

Medical flight test (MFT) report E



Pilot with limb prosthesis assessment form

Please print and complete this form as follows.
 Sections 1 and 3 to be completed by candidate.
 Section 4 - 6 to be completed as indicated.

This form should be completed in full by the applicant, the applicant’s usual prosthetist, an aircraft engineer and a flight examiner or instructor. Please complete each section with as much detail as possible. If no information is known or available for a particular question, please state this clearly.

1. Candidate’s personal particulars

Name (in full)

CAA reference number

Date of birth

Current address

.....

.....

Telephone numbers Home Mobile.....

2. Purpose of assessment

To give assurance that the candidate’s disability and the prosthesis proposed for use do not interfere with, or pose a risk to, the safe exercise of licence privileges.

The three elements to this are:

- the suitability of the proposed prosthesis from a clinical, design, strength and fit perspective
- the appropriateness and reliability of the prosthesis in performing the intended functions in physically integrating with the aircraft from an engineering perspective
- the ability for the candidate to demonstrate safe performance of pre-flight checks, aircraft flight control and equipment operation, safe flying techniques in routine and emergency conditions, and appropriate aircraft evacuation scenarios.

Note: separate reports will be required for different classes and types of aircraft and for each prosthesis used if more than one is available.

3. Declaration

I, the candidate, understand the purpose of the medical flight test (section 2) and consent to the sharing of medical information provided in this document.

I will notify any changes or modifications to the prosthesis to my AME, who will determine whether the assessment needs to be repeated.

Signature of candidate

Date

Candidate’s CAA reference number.

4. Prosthesis assessment (to be completed by usual prosthetist)

Type of prosthesis upper limb / lower limb / above / below knee / other

Name / model.

.....

Year of introduction (and number in use if known)

Date of last maintenance check.

Date of next maintenance check.

Is the prosthesis or any part that interfaces with the aircraft manufactured to a national or international standard? For example, has account been taken of the generalised maximum control loads of the relevant aircraft certification specification, such as EASA’s CS-23 for light aeroplanes or CS-27 for light helicopters?

Yes No

Is safety data available relating to component or other failures?

Yes No

Are there electronic, including Bluetooth, components that might interfere with aircraft systems?

Yes No

Are there any reported failures / detachments for this type of prosthesis relevant to use in an aircraft?

Yes No

Are there any concerns with fitting / comfort and have there been any episodes of prosthesis detachment for this applicant?

Yes No

Are there any additional requirements, for example, carrying a spare prosthesis or parts, that would mitigate risk in the event of a malfunction?

Yes No

Additional comments on the observations (required)

Name of prosthetist (please print).

Signature. Date

Workplace and credentials

.....

Candidate’s CAA reference number.

5. Practical engineering and integration assessment (to be completed by an LAA or BMAA Inspector for the respective permit aircraft or a BCAR or PART 66 Engineer as applicable for a certificate of airworthiness aircraft)

Is the strength / robustness / general fitness for purpose of the prosthetic and its connection to the aircraft clearly adequate ‘by inspection’ that is without the need for a detailed loads assessment / stress analysis?

Yes No

Is a detailed assessment of fitness for purpose required?

Yes No

Were any changes to the prosthetic or its attachment(s) necessary as a result of the engineering assessment?

Yes No

Once the strength / robustness / general fitness for purpose of the prosthetic and its connection to the aircraft is confirmed, include a brief summary of the assessment (required)

If ‘yes’ to any of the questions above, please give details below and / or on additional sheets, including applicable report(s) / data. Photographs may assist the explanation of design and or interfaces.

Name of aircraft engineer (please print)

Signature

Date

Aircraft engineer status (inspector number and / or UK CAA licence reference)

.....

Candidate’s CAA reference number.

6. Medical flight test report (to be completed by examiner or instructor)

I, the examiner / instructor, have discussed the purpose of the medical flight test (section 2)

Aircraft / simulator type & registration

Artificial aids used by the candidate

Modifications (if any).....

Date & place of test

Please pay particular regard to normal flight conditions and actions in the event of emergencies or aircraft failures.

Freedom of range of movement, strength, dexterity, and agility as required for ingress, egress, when completing the test with the aircraft.

Acceptable **Borderline** **Unacceptable**

Freedom of range of strength, dexterity, and agility as required for movement of controls and control inputs, when completing the test.

Acceptable **Borderline** **Unacceptable**

No impediment of access to, and operation of, ancillary controls, switches or levers.

Acceptable **Borderline** **Unacceptable**

For any response that is ‘borderline’ or ‘unacceptable’, please give details in the free text section below and / or on additional sheets.

Additional comments on the candidate's overall and specific ability to compensate for their disability (required)

[Empty text box for additional comments]

Name of examiner or instructor (please print).....

Position.....

UK CAA licence / certificate number.....

Signature..... Date

This form should be sent to the AME (Class 2 / LAPL) or CAA Medical Department (Class 1): Civil Aviation Authority, Aviation House, Beehive Ringroad, Crawley, RH6 0YR