

REPUBLIC OF CYPRUS

MEDICAL IN CONFIDENCE



DEPARTMENT OF CIVIL AVIATION

FUNCTIONAL HEARING ASSESSMENT

Based on ICAO guidance, hearing loss greater than the requirements may be acceptable provided that there is normal hearing performance against a background noise that reproduces or simulates the masking properties of the flight deck noise in the cockpit upon speech and beacon signals. This test should be conducted where background noise is representative of the noise in the cockpit of the type of aircraft for which the pilot's license and ratings are valid. Both aviation-relevant phrases and phonetically balanced words should be used in the speech material for discrimination testing.

Please complete in black ink and forward to the address given

To be completed by Training Captain/CFI

1. PERSONAL DETAILS				
Surname: DCA Licence Number:				
Place of test:	Aircraft/Simulator:			
2. DETAILS OF TEST				
Can the subject hear adequately in the Aircraft/Simulator/Other		Yes 🗆	No 🗆	N/A □
Does his/her hearing loss interfere with the ability to communicate with Air Traffic Control and/or other flight crew memners during all phases of flight?		Yes 🗆	No 🗆	N/A □
Can he/she accurately identify non-routine R/T phraseology?		Yes 🗌	No □	N/A □
Can he/she identify accurately the identification signals of Navigation Beacons?		Yes 🗆	No 🗆	N/A □
In your opinion, does his/her hearing loss interfere with flight safety?		Yes □	No □	N/A □
Have you ony other observations or comments?				
Signed: Date:				
Print name: DCA Licence No.:				
Position:				
3. SUBMISSION INSTRUCTIONS				
Please return the completed form to:	Civil Aviation Department AeroMedical Section Pindarou 27 1060 Nicosia Teleohone: 00357 22476632 Fax: Email: nicolaides@cytanet.com.cy			

FormMED06 Issue1 Page 1 of 1