

**ATCO MEDICAL SIMULATOR TEST REPORT
(Performance-affecting medication)**

SECTION 1 AND 3 TO BE COMPLETED BY CANDIDATE

SECTION 4 TO BE COMPLETED BY REFRESHER TRAINING ASSESSOR

1) Applicant's personal particulars:

Name (in full):

CAA Ref No:

Date of Birth: / /

Current Address:

.....

.....

Telephone Numbers: Home/Mob:

Work:

2) Purpose of test:

During aeromedical assessment, the applicant has demonstrated satisfactory clinical recovery from their medical condition. The applicant is taking acceptable prescribed medication. This carries a low risk of side effects such as reduced alertness, concentration or reaction time, which might include effects on operational performance.

The final stage of assessment, therefore, is to demonstrate that these have no impact on expected performance during a relevant session in the simulator or equivalent facility.

The assessor should confirm that there are no problems with relevant tasks such as communication (by RT and phone, and with team members), concentration on task, ability to react appropriately to emergencies and air traffic changes, ability to team-work, and other general controlling skills.

The test should be carried out in a simulator environment or equivalent facility. It is recommended that two sessions of one hour-long exercises are used where feasible.

Continued alertness and concentration on the traffic scenarios should be demonstrated during appropriate runs set up by the assessor. The candidate should be able to demonstrate that they can respond in a professional and positive manner to normal traffic scenarios. The assessor may also wish to assess some unexpected scenarios if they feel necessary, for example:

1. Managing aircraft not following instructions.
2. Incorrect read backs by the pseudo-pilots.
3. High workload.
4. Relevant unusual events and aircraft encountering navigational problems.

3) Declaration

I (the applicant) understand the purpose of the **ATCO medical simulator test** (see Section 2)

Signature of applicant: **Date:**/...../.....

4) ATCO medical simulator test report (To be completed by assessor)

I (the assessor) have discussed the purpose of the medical simulator test (see Section 2)

Simulator & sector:

Modifications (if any):

Date & Place of Test:/...../..... -

Please comment on the applicant's ability to operate safely, that is, whether the assessor believes that the controller is ready to return to operational re-training under the Unit Competence Scheme (ref ATCO Licensing CAP1251). If there are any concerns about capability or fitness, these should be expressed here.

Assessor's Name (please print):

Assessor's CAA Licence No:

Signature of assessor: **Date**/...../.....