



Civil Aviation Authority of Singapore

APPLICATION FOR APPOINTMENT OR RE- APPOINTMENT AS DESIGNATED MEDICAL EXAMINERS

Forwarded completed form to: Civil Aviation Medical Board, Upper Serangoon Post Office, PO Box 308, Singapore 915431

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	Name and Address of Clinic:	Contact Details
<input type="checkbox"/> Female		Office:
Date of Birth:/...../.....		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