



Civil Aviation Authority of Singapore

## APPLICATION FOR APPOINTMENT OR RE- APPOINTMENT AS DESIGNATED MEDICAL EXAMINERS

Forwarded completed form to: Civil Aviation Medical Board, CAAS, Singapore Changi Airport PO Box 1 Singapore 918141

Tick as appropriate:

☐ First time application

☐ Application for re- appointment

Date of application: \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yyyy)

### Part I: PERSONAL PARTICULARS

Surname:		Given Name:		Nationality:	
<input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: ____/____/____		Name and Address of Clinic:		Contact Details	
				Office:	
				Fax:	
				Mobile:	
Primary Practice Address for DME work (if different from above):					
Email Address:					
Designation in current practice :					

### Part II: REGISTRATION AND QUALIFICATIONS

State of Medical Registration: Singapore <input type="checkbox"/> Others <input type="checkbox"/> Specify _____		
MCR No:	Type of practice and/ or specialty:	
Basic Medical Qualifications	University	Year of Completion
Post- graduate Qualification (grad-diploma and above)	Institution	Year of Completion
Post-graduate Training (incl Aviation Medicine Training)	Institution	Year of Completion
Professional Certificate in Basic Industrial Audiometry (Accredited by MOM)		
Membership/Affiliation with aerospace medical organizations : Yes <input type="checkbox"/> No <input type="checkbox"/>		
Organisation	Position	Period
DME Appointments Held:		
State of Approval	Date of Initial issue	Period of Appointment

Have you ever had an DME appointment limited, suspended or revoked by any Aviation Authority? Yes ☐ No ☐

Have you ever been investigated, counseled, censured, or any form of action taken against you, by the Singapore Medical Council for any reasons?\* Yes ☐ No ☐

\* For overseas doctors, please furnish a certificate of good standing from your state medical council with this application.

## Part III: CLINIC FACILITIES

S/NO	EQUIPMENTS	AVAILABILITY		IF YES , STATE 1) TYPE (digital/analog/method/standards/make/etc) 2) LAST CALIBRATED (if applicable)
		YES (state quantity)	NO	
01	Blood pressure apparatus			
02	Weighing machine			
03	Height measuring scale			
04	Visual Acuity Chart			
05	Near vision N5 & N14			
06	Colour Vision Test Plates			
07	Colour Lantern Test			
08	Stereovision Chart			
09	Eye convergence ruler			
10	Distant phoria			
11	Near phoria			
12	12-Lead ECG*			
13	Treadmill ECG*			
14	Audiometer*			
List Eye and ENT clinical examination equipment :				
Communications and IT facilities :				
01	Operating System			
02	Processor Speed			
03	Monitor resolution at least 1024 x 768			
04	RAM			
05	Hard drive			
06	Internet connection			
07	Scanner			
08	Photocopier			
09	Fax machine			

\* Maintenance and calibration documents and records to be made available on request or during clinic visit.

## Part IV: DECLARATION BY APPLICANT

I hereby declare that all information provided by me in this application form is accurate and I have not withheld any relevant information in any parts of the form. I will permit auditors appointed by the CAMB to conduct visits to my practice premises, with or without advanced notice.

\_\_\_\_\_  
Applicant's Name                      Signature                      Date