

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 medical@austrocontrol.at, or via FAX to +43 1206 198501, or by post 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 (Recommendation: double-sided, with automatic feed)

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:

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Ophthalmological examination*:

- ☐ Ophthalmoscope
- ☐ Ishihara plates (original 24-plate-version)
- ☐ Determination of near, intermediate and distant vision**
- ☐ Possibility to determine contrast 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
***) Recommendation: MARS-charts

Otorhinological examination:

- ☐ Pure-tone audiometry
- ☐ Otoscope
- ☐ Rhinoscope

5

Signature

Place	Date	Signature
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