	CIVIL AVIATION AUTHORITY OF MALAYSIA AIR NAVIGATION SERVICES AND AERODROME DIVISION		CAAM/BPUA/MED/01
	NOTIFICATION OF INJURY / ILLNESS / PREGNANCY / TREATMENT / HOSPITALISATION		

Note: Pertaining to regulation 155 (1), Civil Aviation Regulations 2016, a person who holds an Air Traffic Controller Licence issued under Regulation 149 who suffers any injury / illness / pregnancy / required treatment / hospitalisation involving incapacity to undertake the function to which the licence relates, is required to inform the Authority as soon as possible.

SECTION A: LICENCE HOLDER INFORMATION

Name:			
Licence No.:	ATC/L	Licence Validity:	
Contact No.:			
Station:			
Date of Illness / Injury:			

SECTION B: TYPES OF MEDICALLY RELATED CONDITIONS

(Please mark ✓ at the relevant box)

	Detail Information
<input type="checkbox"/>	Injury
<input type="checkbox"/>	Illness
<input type="checkbox"/>	Pregnant (<i>refer to Section C</i>)
<input type="checkbox"/>	Required continued treatment with any medical prescription
<input type="checkbox"/>	Treatment requiring hospitalisation


SECTION C: DECLARATION OF FITNESS (*for pregnancy only*)

Weeks of pregnancy: Due Date:

After medical assessment, I hereby confirm that the above-named is fit to continue with ATC duties up to week _____ gestation period ***with / without** limitation.

(Note: Cross out as appropriate.)

Limitation (*if any*)

	<p align="center">CIVIL AVIATION AUTHORITY OF MALAYSIA AIR NAVIGATION SERVICES AND AERODROME DIVISION</p> <p align="center">NOTIFICATION OF INJURY / ILLNESS / PREGNANCY / TREATMENT / HOSPITALISATION</p>	<p>CAAM/BPUA/MED/01</p>
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SECTION D: COMMENTS ON ILLNESS / INJURY / MEDICAL TREATMENT / HOSPITALISATION

(To be completed by the medical examiner)

Signature:

Official Stamp:

Date:

SECTION E: COMMENTS BY CAAM CHIEF MEDICAL ASSESSOR (CMA)

(To be completed by CAAM CMA)

Signature:

Official Stamp:

Date: