



<b>SECTION:</b>	<b>LICENSING FORMS</b>	<b>LIF-MED-008</b>
<b>TITLE:</b>	<b>APPLICATION FOR AVIATION MEDICAL FACILITY</b>	

<b>1- APPLICATION TYPE</b>	
<input type="checkbox"/> Initial Issue	<input type="checkbox"/> Renewal
<input type="checkbox"/> Change of Facility Address	
<b>2- FACILITY INFORMATION</b>	
Name of Facility:	
Trading Name (If applicable):	
Facility Address (Location and Postal Number):	
<b>3- FACILITY'S AVIATION RELATED ACTIVITIES</b>	
<input type="checkbox"/> CAMA Medical Exam	<input type="checkbox"/> CAMA Drug & Alcohol Test
<input type="checkbox"/> Aviation First Aid Training	
<b>4- PERSONNEL IN CHARGE CONTACT DETAILS (Focal Point)</b>	
Name: _____	
Office Telephone No:	Facsimile No.:
Email Address:	Mobile No.:
<b>5- DECLARATION</b>	
"I / We" declare that the information provided in this application is made for and on behalf of the organization identified alone and that "I / We" empowered by that organization to provide the information on their behalf and to make this declaration. "I / We" certify that all information contains in this stated of intent is true and correct.	
Applicants Name:	Job Position:
Signature:	Date:
<b>6- CAMA ACTION (For CAMA Use Only)</b>	
<b>6-1 AEROMEDICAL INSPECTOR ASSIGNED TO THIS APPLICATION</b>	
<input type="checkbox"/> RECOMMENDED <input type="checkbox"/> NOT RECOMMENDED	
<b>REMARKS:</b>	
AEROMEDICAL INSPECTOR NAME: _____	
SIGNATURE _____	DATE: _____
<b>6-2 AEROMEDICAL MANAGER / D.G. OF PEL &amp; EXAMINATION</b>	
<input type="checkbox"/> REJECT <input type="checkbox"/> APPROVE	
NAME OF AEROMEDICAL MANAGER / D.G. OF PEL & EXAMINATION: _____	
SIGNATURE: _____	DATE: _____



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<b>CLINIC REQUIREMENTS</b>
1. The facility shall be approved by the Ministry of Health.
2. Each facility should have at least one CAMA Designated AME available to function at it.
3. Laboratory equipment's which should be available within the facility include those for routine aviation medicals namely blood and urine tests. Other required equipment's are Standard Far Vision Testing; N series test types for near vision testing, colour vision Test Apparatus, Electrocardiograph equipment, Audiometric equipment, Spirometry.
4. X-Ray facilities and Drug screening facilities must either be available on premises or within a reasonable driving distance from the main facility.
5. A suitable computer, document scanner, modem and software package for communication with CAMA, as the process of e-work will be established for data transfer to the CAMA in the coming year.
6. The Drug screening if not available within the main facility, the specimen can be sent to another one, and the report should be obtained within a reasonable time and with full drug screening protocol.
<b>LABORATORY REQUIREMENTS</b>
1. Ministry of health facility approval.
2. Laboratory procedure manual (which include the principles of each test, preparation of reagents, standards and controls, calibration procedures, sensitivity of the method used for testing, cut off values, mechanism of reporting results, criteria for unacceptable specimens and results, corrective actions to be taken when the test system are outside of acceptable limits, and copies of all procedure and dates on which they are in effect should be maintained as part of the manual.
3. The laboratory should have the capability to perform the screening and confirmatory tests at the same laboratory site.
4. The laboratory chain of custody procedure and form should be implemented.
5. The availability of internationally recognized Evidential Breath analyzer.
<b>CHECKLIST</b>
1- Request Letter from the Examiner / Clinic/ Lab
2- Applicable fee in cash