IN-FLIGHT INCAPACITATION / SIGNIFICANT MEDICAL FINDING REPORT

Purpose: To report known in-flight incapacitation events and significant medical findings identified during aero-medical examinations to the Kuwait Civil Aviation Authority (CAA) Aviation Medical Assessor (AMA) . Complete legibly and submit through the Kuwait CAA/ASD secure medical reporting channel.

Confidentiality notice: This form contains sensitive medical information. It shall be transmitted , stored and accessed only through Kuwait CAA/ASD authorized secure channels and by personnel authorized for aero-medical functions.

A. AME AND REPORT DETAILS

AME name	
AME approval/designation number	
Date of report (DD/MM/YY)	
AME contact details	

B. LICENCE HOLDER/CASE IDENTIFICATION

Licence holder name	
Licence Number	
Medical Certificate Class	
Type of report	☐ In-flight incapacitation event ☐ Significant medical examination finding ☐ Both
Date of event / examination	Event Date (DD/MM/YY): Examination Date (DD/MM/YY):

C. EVENT / MEDICAL INFORMATION

Description of event / finding (include : circumstances , symptoms , phase of flight if applicable , and relevant chronology...) • **If additional space is required, please continue on the reverse side of this form or attach an additional sheet.**

Relevant aero- medical examination done / clinical findings / diagnosis

- If additional space is required, please continue on the reverse side of this form or attach an additional sheet.

Potential impact on aviation medical fitness / safe exercise of licence privileges

- If additional space is required, please continue on the reverse side of this form or attach an additional sheet.

D. INVESTIGATIONS , REFERRALS AND ACTIONS

Investigations / reports available (e.g., ECG, laboratory , imaging , specialist report , hospital /incident report *etc*)

- Please list below and attach copies to the submitted form.

Referral/additional assessment required (state: specialty , investigation or CAA Medical Assessor review requested etc)

Action taken by AME (e.g., advice , temporary grounded , temporary deferral , limitation ,GMC referral , request for further investigation , fitness decision)

E. SUPPORTING DOCUMENTS

Supporting documents attached	☐ None ☐ Specialist report ☐ Investigation results ☐ Hospital/Incident report Other: _____
Number of attachments	

F. COMPLETED AND SUBMITTED BY

AME name	
AME signature	
Date completed & submitted :	

KUWAIT CAA /ASD MEDICAL ASSESSOR USE ONLY:

- **Date received** : ___/___/___ - **Case reference**: _____
- **Initial review /Action:** _____

_____

- **AMA signature :**