

GP ASSESSMENT REPORT FOR LAPL MEDICAL CERTIFICATE

A Applicant Details:

Name of Applicant:		Date of Birth:		Ref No:	
Last LAPL medical certificate seen	Y/N	Registered with GP/practice	Y/N	Proof of identity seen	Y/N

B Medical History Review:

The applicant's medical history remains unchanged since the last LAPL medical certificate issue	Y/N	<i>If no, refer to 'Guidance for UK GPs on LAPL Medical Assessments' to determine whether referral to an AME is required.</i>
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C Examination report: (Only to be completed at initial, if >50 years or if examination is clinically indicated, otherwise omit)

Examination category	Height	Weight	Blood Pressure	Pulse	<i>If pulse abnormal, systolic >160 or diastolic >95, refer to AME</i>
Initial <input type="checkbox"/>	cm	kg	/ mmHg	Rate	
Revalidation/Renewal <input type="checkbox"/>				Rhythm	

Clinical examination: Check each item		Normal	Abnormal	Normal	Abnormal
Ears, drums, eardrum motility			Upper & lower limbs, joints		
Eyes – including visual fields (to confrontation)			Spine, other musculoskeletal		
Lungs, chest, breasts			Neurologic - reflexes, etc.		
Heart			Psychiatric		
Abdomen, hernia, liver, spleen			General observations		
Comments: If abnormal describe and refer to AME					

Visual Acuity

Distant at 5m/6m	Uncorrected	Corrected to	Standard	<i>If correction required to reach standard, add VDL limitation If R or L > 6/12, or both > 6/9 corrected, refer to AME</i>
Right Eye			6/12	
Left Eye			6/12	
Both			6/9	

Intermediate vision

Standard is N14 at 100cm	Uncorrected	Corrected	<i>If correction required to reach standard add VDL limitation If does not meet standard, refer to AME</i>
Both	Y/N	Y/N	

Near vision

Standard is N5 at 30-50cm	Uncorrected	Corrected	<i>If correction required to reach standard add VNL limitation If does not meet standard, refer to AME</i>
Both	Y/N	Y/N	
Glasses	Y/N	Contact Lenses	Y/N
If yes, optical prescription: Right		Left	

Hearing	Conversational voice at (2m) with back to examiner	Y/N	<i>If no or hearing aids required, refer to AME</i>
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Urinalysis	Glucose	Y/N	Protein	Y/N	Blood	Y/N	<i>If yes to any, refer to AME</i>
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Colour Vision (only required if applying for night rating)	Pass 9/15 Ishihara plates	Y/N	<i>If no, refer to AME</i>
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D GP Assessment and Declaration (tick one only)

Fit and LAPL Certificate Issued <input type="checkbox"/>	Unfit <input type="checkbox"/>	Referred to AME <input type="checkbox"/>
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Limitation(s) applied to certificate (write in full):	Comments:

GP declaration (tick one only):

I hereby certify that I have reviewed the applicant's medical history/personally examined the applicant named on this medical examination report and that this report with any attachment embodies my findings completely and correctly.

GP Name:	GP address:	GMC No.:
GP signature:	E-mail:	Date:
	Telephone No:	