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## INFORMATION CIRCULAR

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### REVISION TO FLIGHT CREW LICENCE TEMPLATE

- 1 In preparation for the introduction of a new licensing system that provides online application and payment facilities, the flight crew licence template will be revised. The changes are primarily on the medical assessment page.
- 2 Medical Assessment. All information pertaining to Medical Assessment, including medical related restrictions and provisos, will be consolidated in Paragraph IX of the licence (page 3 and 4). A statement will be inserted in Para XIII to cross reference medical restrictions contained in Para IV. In addition, the new template will only indicate if there are any additional medical provisos that are endorsed with the Medical Assessment with a 'Yes' or 'No' without details. Licence holders will have to refer to the separate Medical Assessment Reference Note that will be sent to them by CAMB for the specific requirements related to the proviso. Please see **Annex A** for the sample of the new template for Medical Assessment.
- 3 For Applicants Renewing their Licence. With the change to the new medical assessment template, certain pages of the existing licence will have to be replaced. Holders of licences printed before 11 Feb 2015 are therefore required to bring their full licence for their licence renewal application at the Personnel Licensing Office. Existing pages of their licence will be replaced upon collection of their new medical assessment template.
- 4 For Applicants Applying for the Initial Issuance of the Licence. All applications for initial issuance of licence received on and after 11 Feb 2015 will be provided with the new Flight Crew Licence Template incorporating the revised medical assessment template.
- 5 Please contact the following person for further clarifications if required:

For Medical Enquiries:

Ms Kris Yew  
Assistant Manager (Medical Standards and Certification)  
(65) 6242 5851  
kris\_yew@caas.gov.sg

For Licensing Enquiries:

Ms Vinny Huang  
Executive (Personnel Licensing)  
(65) 6541 2482  
vinny\_huang@caas.gov.sg

Ms Fauziah Abd Razak  
Executive (Personnel Licensing)  
(65) 6541 2561  
fauziah\_abd\_razak@caas.gov.sg

**SAMPLE OF NEW TEMPLATE FOR MEDICAL ASSESSMENT**

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**IX VALIDITY OF LICENCE/ MEDICAL CERTIFICATE**

**1. MEDICAL ASSESSMENT**

**a. Medical Assessment Class:**

**b. Date of Medical Examination**

**c. Assessment Outcome:**

**d. Date of Expiry:**

**e. Conditions:**

**i) Restriction:**

**ii) Proviso:**

**iii) Others:**

**2. Next LME (Board)**

**3. Periodic additional requirements due:**

(a) Resting 12-lead ECG:

(b) Audiogram:

(c) Color Vision and Orthoptics:

(d) Exercise Stress ECG:

**4. Specialist Medical Report(s) required for Medical Assessment:**

**5. Additional investigation(s) for Medical Assessment:**

Licence No:

Date:

Licence No: