

CAR 66 ISSUE II R 1
Appendix V –Applications and Formats
CA FORM 19-06: Medical certificate

MEDICAL CERTIFICATE	DGCA INDIA CA Form 19-06
(To be provided by a Registered Medical Practitioner holding at least MBBS)	
<p>Mr. / Ms. _____ whose signature is appended below, has been medically examined for any known disability or disorder which may become an hindrance to perform the normal functions of an Aircraft Maintenance Engineer.</p> <p>He/She has physical disabilities or disorder / no physical disabilities or disorder.</p> <p>He/She has been assessed medically fit / unfit to function as an Aircraft Maintenance Engineer.</p> <p style="text-align: center;"><i>(Strikeout whichever is not applicable)</i></p> <p style="text-align: right;">Signature of the Doctor.....</p> <p style="text-align: right;">Registration No. Designation</p> <p>Signature of the Applicant with date Date</p>	
MEDICAL CERTIFICATE FOR COLOUR VISION	
<p>I, Dr. _____ hereby certify that I have examined Mr. /Ms. _____ whose signature is appended below, and certify that his colour vision is Normal/Defective safe/Defective unsafe.</p> <p>colour vision has been tested with,</p> <p>Pseudo – Isochromatic plates</p> <p>Approved Lantern test</p> <p>Any other test applicable</p> <p style="text-align: center;"><i>(Strikeout whichever is not applicable)</i></p> <p style="text-align: right;">Signature of the Doctor.....</p> <p style="text-align: right;">Registration No. Designation</p> <p>Signature of the Applicant with date Date</p>	