



ELECTROCARDIOGRAPH REQUEST

To:	
-----	--

Date:	
-------	--

Dear Doctor,

The person identified overleaf needs an ECG report for assessment of fitness for an aviation activity. Would you please do this, and attach the original tracing as well as a written report of your interpretation, returning the whole to **me** urgently at the address noted at item 7 below.

1. ADDRESS FOR FEE: Your account for the fee should be sent as noted here (but if NIL is entered here, please bill the applicant)	
---	--

The following information is given to assist you (*DME copies RELEVANT detail from recent form CAA 24067/201, 214 or equivalent here*):

2. RELEVANT MEDICATION	3. RELEVANT MEDICAL CONDITIONS OR OTHER FINDINGS RELEVANT TO AN ECG:
4. BLOOD PRESSURE:	

5. SIGNED	
-----------	--

6. CAA STAMP	
--------------	--

7. PRINT DME'S NAME AND ADDRESS	(Practice stamp preferred)

MEDICAL-IN-CONFIDENCE
 Medical Unit
 Civil Aviation Authority
 PO - 34, Box - 6
 Ulaanbaatar 17120
 Mongolia

FINAL STEP: (NOTE FOR DME) - When the report on the reverse side has been completed, the form **MUST** be enclosed with all other due forms (e.g. CAA 24067/201 or /214) and sent to the Assessor who is being asked to certify (that Assessor sends copies to the CAA).



**- MEDICAL IN CONFIDENCE -
ELECTROCARDIOGRAPH REPORT**

Items 1 - 7 to be completed by applicant
(Use block letters)

This report is not valid unless initiated by a
Designated Medical Examiner of the CAA (overleaf)

1. Surname:					2. CAA Client Number: (if issued)					3. Rank or Title
4. Given Names					5. Age	6. Date of Birth				
7. Postal Address										

1	AVR	V1	V4
2	AVL	V2	V5
3	AVF	V3	V6

RHYTHM-STRIP

NOTES:

- DME please ensure that single channel tracings are properly mounted and multi-channel tracings are securely attached.
- Always record traces at full voltage (i.e. 10 mm equivalent to 1 millivolt).
- Pilots who may be due for an ECG while overseas should obtain a copy of this and other forms to take to an overseas doctor for recertification. See CAA's Internet (World Wide Web) page at <http://www.mcaa.gov.mn>, or ask any DME or AMA appointed by CAA

Report Summary NORMAL <input type="checkbox"/> MAY BE ABNORMAL <input type="checkbox"/> ABNORMAL <input type="checkbox"/>	Diagnostic comment: (Reporting doctor write and sign here, or attach report on own letterhead)
--	---

Applicants Signature		Date of ECG	Name and Address of examiner or CAA Stamp (if held by examiner)
Witnessed by examiner			