

Information about the intended practice location

Supplementary information concerning the application for the issue of an AME Certificate according to Annex IV MED.D.030 of Commission Regulation (EU) No 1178/2011 and Annex IV ATCO.MED.025 of Commission Regulation (EU) 2015/340

Please fill in the framed fields of the form, sign it and send it together with attachments to:

AUSTRO CONTROL GmbH, Aviation Agency - Aeromedical Section (ACW), Schnirchgasse 17, 1030 Vienna, Austria

1 Practice location address (This information will be published on the ACG homepage - if agreed on application form)

AME-Number (if available)

Title First Name Last Name

Street Place Postal Country

Telephone Fax E-Mail

Homepage

2 Office hours

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

By appointment

3 IT infrastructure

- Access to Internet Colour printer (preferably laser printer)
 PC (Windows, Installation of Runway software) Photocopier (can be replaced by scanning and printing)
 Scanner

4 Practice location equipment

Clinical examination: Stethoscope BP Monitor
 Calibrated Scale Tapeline

Cardiological examination: 12-lead-ECG Spirometry*

*) If not applicable, name of pulmological cooperation partner:

Urine analysis: Urine tests (minimum scope: GLU, ERY, PROT)

Laboratory*: Blood sampling equipment Serum lipids* Haemoglobin*

*) If not applicable, name of cooperation partner / laboratory:

Ophthalmological examination*: Ophthalmoscope Ishihara plates (24-plate-version)
 Determination of near, intermediate and distant vision**

*) Possibly, in the case of artificial lighting, daylight spectrum should be provided

**) Charts for near and intermediate visual acuity refer to: Reg. (EU) No 1178/2011 MED.B.070 - GM MED.B.070

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Otorhinological examination:

Pure-tone audiometry

Otoscope

Rhinoscope

5 | Signature

Place

Date

Signature