CIVIL AVIATION AUTHORITY
PAKISTAN

CAAF-642-3

Ref. No | | | | |

MEDICAL CERTIFICATE

FLIGHT OPERATION OFFICER'S LICENCE (FOOL)

Name (Block Letters)	**Father's Name**
Permanent Address	
NIC No.	Licence No

Physical Demands:

While performing the duties of this job, the employee is frequently required to stand; use hands to finger, handle, or feel and talk or hear. The employee is occasionally required to walk; sit; reach with hands and arms and climb or balance.

Work Environment:

While performing the duties of this Job, the employee is occasionally exposed to wet and/or humid conditions. The noise level in the work environment is usually moderate.

	FIT	UNFIT
1. **PHYSICAL FITNESS** including hands legs and that external organs		
2. **VISION**		
Near		
Distant		
Colour		
3. **HEARING**		
4. **MENTAL FITNESS**		

5. Disabilities if any _____

Remarks

Dated _____ Reg. No.

_____
Name & Stamp
(Registered Medical Practitioner)

Signature of Applicant _____

This certificate forms part of the FOO Licence