



Medical flight test (MFT) report C

Substandard vision in one eye

Please print and complete this form as follows.
 Sections 1 and 3 to be completed by candidate.
 Section 4 to be completed by examiner or instructor.

1. Candidate’s personal particulars

Name (in full)

CAA reference number

Date of birth

Current address

.....

.....

Telephone numbers Home Mobile.....

2. Purpose of the test

Defective vision in one eye precludes stereoscopic vision which, at distances up to about fifty metres, assists with the judgement of distance, (both vertical and horizontal), speed, drift and surface texture. However, there are many other visual cues such as the relative size of objects and speed across the visual field that enable a pilot to compensate, which they usually do very well.

The cause of substandard vision may either be due to loss of central (task-detail related) vision or peripheral visual field (detection of objects outside of central vision). If there is a loss of outer peripheral visual field, the candidate will need to overcome this by increased head movement (in a direction depending on which eye has the problem) in order to maintain an adequate lookout. Experience has shown that the main problems encountered by monocular pilots are speed judgement when taxiing, the assessment of wing tip and rotor blade clearances when manoeuvring in a confined space, and the approach and landing, especially in a cross wind.

The purpose of this medical flight test is to assess the candidate's ability to compensate for their reduced vision. It should normally be performed during a licence / operator proficiency check or licence skill test in which all aspects of the flying task are tested.

The examiner should therefore confirm that the candidate has demonstrated a satisfactory safe standard for solo flying. Training / flight operations can then proceed as normal.

Please note that separate reports may be required for different classes and types of aircraft

Candidate's CAA reference number.

3. Declaration

I, the candidate, understand the purpose of the medical flight test (section 2) and consent to the sharing of medical information provided in this document.

Signature of candidate Date

4. Medical flight test report

I, the examiner / instructor, have discussed the purpose of the medical flight test (section 2)

Aircraft / simulator type & registration

Modifications: for example, protective goggles

Date & place of the test

Please complete the questionnaire below on the candidate's ability to operate safely (required). If there are any concerns about the capability or fitness, please provide additional comments.

| | Acceptable |
|--|--|
| Completion of flight planning / planning, reading of weather reports, NOTAMs, maps etc | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Pre-flight checks and reading of cockpit instruments | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Taxiing – speed, safe clearance from other aircraft / objects | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Take-off and climb-out – judgement of distances / height | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Look-out – appropriate visual scan and identification of other aircraft and features | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| In-flight reading of instruments, flight plans / logs and maps | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Approach and landing – judgement of distances / height | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Additional comments (required)

Name of examiner or instructor (please print)

Position

UK CAA licence / certificate number

Signature Date

This form should be sent to the AME (Class 2 / LAPL) or CAA Medical Department (Class 1): Civil Aviation Authority, Aviation House, Beehive Ringroad, Crawley, RH6 0YR