

**Accredited Medical Conclusion:**  
**Request for identification of experts**



To: Principal Medical Officer  
Civil Safety Authority  
PO Box 1941  
BOROKO NCD, PNG

Email: [avmedical\\_reports@casapng.gov.pg](mailto:avmedical_reports@casapng.gov.pg)

**Request for the Director to identify experts for Accredited Medical Conclusion**

In the case of the application for medical certificate:

Applicant name		Applicant Client No
Class(es) of medical certificate sought (indicate those that apply)		
Class 1	Class 2	Class 3
Date of application for medical certificate	Date of this request	

The applicant has applied to the Director of Civil Aviation (the Director), under the Civil Aviation Act 2000 (the Act), for the issue of CAA medical certificates.

I have received the report of the medical examiner and considered this application under section 64B(1) of the Act. I am satisfied that the applicant does not meet the medical standards prescribed in Rule Part 67 of the Civil Aviation Rules. The medical conditions and likely aviation medical issues that indicate that the applicant does not meet the medical standards are:

(Attach additional pages if more space is required)

Despite the applicant not meeting the medical standards I wish to consider this application by relying on flexibility in accordance with section 64B(2) of the Act. Accordingly, I request the Director to identify expert(s) for the purpose of reaching an Accredited Medical Conclusion in the case of this application.

I have informed the applicant that they do not meet the medical standards and that I am seeking to rely on flexibility under section 64B(2) of the Act.

I am / am not (indicate as appropriate) available and willing to be an expert for this Accredited Medical Conclusion should the Director wish to identify me for that purpose.

**Requesting Medical Examiner:**

Signature	Name and address (Practice stamp preferred)	Medical Examiner stamp