

MEDICAL IN CONFIDENCE



FUNCTIONAL HEARING ASSESSMENT/SPEECH DISCRIMINATION TEST

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 licence and ratings are valid. Both aviation-relevant phrases and phonetically balanced words should be used in the speech material for discrimination testing.

1. PERSONAL DETAILS								
Name:								
lace of test: Aircraft/Simulator/Other:								
2. DETAILS OF TEST								
Can the subject hear adequately in	the Aircraft/Simulator/Oth	er (Please state)						
	during all phases	of flight?	Yes		No		N/A	
Does his/her hearing loss interfere v	with the ability to commun	icate with Air Traffic						
Control and/or other flight crew men	nbers 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 id	dentification signals of Nav	vigation Beacons?	Yes		No		N/A	
In your opinion, does his/her hearing	g loss interfere with flight :	safety?	Yes		No		N/A	
Have you any other observations or	comments?							
			•••••					•••••
······								
Signed:								
Print name:		. CAA Licence N°						
Position:								
		-						
3. SUBMISSION INSTRUCTIONS								
Please return the completed form to:	Civil Aviation Authority Medical Department							

Medical Department GW Aviation House Gatwick Airport South West Sussex

West Sussex RH6 0YR

Telephone +44 (0) 1293 573700 Fax +44 (0) 1293 573995 Email <u>medicalweb@.caa.co.uk</u>

Reports submitted to the Medical Department are disclosable by the CAA pursuant to the Data Protection Act

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