: Place:	(25) Type of flying intended:		
Details:	(26) Present flying activity: Single pilot <input type="checkbox"/> Multi pilot <input type="checkbox"/>		
(27) Do you drink alcohol? <input type="checkbox"/> No <input type="checkbox"/> Yes, amount	(28) Do you currently use any medication? No <input type="checkbox"/> Yes <input type="checkbox"/> State medication, dose, date started and why:		
(29) Do you smoke tobacco? <input type="checkbox"/> No, never <input type="checkbox"/> No, date stopped. <input type="checkbox"/> Yes, state type and amount:			

General and medical history: Do you have, or have you ever had, any of the following? (Please tick). If yes, give details in remarks section (30).

Yes	No	Yes	No	Yes	No	Yes	No	Family history of:	Yes	No
101 Eye trouble/eye operation		112 Nose, throat or speech disorder		123 Malaria or other tropical disease		170 Heart disease				
102 Spectacles and/or contact lenses ever worn		113 Head injury or concussion		124 A positive HIV test		171 High blood pressure				
103 Spectacle contact lens prescriptions change since last medical exam.		114 Frequent or severe headaches		125 Sexually transmitted disease		172 High cholesterol level				
104 Hay fever, other allergy		115 Dizziness or fainting spells		126 Sleep disorder/apnoea syndrome		173 Epilepsy				
105 Asthma/lung disease		116 Unconsciousness for any reason		127 Musculoskeletal illness/injury		174 Mental illness				
106 Heart or vascular trouble		117 Neurological disorder, stroke, epilepsy, seizures, paralysis, etc.		128 Any other illness or injury		175 Diabetes				
107 High or low blood pressure		118 Psychological/psychiatric trouble of any sort		129 Admission to hospital		176 Tuberculosis				
108 Kidney stones or blood in urine		119 Alcohol drug substance abuse		130 Visit to medical practitioner since last medical examination		177 Allergy/asthma/eczema				
109 Diabetes, hormone disorder		120 Attempted suicide		131 Refusal of life insurance		178 Inherited disorders				
				132 Refusal of flying licence		179 Glaucoma				
110 Stomach, liver or intestinal trouble		121 Motion sickness requiring medication		133 Medical rejection from or for military service		180 Gynaecological, gynaecological problems				
111 Deafness, ear disorder		122 Anaemia/vickle cell trait/other blood disorders		134 Award of pension or compensation for injury or illness		181 Are you pregnant?				

(30) Remarks: If previously reported and no change since, so state.

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

CONSENT TO RELEASE OF MEDICAL INFORMATION: I hereby authorize 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, recognizing 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 national law. Medical confidentiality will be respected at all times.

Date: _____ Signature of applicant: _____ Signature of AME (GMP/medical assessor): _____

MEDICAL EXAMINATION REPORT FORM FOR CLASS 1 & CLASS 2 APPLICANTS

MEDICAL IN CONFIDENCE

(201) Examination category: Initial <input type="checkbox"/> Revalidation <input type="checkbox"/> Special referral <input type="checkbox"/>	(202) Height (cm):	(203) Weight (kg):	(204) Colour eye:	(205) Colour hair:	(206) Blood pressure-seated (mmHg): Systolic: _____ Diastolic: _____	(207) Pulse - resting Rate (bpm): Rhythm: regular <input type="checkbox"/> irregular <input type="checkbox"/>
Clinical exam: Check each item						
Normal			Abnormal		Normal	
(208) Head, face, neck, scalp	(209) Mouth, throat, teeth	(210) Nose, sinuses	(211) Ears, drums, eardrum motility	(212) Eyes - orbit & adnexa; visual fields	(213) Eyes - pupils and optic fundi	(214) Eyes - ocular motility; nystagmus
(215) Lungs, chest, breasts	(216) Heart	(217) Vascular system	(218) Abdomen, hernia, liver, spleen	(219) Anus, rectum	(220) Genito-urinary system	(221) Endocrine system
(222) Upper & lower limbs, joints	(223) Spine, other musculoskeletal	(224) Neurologic - reflexes, etc.	(225) Psychiatric	(226) Skin, identifying marks and lymphatics	(227) General systemic	
(228) Notes: Describe every abnormal finding. Enter applicable item number before each comment.						

Visual acuity

(229) Distant vision at 5m/6m

	Uncorrected	Spectacles	Contact lenses
Right eye	Corr. to		
Left eye	Corr. to		
Both eyes	Corr. to		

(230) Intermediate vision

	Uncorrected	Corrected
N14 at 100 cm	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Right eye		
Left eye		
Both eyes		

(231) Near vision

	Uncorrected	Corrected
N5 at 30-50 cm	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Right eye		
Left eye		
Both eyes		

(232) Spectacles (233) Contact lenses

Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Type:	Type:
Refraction	Sph Cyl Axis Add
Right eye	
Left eye	

(313) Colour perception Normal ☐ Abnormal ☐Pseudo-isochromatic plates Type: Ishihara (24 plates)
No of plates: No of errors:(234) Hearing (when 239/241 not performed) Right ear Left ear
Conversational voice test (2m) Yes ☐ Yes ☐
with back turned to examiner No ☐ No ☐

Audiometry	Hz	500	1000	2000	3000
Right					
Left					

(245) AME 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.

(250) Place and date:	AME name and address:	AME certificate No.:
AME signature:	E-mail:	Telephone No.:
	Telefax No.:	

(236) Pulmonary function

FEV ₁ /FVC _____ %	(237) Haemoglobin _____ (unit)
Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>

(235) Urinalysis Normal ☐ Abnormal ☐

Glucose	Protein	Blood	Other
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Accompanying reports

	Not performed	Normal	Abnormal/Comment
(238) ECG			
(239) Audiogram			
(240) Ophthalmology			
(241) ORL (ENT)			
(242) Blood lipids			
(243) Pulmonary function			
(244) Other (what?)			

(247) AME recommendation:

Name of applicant: _____ Date of birth: _____ Reference number: _____

☐ Fit for class: _____

☐ Medical certificate issued by undersigned (copy attached) for class: _____

☐ Unfit for class: _____

☐ Deferred for further evaluation. If yes, why and to whom?

(248) Comments, limitations

OPHTHALMOLOGY EXAMINATION REPORT FORM

Complete this page fully and in block capitals – Refer to instructions for completion.

MEDICAL IN CONFIDENCE

Applicant's details

(1) State applied to:	(2) Medical certificate applied for: class 1 <input type="checkbox"/> class 2 <input type="checkbox"/>		
(3) Surname:	(4) Previous surname(s):	(12) Application: Initial <input type="checkbox"/> Revalidation/Renewal <input type="checkbox"/>	
(5) Forename(s):	(6) Date of birth:	(7) Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	(13) Reference number:

(301) **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 and/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 national law. Medical confidentiality will be respected at all times.

Date Signature of applicant Signature of AME

(302) Examination category: Initial <input type="checkbox"/> Revalidation <input type="checkbox"/> Renewal <input type="checkbox"/> Special referral <input type="checkbox"/>	(303) Ophthalmological history:
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Clinical examination		Normal	Abnormal
Check each item			
(304) Eyes, external & eyelids			
(305) Eyes, Extensor (slit lamp, ophth.)			
(306) Eye position and movements			
(307) Visual fields (confrontation)			
(308) Pupillary reflexes			
(309) Fundi (Ophthalmoscopy)			
(310) Convergence	cm		
(311) Accommodation	D		

(312) Ocular muscle balance (in prism dioptres)			
Distant at 5m/6m		Near at 30-50 cm	
Ortho	Ortho	Ortho	Ortho
Eso	Eso	Eso	Eso
Exo	Exo	Exo	Exo
Hyper	Hyper	Hyper	Hyper
Cyclo	Cyclo	Cyclo	Cyclo
Tropia	Yes No	Phoria	Yes No
Fusional reserve testing	Not performed	Normal	Abnormal
(313) Colour perception			
Pseudo-Isachromatic plates	Type: Ishihara (24 plates)		
No of plates:	No of errors:		
Advanced colour perception testing indicated	Yes No		
Method:			
Colour SAFE	Colour UNSAFE		

(321) Ophthalmological remarks and recommendation:

(322) 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.

(323) Place and date:	Ophthalmic examiner's name and address: (block capitals)	AME or specialist stamp with No.:
AME signature:	E-mail: Telephone No.: Telefax No.:	

OTORHINOLARYNGOLOGY EXAMINATION REPORT FORM

Complete this page fully and in block capitals – Refer to instructions for completion.

MEDICAL IN CONFIDENCE

Applicant's details

(1) State applied to:	(2) Medical certificate applied for: class 1 <input type="checkbox"/> class 2 <input type="checkbox"/>		
(3) Surname:	(4) Previous surname(s):	(12) Application: Initial <input type="checkbox"/> Revalidation/Renewal <input type="checkbox"/>	
(5) Forename(s):	(6) Date of birth:	(7) Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	(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 any 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 national law. Medical confidentiality will be respected at all times.

Date Signature of applicant Signature of AME

(402) Examination category: Initial <input type="checkbox"/> Special referral <input type="checkbox"/>	(403) Otorhinolaryngological history:
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Clinical examination		Normal	Abnormal
Check each item			
(404) Head, face, neck, scalp			
(405) Buccal cavity, teeth			
(406) Pharynx			
(407) Nasal passages and naso-pharynx (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 manoeuvre (initial only)			

(419) Pure tone audiometry		
dB HL (hearing level)		
Hz	Right ear	Left ear
250		
500		
1000		
2000		
3000		
4000		
6000		
8000		

(420) Audiogram				
dB HL	o = Right x = Left		--- = Air = Bone	
-10				
0				
10				
20				
30				
40				
50				
60				
70				
80				
90				
100				
110				
120				
Hz	250	500	1000	2000 3000 4000 6000 8000

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			

(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:	ORL examiner's name and address: (block capitals)	AME or specialist stamp with No.:
AME signature:	E-mail: Telephone No.: Telefax No.:	

WHY MANAGE DATA?

- Identify and Understand.
- Avoid Duplication.
- Validate Results.
- Ensure Research is Visible and Impacts.
- Publish Results
- Comply with Regulation.

- Unmanaged Data:
 - Confused
 - Loss

WHY MANAGE DATA?

- ARA.GEN.220 Record-keeping
- MED.A.025 Obligations of AeMC, AME, GMP and OHMP
- ORA.AeMC.220 Record-keeping
- AMC1 ARA.MED.150 Record-keeping
- AMC1 MED.A.015 Medical confidentiality
- FCL.015 Application and issue of licences, ratings and certificates

BENEFIT OF A DATA REPOSITORY

- Provides Metadata Structure
- Enhances Oversight Intelligence
- Data Backup
- Improved Data Access
- Provides Historical Intelligence
- May Identify Points of Interest

DATA PROTECTION PRINCIPLES

- Obtain and process information fairly.
- The Data must be:
 - kept for a specified, lawful purpose.
 - be used and disclosed only for the specified purpose
 - kept safe and secure.
 - up to date, accurate and complete.
 - relevant, adequate but not excessive.
 - retained for no longer than is necessary.
- A copy of the data must be made available to the data subject, on request.

NEW FUNDAMENTAL PRINCIPLES

- The Data must be:
 - Not to be used for **profiling** . (Profiling can only occur where special circumstances are met.)
 - Subjected to a **data protection impact assessment** from the supervisory authority, giving authority prior to the processing of data, taking account of specific risks to the rights and freedoms of individuals and.
 - Subject to the “**right to be forgotten**”.
 - Where electronic commonly used formats are employed, there is a “right” to **obtain a copy** of that data.

MANAGING ETHICS AND IP

- Key questions:
 - Privacy
 - Intellectual Property Rights
 - Resolution Options
 - Ethics Committee
 - Medical Confidentiality
 - Consent
 - De-Identified Data
 - Restricted Access to Data

DATA MANAGEMENT CHECKLIST

- Stakeholders
- Scope
- The nature of the data
- Metadata
- Managing Ethics and Intellectual Property
- Data Sharing
- Data Storage, Backup & Security
- Data Archiving

WHAT DATA

- Purpose of the research
- Procedure
- Benefits and risks
- Consent
- Confidentiality
- Payment
- Restrictions

MEDICAL CERTIFICATE

I	Licensing authority
III	Certificate number
IV	Last, first name of holder
XIV	Date of birth
VI	Nationality
VII	Signature of holder

II	Medical class issued	
IX	Valid until	
	Class 1 (CPL/ATPL)	
	comm. single-pilot with pax *	
	Class 2 (PPL)	
	LAPL	
	* single-pilot commercial air transport operation carrying passengers (EASA Part-MED, A.045a)	
X	Date of issue	
XI	AME	Signature

AME ID

XIII Limitations	
Further remarks:	
IR checked	<input type="checkbox"/> yes <input type="checkbox"/> no

Case of	Inst.	Cases	
		case 1	case 2
Medical examination			L.A.P.L.
ECG			
Autogram			
Extended medical exam			

The holder of the certificate is bound to assist the physicians of the medical E.A.V.C. and likewise subject to any measure of supervision or conditions imposed.

The other basic information for identification purposes only

* table data generated at Hospital operations control system on 01.03.2014 14:00:00

Minimum periods requirements			
License	Class 1 - CPL, ATP	Class 2 - PPL	LAPL
Total navigation	Aerobical Center year(s)	Aerobical Center (Qualif.) Aerobical Center (APL)	Aerobical Center (Qualif.) Aerobical Center (APL) or other
Min. medical certificate validity	once at 12 months after 1st medical certificate, 1 month	once at 5 years after 1st medical certificate, 1 month	once at 5 years after 1st medical certificate, 1 month
Navigation	very low restriction	valid	restricted
A-day	restricted	restricted	restricted
Intercommunication	valid	valid at the last exam date after 2 years	restricted
Endorsement	valid from 2008-2-2009-2-2010-2-2011-2-2012-2-2013-2-2014-2-2015-2-2016-2-2017-2-2018-2-2019-2-2020-2-2021-2-2022-2-2023-2-2024-2-2025-2-2026-2-2027-2-2028-2-2029-2-2030-2-2031-2-2032-2-2033-2-2034-2-2035-2-2036-2-2037-2-2038-2-2039-2-2040-2-2041-2-2042-2-2043-2-2044-2-2045-2-2046-2-2047-2-2048-2-2049-2-2050-2-2051-2-2052-2-2053-2-2054-2-2055-2-2056-2-2057-2-2058-2-2059-2-2060-2-2061-2-2062-2-2063-2-2064-2-2065-2-2066-2-2067-2-2068-2-2069-2-2070-2-2071-2-2072-2-2073-2-2074-2-2075-2-2076-2-2077-2-2078-2-2079-2-2080-2-2081-2-2082-2-2083-2-2084-2-2085-2-2086-2-2087-2-2088-2-2089-2-2090-2-2091-2-2092-2-2093-2-2094-2-2095-2-2096-2-2097-2-2098-2-2099-2-2100-2-2101-2-2102-2-2103-2-2104-2-2105-2-2106-2-2107-2-2108-2-2109-2-2110-2-2111-2-2112-2-2113-2-2114-2-2115-2-2116-2-2117-2-2118-2-2119-2-2120-2-2121-2-2122-2-2123-2-2124-2-2125-2-2126-2-2127-2-2128-2-2129-2-2130-2-2131-2-2132-2-2133-2-2134-2-2135-2-2136-2-2137-2-2138-2-2139-2-2140-2-2141-2-2142-2-2143-2-2144-2-2145-2-2146-2-2147-2-2148-2-2149-2-2150-2-2151-2-2152-2-2153-2-2154-2-2155-2-2156-2-2157-2-2158-2-2159-2-2160-2-2161-2-2162-2-2163-2-2164-2-2165-2-2166-2-2167-2-2168-2-2169-2-2170-2-2171-2-2172-2-2173-2-2174-2-2175-2-2176-2-2177-2-2178-2-2179-2-2180-2-2181-2-2182-2-2183-2-2184-2-2185-2-2186-2-2187-2-2188-2-2189-2-2190-2-2191-2-2192-2-2193-2-2194-2-2195-2-2196-2-2197-2-2198-2-2199-2-2200-2-2201-2-2202-2-2203-2-2204-2-2205-2-2206-2-2207-2-2208-2-2209-2-2210-2-2211-2-2212-2-2213-2-2214-2-2215-2-2216-2-2217-2-2218-2-2219-2-2220-2-2221-2-2222-2-2223-2-2224-2-2225-2-2226-2-2227-2-2228-2-2229-2-2230-2-2231-2-2232-2-2233-2-2234-2-2235-2-2236-2-2237-2-2238-2-2239-2-2240-2-2241-2-2242-2-2243-2-2244-2-2245-2-2246-2-2247-2-2248-2-2249-2-2250-2-2251-2-2252-2-2253-2-2254-2-2255-2-2256-2-2257-2-2258-2-2259-2-2260-2-2261-2-2262-2-2263-2-2264-2-2265-2-2266-2-2267-2-2268-2-2269-2-2270-2-2271-2-2272-2-2273-2-2274-2-2275-2-2276-2-2277-2-2278-2-2279-2-2280-2-2281-2-2282-2-2283-2-2284-2-2285-2-2286-2-2287-2-2288-2-2289-2-2290-2-2291-2-2292-2-2293-2-2294-2-2295-2-2296-2-2297-2-2298-2-2299-2-2300-2-2301-2-2302-2-2303-2-2304-2-2305-2-2306-2-2307-2-2308-2-2309-2-2310-2-2311-2-2312-2-2313-2-2314-2-2315-2-2316-2-2317-2-2318-2-2319-2-2320-2-2321-2-2322-2-2323-2-2324-2-2325-2-2326-2-2327-2-2328-2-2329-2-2330-2-2331-2-2332-2-2333-2-2334-2-2335-2-2336-2-2337-2-2338-2-2339-2-2340-2-2341-2-2342-2-2343-2-2344-2-2345-2-2346-2-2347-2-2348-2-2349-2-2350-2-2351-2-2352-2-2353-2-2354-2-2355-2-2356-2-2357-2-2358-2-2359-2-2360-2-2361-2-2362-2-2363-2-2364-2-2365-2-2366-2-2367-2-2368-2-2369-2-2370-2-2371-2-2372-2-2373-2-2374-2-2375-2-2376-2-2377-2-2378-2-2379-2-2380-2-2381-2-2382-2-2383-2-2384-2-2385-2-2386-2-2387-2-2388-2-2389-2-2390-2-2391-2-2392-2-2393-2-2394-2-2395-2-2396-2-2397-2-2398-2-2399-2-2400-2-2401-2-2402-2-2403-2-2404-2-2405-2-2406-2-2407-2-2408-2-2409-2-2410-2-2411-2-2412-2-2413-2-2414-2-2415-2-2416-2-2417-2-2418-2-2419-2-2420-2-2421-2-2422-2-2423-2-2424-2-2425-2-2426-2-2427-2-2428-2-2429-2-2430-2-2431-2-2432-2-2433-2-2434-2-2435-2-2436-2-2437-2-2438-2-2439-2-2440-2-2441-2-2442-2-2443-2-2444-2-2445-2-2446-2-2447-2-2448-2-2449-2-2450-2-2451-2-2452-2-2453-2-2454-2-2455-2-2456-2-2457-2-2458-2-2459-2-2460-2-2461-2-2462-2-2463-2-2464-2-2465-2-2466-2-2467-2-2468-2-2469-2-2470-2-2471-2-2472-2-2473-2-2474-2-2475-2-2476-2-2477-2-2478-2-2479-2-2480-2-2481-2-2482-2-2483-2-2484-2-2485-2-2486-2-2487-2-2488-2-2489-2-2490-2-2491-2-2492-2-2493-2-2494-2-2495-2-2496-2-2497-2-2498-2-2499-2-2500-2-2501-2-2502-2-2503-2-2504-2-2505-2-2506-2-2507-2-2508-2-2509-2-2510-2-2511-2-2512-2-2513-2-2514-2-2515-2-2516-2-2517-2-2518-2-2519-2-2520-2-2521-2-2522-2-2523-2-2524-2-2525-2-2526-2-2527-2-2528-2-2529-2-2530-2-2531-2-2532-2-2533-2-2534-2-2535-2-2536-2-2537-2-2538-2-		

Code ID:

Issued in accordance with Part-MED
This medical certificate complies with ICAO
standards, except for the LAPL medical
certificate
EASA Form 147 Issue 1

pertaining to a Part-CL licence

Medical Certificate

CLASS

EUROPEAN UNION



Irish Aviation Authority

ECCARS

ECCARS 5 Browser - [Occurrence]

File Topics View Help

View with: OPERATIONAL FULL

Occurrence

- Reports
- Attachments
- Narrative
- Note
- Events and factors
- Weather
- Aircraft
 - Narrative
 - Note
 - Persons on board and
 - History of flight
 - Air traffic services
 - Configuration/Equipac
 - EGPWS/TAWS
 - Aircraft recordings
 - Parts information
 - Engines
 - Propellers
 - Meteorology
 - Fire
 - Survival
 - Ditch
 - Position/Wreckage/In
 - Bird/Wildlife strike
- Flight crew
 - Member
 - Other crew member
 - Member
 - Events
- Dangerous goods
- Aerodrome
 - Narrative
 - Note
 - Events

Headline

Headline

Occurrence filing information

File number

Occurrence status

Occurrence

Detection phase

Responsible entity

Aviation sector

Occurrence validation

Validation status

Authority occ. closure

Validation date

When

Local date

Local time

UTC date

UTC time

Where

State/area of occ

Location of

Latitude of

Longitude of

Severity

Highest damage

Injury level

Third party damage

Damage not to a/c

Object damaged

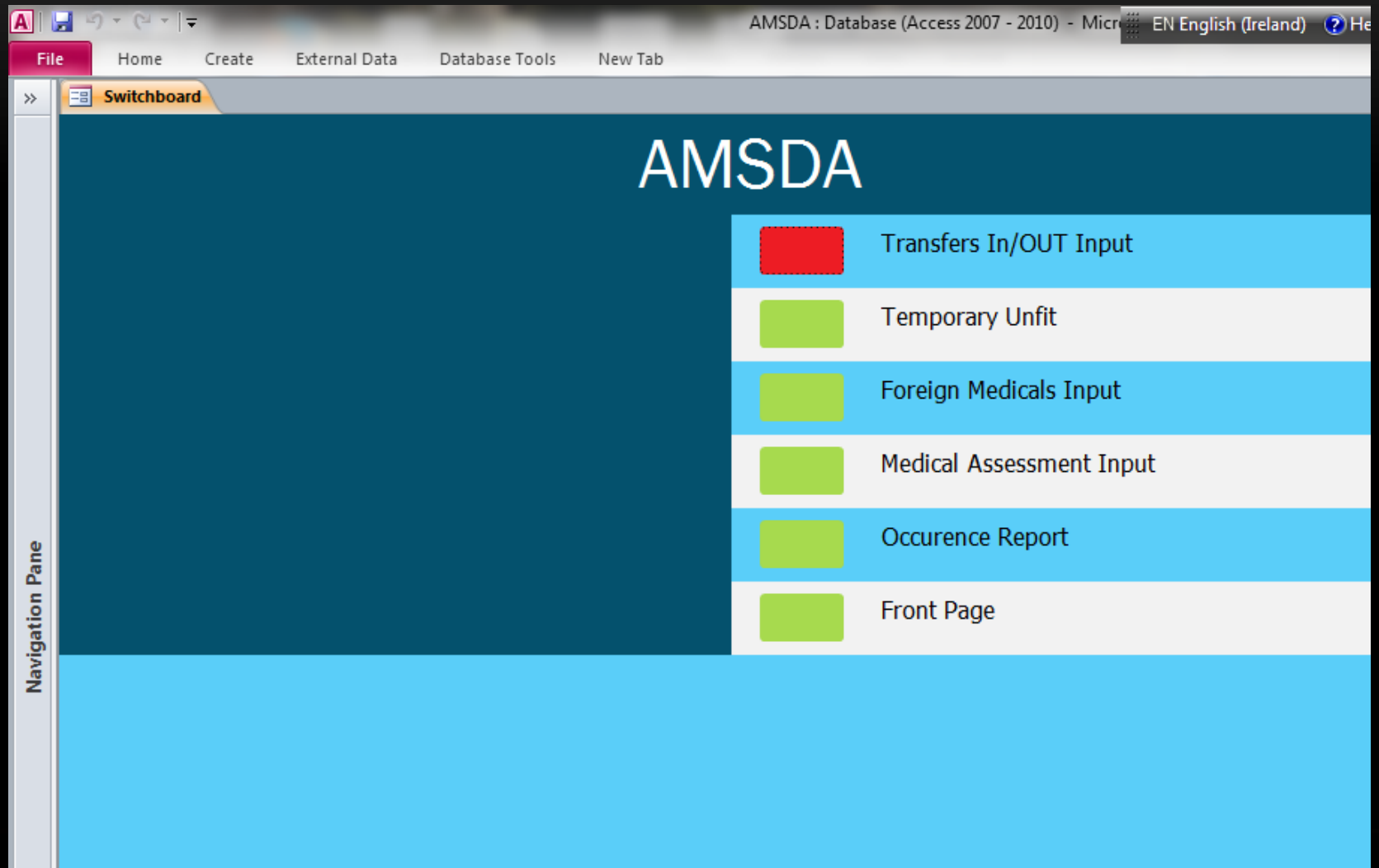
Classification

Occurrence class

Occurrence

11:21 03/12/2015

WHAT TO RECORD?



DATA PROTECTION PRINCIPLES

- Obtain and process information fairly.
- The Data must be:
 - kept for a specified, lawful purpose.
 - be used and disclosed only for the specified purpose
 - kept safe and secure.
 - up to date, accurate and complete.
 - relevant, adequate but not excessive.
 - retained for no longer than is necessary.
- A copy of the data must be made available to the data subject, on request.

- Proposal:
 - Refer the matter of a European Aeromedical Data Repository to the Advisory Board of ESAM for a Position Paper.



Thank You!